

employee or agent thereof) established pursuant to this act or the assets thereof. The commission, and its agents and employees, shall not be held responsible individually in any way whatsoever to any person for errors in judgment, mistakes, or other acts, either of commission or omission, as principal, agent, person, or employee, except for their own individual acts of dishonesty or crime. No such person or employee shall be held responsible individually for any act or omission of any other commission, member of the commission, or other person. The liability of the members of the commission shall be several and not joint and no member shall be liable for the default of any other member.

[Statutory Authority: 1991 c 67. 91-14-055, § 244-12-070, filed 6/27/91, effective 7/1/91.]

**WAC 244-12-080 Effective time.** This order shall become effective on and after July 1, 1991.

[Statutory Authority: 1991 c 67. 91-14-055, § 244-12-080, filed 6/27/91, effective 7/1/91.]

**WAC 244-12-090 Separability.** If any provisions hereof are declared invalid, or the applicability thereof to any person, circumstances, or thing is held invalid, the validity of the remainder hereof or of the applicability thereof to any other person, circumstances, or thing shall not be affected thereby.

[Statutory Authority: 1991 c 67. 91-14-055, § 244-12-090, filed 6/27/91, effective 7/1/91.]

**Title 246 WAC  
DEPARTMENT OF HEALTH**

**Chapters**

- 246-03 State Environmental Policy Act--Guidelines.
- 246-08 Practice and procedure.
- 246-100 Communicable and certain other diseases.
- 246-110 Contagious disease--School districts and day care centers.
- 246-130 Human immunodeficiency virus (HIV) infection treatment.
- 246-132 Class IV HIV health insurance eligibility.
- 246-170 Tuberculosis--Control, prevention, and treatment.
- 246-171 Tuberculosis--Financial responsibility.
- 246-203 General sanitation.
- 246-205 Contractor certification for decontamination of illegal drug manufacturing or storage sites.
- 246-220 Radiation protection--General provisions.
- 246-221 Radiation protection standards.
- 246-222 Radiation protection--Worker rights.
- 246-224 Radiation protection--Machine assembly and registration.
- 246-225 Radiation protection--X-rays in the healing arts.
- 246-228 Radiation protection--Analytical x-ray equipment.

- 246-229 Radiation protection--Particle accelerators.
- 246-232 Radioactive material--Licensing applicability.
- 246-233 Radioactive materials--General licenses.
- 246-235 Radioactive materials--Specific licenses.
- 246-239 Radiation protection--Nuclear medicine.
- 246-240 Radiation protection--Medical therapy.
- 246-243 Radiation protection--Industrial radiography.
- 246-244 Radiation protection--Wireline services.
- 246-249 Radioactive waste--Use of the commercial disposal site.
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- 246-252 Radiation protection--Uranium and/or thorium milling.
- 246-254 Radiation protection--Fees.
- 246-260 Water recreation facilities.
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## Chapter 246-03 WAC

STATE ENVIRONMENTAL POLICY ACT--  
GUIDELINES

## WAC

|            |  |
|------------|--|
| 246-03-030 | Timing and procedures for specified major actions.     |
| 246-03-050 | Determination of lead agency and responsible official. |
| 246-03-140 | SEPA committee.  |

**WAC 246-03-030** Timing and procedures for specified major actions. (1) Regulations and licenses relating to radioactive material.

(a) Scope of major action.

(i) Regulations relating to radioactive material shall include the adoption or amendment by the department of any regulations incorporating general standards for issuance of licenses authorizing the possession, use and transfer of radioactive material pursuant to RCW 70.98.080, and 70.121.030.

(ii) The issuance, revocation or suspension of individual licenses under RCW 70.98.080 shall be exempt. However, the following licenses shall not be exempt: Licenses to operate low level waste burial facilities or licenses to operate or expand beyond design capacity mineral processing facilities, or their tailings areas, whose products, or byproducts, have concentrations of naturally occurring radioactive materials in excess of exempt concentrations as specified in WAC 246-232-010.

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

(i) A final EIS or determination of nonsignificance, whichever is determined appropriate by the lead agency's responsible official, shall be completed for proposed

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

(ii) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA register" (see WAC 197-11-508) a copy of any determination of nonsignificance, a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination of nonsignificance or final EIS.

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

(i) The applicant shall be responsible for completing an environmental checklist, furnishing additional information needed by the department to make the threshold determination, and preparing an environmental report regarding the environmental impact of proposed activities for independent evaluation by the department, prior to issuance of a draft EIS by the responsible official. The environmental report shall be submitted within ninety days following determination of significance. The following material presents a more detailed description of the responsibilities of the private applicant as well as of the responsible official.

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

(iii) Thereafter the private applicant shall be responsible for preparation of an environmental checklist. The responsible official shall review each environmental checklist and, within fifteen days of the responsible official's receipt of the checklist, shall prepare and issue either a determination of nonsignificance as per WAC 197-11-340 or a determination of significance as per WAC 197-11-360.

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

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

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

(vii) The responsible official shall mail a copy of the draft EIS to the department of ecology headquarters in Olympia for listing in the "SEPA register" (see WAC 197-11-508) and also to those agencies listed in WAC 197-11-455.

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

(ix) The responsible official shall mail a copy of the final EIS to the department of ecology headquarters office in Olympia for listing in the "SEPA register" (see WAC 197-11-508). The responsible official shall also mail copies of the final EIS to those agencies specified in WAC 197-11-460 and shall give public notice of the completion of the final EIS in the form and manner specified in RCW 43.21C.080.

**(2) Water system plans for public water systems as per WAC 246-290-100 and RCW 70.116.050.**

(a) Scope of major action. Water system plans are plans developed and submitted to the department for review and approval pursuant to WAC 246-290-100 and RCW 70.116.050.

(b) Timing and procedures for water system plans prepared by private applicants.

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

(ii) Follow steps outlined in subsection (1)(c)(ii) through (iv) of this section.

(iii) When the responsible official makes a determination of significance, the preparation of a draft and final EIS shall be in compliance with WAC 197-11-400 through 197-11-620 and shall be the responsibility of the private applicant. If the applicant desires, he may contract with an outside consultant for preparation of the draft or final EIS. Unless the scope or complexity of the proposal indicates otherwise, the final EIS shall be completed within sixty days of the end of the comment period for the draft EIS.

(iv) See subsection (1)(c)(vi) and (vii) of this section.

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

(vi) See subsection (1)(c)(ix) of this section.

(vii) Every water system plan submitted by a private applicant to the department for review and approval

shall be accompanied by either a determination of non-significance or a final EIS.

(c) Timing and procedure for water system plans prepared by agencies. Every water system plan submitted by an agency to the department for review and approval shall be accompanied by either a determination of non-significance or a final EIS.

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

(a) Scope of major action. The approval of engineering reports or plans and specifications pursuant to chapter 246-290 WAC for all surface water source development, all water system storage facilities greater than one-half million gallons, new transmission lines longer than one thousand feet and larger than eight inches in diameter located in new rights of way and major extensions to existing water distribution systems involving use of pipes greater than eight inches in diameter, which are designed to increase the existing service area by more than one square mile.

(b) Timing and procedures for projects proposed by private applicants.

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

(ii) Follow steps outlined in subsection (1)(c)(ii) through (iv) of this section.

(iii) See subsection (2)(b)(iii) of this section.

(iv) See subsection (1)(c)(vi) and (vii) of this section.

(v) See subsection (2)(b)(v) of this section.

(vi) See subsection (1)(c)(ix) of this section.

(vii) Whenever preliminary engineering reports, or plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by a private applicant to the secretary for review and approval pursuant to chapter 246-290 WAC, these reports, plans and specifications shall be accompanied by a determination of non-significance or a final EIS.

(c) Timing and procedures for projects proposed by an agency. Whenever preliminary engineering reports, plans and specifications for a new public water supply system or a major extension to an existing public water supply system are submitted by an agency to the secretary for review and approval pursuant to chapter 246-290 WAC, these reports, plans and specifications shall be accompanied by a determination of non-significance or a final EIS.

**(4) Certificates of need.**

(a) Scope of major action. Certificate of need applications are subject to SEPA requirements whenever the applicant proposes to construct a new hospital or to construct major additions to the existing service capacity of

such an institution: *Provided*, That such applications are not subject to SEPA requirements when the proposed construction consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less: *Provided further*, That certificate of need applications for "substantial acquisitions" are not subject to SEPA requirements.

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

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

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

(b) Timing and procedures for water general plans. Every water general plan submitted by a county to the department for review and approval shall be accompanied by either a determination of non-significance or a final EIS.

**(6) Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works pursuant to chapter 246-271 WAC.**

Scope of major action. Plans and specifications for new sewage treatment works or for major extensions to existing sewage treatment works are those which are reviewed and approved by the department pursuant to WAC 246-271-050.

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

(a) Scope of major action. The construction of buildings, facilities or other installations for the purpose of housing department personnel or for other authorized functions shall be subject to SEPA requirements, but such construction shall not be subject to SEPA requirements when it consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) Timing and procedures.

(i) The responsible official shall, prior to the request for construction bids, prepare an environmental checklist for each construction project of the type described in (a) of this subsection.

(ii) Within fifteen days of the request for construction bids, the responsible official shall make (A) a written declaration of non-significance where the responsible official determines that the proposed construction will not

have a significant adverse environmental impact or (B) a written declaration of significance where the responsible official determines that the proposed construction will have a significant adverse environmental impact.

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

(iv) See subsection (1)(c)(vi) of this section.

(v) The responsible official shall mail to the department of ecology headquarters office in Olympia for listing in the "SEPA register" a copy of any determination of nonsignificance, a copy of the draft EIS, and a copy of the final EIS. Copies of the draft EIS shall also be mailed to those agencies identified in WAC 197-11-455, and of the final EIS to those agencies identified in WAC 197-11-460. The responsible official shall also give public notice in the form and manner specified in RCW 43.21C.080 of the determination of nonsignificance or final EIS.

**(8) Approval of final plans for construction of a private psychiatric hospital pursuant to WAC 246-322-020, or construction of an alcoholism treatment facility pursuant to WAC 246-326-020.**

(a) Scope of major action. The approval of final plans for construction of a private psychiatric hospital pursuant to WAC 246-322-020, or construction of an alcoholism treatment center pursuant to WAC 246-326-020 shall be subject to SEPA requirements: *Provided*, That such construction shall not be subject to SEPA requirements when it consists of additions which provide less than twelve thousand square feet of floor area and with associated parking facilities designed for forty automobiles or less.

(b) Timing and procedures for construction of the type described. Where a state or local agency other than the department is lead agency for construction of the type described in (a) of this subsection, the department shall not approve final plans for construction of a private psychiatric hospital or alcoholism treatment center until the applicant for such approval has supplied the department with a final declaration of nonsignificance or a final EIS for the construction in question, and until seven days after the issuance by the lead agency of any final EIS.

[Statutory Authority: RCW 43.21C.120. 92-02-018 (Order 224), § 246-03-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-03-030, filed 12/27/90, effective 1/31/91.]

**WAC 246-03-050 Determination of lead agency and responsible official.** (1) The department shall be the lead agency for the following actions:

(a) Adoption or amendment of regulations relating to radioactive source materials; proposals to construct, operate, or expand any uranium or thorium mill, or any tailings areas generated by uranium or thorium milling,

or any low level radioactive waste burial facilities. The responsible official would be the division director, division of radiation protection, environmental health programs. Lead agency determination for other mineral processing proposals should be made in accordance with WAC 197-11-924 through 197-11-948;

(b) Approval of comprehensive plans for public water supply systems when such plans are developed by private applicants and unless indicated otherwise by WAC 197-11-932, 197-11-934 and 197-11-936, and approval of new public water supply systems or major extensions of existing public water supply systems when such systems are being proposed by a private applicant unless indicated otherwise by WAC 197-11-932, 197-11-934, and 197-11-936. The responsible official would be the section head, water supply and waste section, division of environmental health;

(c) Construction of any building, facility, or other installation for the purpose of housing department personnel or for fulfilling other statutorily directed or authorized functions. The responsible official would be a capital programs representative from the management services division, comptroller's office;

(2) Determination of the lead agency for department major actions not listed above shall be made in accordance with the procedures and requirements of WAC 246-03-140 (4)(c) and 197-11-922 through 197-11-948.

[Statutory Authority: RCW 43.21C.120. 92-02-018 (Order 224), § 246-03-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-03-050, filed 12/27/90, effective 1/31/91.]

**WAC 246-03-140 SEPA committee.** (1) There is hereby created a SEPA committee to oversee the department's SEPA activities.

(2) The SEPA committee shall be composed of:

(a) One representative from the division of drinking water, environmental health programs;

(b) One representative from the facility licensing and certification section;

(c) One capital programs representative from the comptroller's office, management services division; and

(d) One representative from the division of radiation protection, environmental health programs.

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

(4) The SEPA committee shall:

(a) Oversee the department's SEPA activities to ensure compliance with these agency guidelines, the state SEPA guidelines, and the policies and goals set forth in the State Environmental Policy Act;

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

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

(ii) The creation of new department programs.

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

[Statutory Authority: RCW 43.21C.120, 92-02-018 (Order 224), § 246-03-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-050 (Order 122), § 246-03-140, filed 12/27/90, effective 1/31/91.]

**Chapter 246-08 WAC**  
**PRACTICE AND PROCEDURE**

## WAC

|            |  |
|------------|--|
| 246-08-001 | Application of chapter 246-08 WAC.   |
| 246-08-020 | Application for an adjudicative proceeding.  |
| 246-08-030 | Administrative law judge—Authority—Application of law—Assignment—Disqualification. |
| 246-08-070 | Filing and service of papers.  |
| 246-08-080 | Vacating an order of dismissal for reason of default or withdrawal.                |
| 246-08-100 | Teleconference hearing.  |
| 246-08-130 | Petition for review—Response to petition—Disqualification of review judge.         |
| 246-08-140 | Reconsideration.   |
| 246-08-200 | Judicial review of final adjudicative order.                                       |

**WAC 246-08-001 Application of chapter 246-08 WAC.** (1) Scope. This chapter applies to adjudicative proceedings, begun on or after July 1, 1989, in programs administered by the department of health except those professional licensing programs for which the secretary is not the disciplinary authority as defined under RCW 18.130.040 (2)(b). The definition of the word "begun" is the department's receipt of the application for an adjudicative proceeding. Proceedings begun before July 1, 1989, are governed by the procedural rules in effect on June 30, 1989. Legal authority for adopting this chapter is RCW 34.05.220 (1)(a).

(2) Conflict in rules. If a provision in this chapter conflicts with a provision in the chapter containing the program's substantive rules, the provision in the chapter containing the program's substantive rules governs.

(3) Physical and mailing addresses. The presiding officer is generally an administrative law judge from the office of administrative hearings. Presiding officer administrative and field office addresses are listed under WAC 10-04-020. The reviewing officer is generally the secretary or the secretary's designee. The reviewing officer's address is the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220, 90-06-018 (Order 038), § 248-08-410, filed 2/28/90, effective 3/1/90; Regulation 08.410, effective 3/11/60.]

**WAC 246-08-020 Application for an adjudicative proceeding.** (1) Uniform Disciplinary Act application. A person contesting a decision or statement of charges under the Uniform Disciplinary Act shall file a written application for an adjudicative proceeding with the administrative hearings unit. The application must be filed within twenty days of the person's receipt of the decision or statement of charges.

(2) Other program application. A person contesting a department decision in a program not governed by the

Uniform Disciplinary Act shall file a written application for an adjudicative proceeding by a method showing proof of receipt with the administrative hearings unit within twenty-eight days of receipt of the decision.

(3) Application contents. The application must include or have attached:

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

(b) The grounds for contesting the department decision or statement of charges; and

(c) A copy of the contested department decision or statement of charges.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220, 90-06-018 (Order 038), § 248-08-413, filed 2/28/90, effective 3/1/90.]

**WAC 246-08-030 Administrative law judge—Authority—Application of law—Assignment—Disqualification.** (1) Authority. The administrative law judge shall:

(a) Hear and decide the issue anew (de novo);

(b) Determine the order of presentation of evidence;

(c) Administer oaths and affirmations;

(d) Issue subpoenas;

(e) Rule on procedural matters, objections, and motions;

(f) Rule on offers of proof and receive relevant evidence;

(g) Interrogate witnesses called by the parties in an impartial manner to develop any facts deemed necessary to fairly and adequately decide the matter;

(h) Call additional witnesses and request additional exhibits deemed necessary to complete the record and receive such evidence subject to full opportunity for cross-examination and rebuttal by all parties;

(i) Take any appropriate action necessary to maintain order during the hearing;

(j) Permit or require oral argument or briefs and determine the time limits for submission thereof;

(k) Permit photographic and recording equipment at hearings subject to conditions imposed by the administrative law judge to preserve confidentiality or to prevent disruption;

(l) Permit a person to waive any right conferred upon that person by chapter 34.05 RCW and/or chapter 246-08 WAC, except to the extent precluded by another provision of law; and

(m) Take any other action necessary and authorized by any applicable rule.

(2) Application of law. The administrative law judge shall:

(a) Apply as the first source of law governing an issue the rules of the department as adopted in the Washington Administrative Code (WAC);

(b) If there is no department rule governing the issue, resolve the issue on the basis of the best legal authority and reasoning available, including that found in federal and Washington Constitutions, statutes and regulations, and court decisions;

(c) Not declare any department rule invalid;  
 (d) If the validity of any department rule is raised as an issue at any proceeding, permit arguments to be made on the record concerning that issue for subsequent review purposes; and

(e) If the sole issue is one of federal or state law requiring adjustments for classes of people the department serves or regulates, dismiss the application without permitting argument to be made on the record regarding the validity of the law.

(3) Assignment of administrative law judge. If the notice of hearing does not state the name of the presiding administrative law judge, the chief administrative law judge of the office of administrative hearings shall:

(a) Make such assignment five days or more before the hearing; and

(b) Disclose the assignment to any party or representative making inquiry.

(4) Motion of prejudice.

(a) A motion of prejudice with a supporting affidavit under RCW 34.12.050 shall be filed at least three days before the hearing or any earlier stage of the adjudicative proceeding when the administrative law judge may be required to issue a discretionary ruling.

(b) The chief administrative law judge or designee shall rule upon subsequent motions of prejudice filed by the same party in the same proceeding.

(5) Petition for disqualification. An individual petitioning to disqualify an administrative law judge under RCW 34.05.425 shall file such petition with the administrative law judge assigned to preside over the proceeding.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220, 90-06-018 (Order 038), § 248-08-425, filed 2/28/90, effective 3/1/90.]

**WAC 246-08-070 Filing and service of papers.** (1) Service required when filing. A party filing a pleading, brief, or other paper, except an application for an adjudicative proceeding, with the administrative hearings unit, or the administrative law judge shall serve a copy of the paper upon:

(a) Every other party; or

(b) If the other party is represented or has an agent, the other party's representative or agent.

(2) Filing and service made by. Unless otherwise provided by law, filing and service shall be made by:

(a) Personal service;

(b) First class, registered, or certified mail;

(c) Telegraph;

(d) Electronic telefacsimile transmission and same-day mailing of copies; or

(e) Commercial parcel delivery company.

(3) Filing complete. Filing with the administrative hearings unit shall be complete upon actual receipt during office hours at the appropriate office. Filing with the administrative law judge shall be complete upon actual receipt during office hours at the office of the administrative law judge.

(4) Service complete. Service shall be complete when:

(a) Personal service is made;

(b) Mail is properly stamped, addressed, and deposited in the United States mail;

(c) A properly addressed telegram is deposited with a telegraph company with charges prepaid;

(d) An electronic telefacsimile transmission produces proof of transmission; or

(e) A commercial parcel is delivered to the parcel delivery company with charges prepaid.

(5) Proof of service. Where proof of service is required by statute or rule, filing the papers with the department or the administrative law judge, together with one of the following, shall constitute proof of service:

(a) An acknowledgement of service;

(b) A certificate of service including the date the papers were served upon all parties and the signature of the serving party indicating service was completed by:

(i) Personal service;

(ii) Mailing a copy properly addressed with postage prepaid to each party to the proceeding, or the party's representative or authorized agent;

(iii) Telegraphing a copy properly addressed with charges prepaid to each party to the proceeding, or the party's representative or authorized agent; or

(iv) Transmitting a copy by electronic telefacsimile device and, on the same day, mailing a copy to each party to the proceeding, or the party's representative or authorized agent; or

(v) Depositing a copy properly addressed with charges prepaid with a commercial parcel delivery company.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220, 90-06-018 (Order 038), § 248-08-437, filed 2/28/90, effective 3/1/90.]

**WAC 246-08-080 Vacating an order of dismissal for reason of default or withdrawal.** (1) Right to request. A party against whom a dismissal for reason of default or withdrawal is entered shall have the right to file a written petition requesting that the order be vacated.

(2) Contents. The request shall state the grounds relied upon.

(3) Filed at. The request shall be filed at the administrative hearings unit for other programs within twenty-one days from the date the dismissal order was served.

(4) Grounds to vacate an order of dismissal. If, in the reasoned opinion of the administrative law judge, good cause to grant the relief is shown, the administrative law judge shall vacate the order of dismissal and reinstate the application.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220, 90-06-018 (Order 038), § 248-08-440, filed 2/28/90, effective 3/1/90; Regulation 08.440, effective 3/11/60.]

**WAC 246-08-100 Teleconference hearing.** (1) When authorized. The administrative law judge may

conduct all or part of the hearing by telephone, television, or other electronic means if each participant in the hearing has an opportunity to participate in, to hear, and, if technically and economically feasible, to see the entire proceeding while it is taking place.

(2) Documentary evidence. When the hearing is conducted by electronic means, documentary evidence shall be submitted in advance as provided under WAC 246-08-110(2).

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05-220, 90-06-018 (Order 038), § 248-08-449, filed 2/28/90, effective 3/1/90.]

**WAC 246-08-130 Petition for review--Response to petition--Disqualification of review judge.** (1) Initial orders that may become final orders.

(a) If a petition for review is not filed within twenty-one days from service of the initial order, the initial order shall, subject to the provisions of this section, become the final order.

(b) An initial order shall not become the final order in proceeding governed by the Uniform Disciplinary Act. Each party shall have the right to file a petition for review of the administrative law judge's order. Whether a petition for review is or is not filed, the secretary or designee shall enter the final order.

(2) Who may petition. Each party has the right to file a petition for review of an order entered by an administrative law judge.

(3) Petition contents. The petition for review shall:

(a) Specify the portions of the order to which exception is taken; and

(b) Refer to the evidence of record relied upon to support the petition.

(4) Petition time limits.

(a) The period to timely file a petition for review is twenty-one days from the date the initial decision was served.

(b) The secretary or designee shall extend the twenty-one day period to file a petition for review upon request of a party when:

(i) The request is made during the twenty-one day period; and

(ii) Good cause for the extension is shown.

(c) The secretary or designee shall waive the twenty-one day limit for filing a petition for review when:

(i) A petition for review is filed within thirty days of the date the initial order becomes final; and

(ii) The petitioner demonstrates good cause for failure to file a timely petition. Good cause includes:

(A) A mistake, inadvertence, or excusable neglect on the part of the petitioner; or

(B) An unavoidable casualty or misfortune preventing the petitioner from timely filing a petition for review.

(5) Petition filing and service. The petition for review shall be in writing and filed with the secretary or designee. The petitioner shall serve copies of the petition upon the other parties or their representative at the time the petition is filed. A petition in a proceeding governed by

the Uniform Disciplinary Act and/or a petition in other programs shall be filed on the secretary or designee at the administrative hearings unit.

(6) Notice of petition. When a petition for review is filed, the secretary or designee shall send a copy of the petition to the nonpetitioning party or, if represented, to the representative with a notice of the right to file a response.

(7) Response time limit, filing, service.

(a) The nonpetitioning party shall file any response with the secretary or designee within seven days of the date that office served a copy of the petition on the nonpetitioning party or representative.

(b) The nonpetitioning party shall serve a copy of the response upon the petitioner and any other party or, if represented, on the representative at the time the response is filed.

(c) A secretary or designee may extend the period to file a response upon request of a party showing good cause.

(8) Disqualification. The secretary or designee shall disclose the assignment of the reviewing officer to any party or representative making inquiry. An individual petitioning to disqualify a reviewing officer under RCW 34.05.425 shall file such petition with the reviewing officer assigned to the proceeding.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05-220, 90-06-018 (Order 038), § 248-08-464, filed 2/28/90, effective 3/1/90.]

**WAC 246-08-140 Reconsideration.** Within ten days of service of a review order, any party may file a petition for reconsideration. The petition shall state the specific grounds upon which relief is requested. A petition for reconsideration shall be filed at the administrative hearings unit.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05-220, 90-06-018 (Order 038), § 248-08-470, filed 2/28/90, effective 3/1/90; Regulation 08.470, effective 3/11/60.]

**WAC 246-08-200 Judicial review of final adjudicative order.** (1) Right to judicial review; exclusive remedy. An appellant or intervener aggrieved, as described under RCW 34.05.530, by the final decision or order in a department of health adjudicative proceeding may appeal the decision or order to court. Judicial review shall only be obtained under chapter 34.05 RCW. Judicial review may not be obtained through any other procedure. Chapter 34.05 RCW contains the pertinent provisions of law.

(2) Instituting judicial review; filing and serving the petition. As described under RCW 34.05.542(2), within thirty days after the secretary or designee mails the final decision, the petitioner shall file the petition for judicial review with the court and serve a copy of the petition on the department of health, the office of the attorney general, and all parties of record.



(a) A petition shall be filed in the superior court, at the petitioner's option, for:

- (i) Thurston County;
- (ii) The county of the petitioner's residence or principal place of business; or
- (iii) Any county where property affected by the decision is located.

(b) Service of a copy of the petition for judicial review on the department of health may be had by personally serving a copy of the petition on the administrative hearings unit.

(c) Service of a copy of the petition for judicial review on the office of the attorney general may be had by mailing a copy of the petition, postage prepaid, to the Office of the Attorney General, Highway-Licenses Building, P.O. Box 40109, Olympia, WA 98504-0109.

(d) Service of a copy of the petition for judicial review on other parties of record may be had by mailing the copy of the petition to the other parties, properly addressed and postage prepaid.

[Statutory Authority: RCW 34.05.220, 92-02-018 (Order 224), § 246-08-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-08-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05-220, 90-06-018 (Order 038), § 248-08-575, filed 2/28/90, effective 3/1/90.]

**Chapter 246-100 WAC  
COMMUNICABLE AND CERTAIN OTHER  
DISEASES**

WAC

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**WAC 246-100-011 Definitions.** The following definitions shall apply in the interpretation and enforcement of chapter 246-100 WAC:

(1) "Acquired immunodeficiency syndrome (AIDS)" means an illness characterized by the diseases and conditions defined and described by the Centers for Disease Control, U.S. Public Health Services, Morbidity and Mortality Weekly Report (MMWR), August 14, 1987, Volume 36, Number 1S.

(2) "AIDS counseling" means counseling directed toward:

(a) Increasing the individual's understanding of acquired immunodeficiency syndrome; and

(b) Assessing the individual's risk of HIV acquisition and transmission; and

(c) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection.

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

(4) "Carrier" means a person harboring a specific infectious agent and serving as a potential source of infection to others, but who may or may not have signs and/or symptoms of the disease.

(5) "Case" means a person, alive or dead, having been diagnosed to have a particular disease or condition by a health care provider with diagnosis based on clinical or laboratory criteria or both.

(6) "Category A disease or condition" means a reportable disease or condition of urgent public health importance, a case or suspected case of which must be reported to the local or state health officer immediately at the time of diagnosis or suspected diagnosis.

(7) "Category B disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local health officer no later than the next working day following date of diagnosis.

(8) "Category C disease or condition" means a reportable disease or condition of public health importance, a case of which must be reported to the local health officer within seven days of diagnosis.

(9) "Child day care facility" means an agency regularly providing care for a group of children for less than twenty-four hours a day and subject to licensing under chapter 74.15 RCW.

(10) "Communicable disease" means an illness caused by an infectious agent which can be transmitted from one person, animal, or object to another person by direct or indirect means including transmission via an intermediate host or vector, food, water, or air.

(11) "Contact" means a person exposed to an infected person, animal, or contaminated environment which might provide an opportunity to acquire the infection.

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

(13) "Detention" or "detainment" means physical restriction of activities of an individual by confinement, consistent with WAC 246-100-206(8), for the purpose of monitoring and eliminating behaviors presenting imminent danger to public health and may include physical plant, facilities, equipment, and/or personnel to physically restrict activities of the individual to accomplish such purposes.

(14) "Food handler" means any person preparing, processing, handling, or serving food or beverages for people other than members of his or her household.

(15) "Food service establishment" means any establishment where food or beverages are prepared for sale or service on the premises or elsewhere, and any other establishment or operation where food is served or provided for the public with or without charge.

(16) "Health care facility" means:

(a) Any facility or institution licensed under chapter 18.20 RCW, boarding home, chapter 18.46 RCW, maternity homes, chapter 18.51 RCW, nursing homes, chapter 70.41 RCW, hospitals, or chapter 71.12 RCW, private establishments, clinics, or other settings where one or more health care providers practice; and

(b) In reference to a sexually transmitted disease, other settings as defined in chapter 70.24 RCW.

(17) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care or medical care who is:

(a) Licensed or certified in this state under Title 18 RCW; or

(b) Is military personnel providing health care within the state regardless of licensure.

(18) "HIV testing" means conducting a laboratory test or sequence of tests to detect the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements to WAC 246-100-207.

(19) "Infection control measures" means the management of infected persons, persons suspected to be infected, and others in such a manner as to prevent transmission of the infectious agent.

(20) "Isolation" means the separation or restriction of activities of infected persons, or of persons suspected to be infected, from other persons to prevent transmission of the infectious agent.

(21) "Laboratory director" means the director or manager, by whatever title known, having the administrative responsibility in any medical laboratory.

(22) "Local health department" means the city, town, county, or district agency providing public health services to persons within the area, as provided in chapter 70.05 RCW and chapter 70.08 RCW.

(23) "Local health officer" means the individual having been appointed under chapter 70.05 RCW as the health officer for the local health department, or having been appointed under chapter 70.08 RCW as the director of public health of a combined city-county health department.

(24) "Medical laboratory" means any facility analyzing specimens of original material from the human body for purposes of patient care.

(25) "Nosocomial infection" means an infection acquired in a hospital or other health care facility.

(26) "Outbreak" means the occurrence of cases of a disease or condition in any area over a given period of time in excess of the expected number of cases.

(27) "Post-test counseling" means counseling after the HIV test when results are provided and directed toward:

(a) Increasing the individual's understanding of human immunodeficiency virus (HIV) infection;

(b) Affecting the individual's behavior in ways to reduce the risk of acquiring and transmitting HIV infection;

(c) Encouraging the individual testing positive to notify persons with whom there has been contact capable of spreading HIV;

(d) Assessing emotional impact of HIV test results; and

(e) Appropriate referral for other community support services.

(28) "Pretest counseling" means counseling provided prior to HIV testing and aimed at:

(a) Helping an individual to understand:

(i) Ways to reduce the risk of human immunodeficiency virus (HIV) transmission;

(ii) The nature, purpose, and potential ramifications of HIV testing;

(iii) The significance of the results of HIV testing; and

(iv) The dangers of HIV infection; and

(b) Assessing the individual's ability to cope with the results of HIV testing.

(29) "Principal 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 diagnostic testing or therapy for a patient.

(30) "Quarantine" means the separation or restriction on activities of a person having been exposed to or infected with an infectious agent, to prevent disease transmission.

(31) "Reportable disease or condition" means a disease or condition of public health importance, a case of which, and for certain diseases, a suspected case of which, must be brought to the attention of the local health officer.

(32) "School" means a facility for programs of education as defined in RCW 28A.31.102 (preschool and kindergarten through grade twelve).

(33) "Sexually transmitted disease (STD)" means a bacterial, viral, fungal, or parasitic disease or condition which is usually transmitted through sexual contact, including:

(a) Acute pelvic inflammatory disease;

(b) Chancroid;

(c) Chlamydia trachomatis infection;

(d) Genital and neonatal herpes simplex;

(e) Genital human papilloma virus infection;

(f) Gonorrhea;

(g) Granuloma inguinale;

- (h) Hepatitis B infection;
- (i) Human immunodeficiency virus infection (HIV) and acquired immunodeficiency syndrome (AIDS);
- (j) Lymphogranuloma venereum;
- (k) Nongonococcal urethritis (NGU); and
- (l) Syphilis.

(34) "State health officer" means the person designated by the secretary of the department to serve as statewide health officer, or, in the absence of such designation, the person having primary responsibility for public health matters in the state.

(35) "Suspected case" means a person whose diagnosis is thought likely to be a particular disease or condition with suspected diagnosis based on signs and symptoms, laboratory evidence, or both.

(36) "Unusual communicable disease" means a communicable disease which is not commonly seen in the state of Washington but which is of general public health concern including, but not limited to, Lassa fever, smallpox, typhus, and yellow fever.

(37) "Veterinarian" means an individual licensed under provisions of chapter 18.92 RCW, veterinary medicine, surgery, and dentistry and practicing animal health care.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-011, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-011, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-07-095 (Order 325), § 248-100-011, filed 3/22/89; 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

**WAC 246-100-016 Confidentiality.** Identifying information about any individual with a reportable disease or condition pursuant to chapter 246-100 WAC shall be protected by persons with knowledge of such identity.

(1) Health care providers, employees of a health care facility or medical laboratory, and other individuals with knowledge of a person with sexually transmitted disease, following the basic principles of health care providers, which respect the human dignity and confidentiality of patients:

(a) May disclose identity of a person or release identifying information only as specified in RCW 70.24.105; and

(b) Shall establish and implement policies and procedures to maintain confidentiality related to a patient's medical information.

(2) For the purpose of RCW 70.24.105(6), customary methods for exchange of medical information shall be limited as follows:

(a) Health care providers may exchange confidential medical information related to HIV testing, HIV test results, and confirmed HIV or confirmed STD diagnosis and treatment in order to provide health care services to the patient. Meaning:

(i) The information shared impacts the care or treatment decisions concerning the patient; and

(ii) The health care provider requires the information for the patient's benefit.

(b) "Health care services to the patient" means personal interaction, treatment, consultation, or intervention for patient care.

(c) Health care facility administrators are authorized to permit access to medical information as necessary to fulfill professional duties. Health care facility administrators shall advise those persons permitted access under this section of the requirement to maintain confidentiality of such information as defined under this section and chapter 70.24 RCW. Professional duties means the following or functionally similar activities:

- (i) Medical record or chart audits;
- (ii) Peer reviews;
- (iii) Quality assurance;
- (iv) Utilization review purposes;
- (v) Research review board reviews under chapter 42.48 RCW;
- (vi) Risk management; and
- (vii) Reviews required under federal or state law or rules.

(d) Health care facility administrators and health care providers responsible for office management are authorized to permit access to a patient's medical information and medical record by health care facility and medical staff or office staff to carry out duties required for care and treatment of a patient and the management of medical information and the patient's medical record.

(e) Health care facility administrators are authorized to permit exchange of medical information for training and teaching of health care providers and students when exchange of confidential medical information is necessary for such training and specifically related to the care of the patient.

(3) Health care providers, employees of a health care facility or medical laboratory, and other individuals with knowledge of a person with a reportable disease or condition, other than those specified in subsections (1) and (2) of this section, shall release identifying information only to other individuals responsible for protecting the health and well being of the public through control of communicable and certain other diseases.

(4) Local and state health department personnel shall maintain individual case reports as confidential records consistent with WAC 246-100-091.

(5) The Washington state public health laboratory, other laboratories approved as public health referral laboratories, and any persons, institutions, or facilities submitting specimens or records containing patient-identifying information shall maintain the identifying information accompanying submitted laboratory specimens as confidential records.

(6) Statistical summaries and epidemiologic studies based on individual case reports may be public information provided no individual is identified.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-016, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-016, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.105. 90-07-033 (Order 043), § 248-100-016, filed 3/14/90, effective 4/14/90. Statutory Authority: Chapter 70.24 RCW. 88-21-093 (Order 322), § 248-100-016, filed 10/19/88; 88-

17-057 (Order 317), § 248-100-016, filed 8/17/88. Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-016, filed 5/19/87.]

**WAC 246-100-021 Responsibilities and duties—Health care providers.** Every health care provider, as defined in chapter 246-100 WAC, shall:

(1) Provide adequate, understandable instruction in control measures designed to prevent the spread of disease to:

(a) Each patient with a communicable disease under his or her care,

(b) Family of a patient with a communicable disease,

(c) Contacts and others as appropriate to prevent spread of disease.

(2) Ensure notification of the local health officer or local health department regarding:

(a) Cases of reportable diseases and conditions. See WAC 246-100-071, 246-100-076, and 246-100-081;

(b) Outbreaks or suspected outbreaks of disease. See WAC 246-100-071, 246-100-076, and 246-100-081;

(c) Known barriers which might impede or prevent compliance with orders for infection control or quarantine; and

(d) Name, address, and other pertinent information for any case or carrier refusing to comply with prescribed infection control measures.

(3) Cooperate with public health authorities during investigation of:

(a) Circumstances of a case or suspected case of a reportable disease or condition or other communicable disease, and

(b) An outbreak or suspected outbreak of illness.

Comply with requirements in WAC 246-100-206, 246-100-211, and 246-100-217.

[Statutory Authority: RCW 43.20.050, 70.24.130 and 70.104.055. 92-02-019 (Order 225B), § 246-100-021, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-021, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. 90-10-036 (Order 049), § 248-100-021, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-021, filed 5/19/87.]

**WAC 246-100-026 Responsibilities and duties—Veterinarians.** (1) Veterinarians shall:

(a) Notify the local health officer of any human case, suspected case, outbreak, or suspected outbreak of reportable disease listed in WAC 246-100-076;

(b) Notify the state veterinarian, Washington state department of agriculture, within one working day of any animal case, suspected case, outbreak, or suspected outbreak of:

(i) Anthrax,

(ii) Brucellosis,

(iii) Equine encephalitis,

(iv) Plague,

(v) Rabies,

(vi) Psittacosis, and

(vii) Tuberculosis.

(2) Upon receipt of a report of human disease, the state health officer shall immediately notify the state veterinarian of reports of:

(a) Anthrax,

(b) Brucellosis,

(c) Psittacosis,

(d) Equine encephalitis,

(e) Plague,

(f) Rabies, and

(g) Tuberculosis in an animal handler.

(3) Upon receipt of a report of animal disease, the state veterinarian shall notify the state health officer of reports of:

(a) Anthrax,

(b) Brucellosis excluding Strain 19 disease,

(c) Psittacosis,

(d) Equine encephalitis,

(e) Plague,

(f) Rabies, and

(g) Tuberculosis.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-026, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-026, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-026, filed 3/16/88.]

**WAC 246-100-031 Responsibilities and duties—Laboratory directors.** The director of each medical laboratory in the state shall:

(1) Register the laboratory with the department as described in WAC 246-100-221.

(2) Submit microbiologic cultures or subcultures or appropriate clinical material to the Washington state public health laboratory or other laboratory designated by the state health officer, as described in WAC 246-100-231.

(3) Report to the local health officer or state health officer certain positive test results, as described in WAC 246-100-236.

(4) Cooperate with local and state health department personnel in the investigation of an outbreak, suspected outbreak, case, suspected case, carrier, or contact of a communicable disease or reportable disease or condition, as described in WAC 246-100-241.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-031, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-031, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-031, filed 5/19/87.]

**WAC 246-100-036 Responsibilities and duties—Local health officers.** (1) The local health officer shall review and determine appropriate action for:

(a) Each reported case or suspected case of a reportable disease or condition;

(b) Any disease or condition considered a threat to public health;

(c) Each reported outbreak or suspected outbreak of disease, requesting assistance from the department in carrying out investigations when necessary; and

(d) Instituting disease prevention and infection control, isolation, detention, and quarantine measures necessary to prevent the spread of communicable disease, invoking the power of the courts to enforce these measures when necessary.

(2) Local health officers shall:

(a) Submit reports to the state health officer as required in chapter 246-100 WAC;

(b) Establish a system at the local health department for maintaining confidentiality of written records and written and telephoned disease case reports consistent with WAC 246-100-016;

(c) Notify health care providers within the health district regarding requirements in this chapter;

(d) Distribute appropriate report forms to persons responsible for reporting;

(e) Notify the principal health care provider, if possible, prior to initiating a case investigation by the local health department;

(f) Make HIV testing, AIDS counseling, and pretest and post-test counseling, as defined in this chapter, available for voluntary, mandatory, and anonymous testing and counseling as required by RCW 70.24.400;

(g) Make information on anonymous HIV testing, AIDS counseling, and pretest and post-test counseling, as described under WAC 246-100-208 and 246-100-209, available;

(h) Use identifying information on HIV-infected individuals provided according to WAC 246-100-072 only:

(i) For purposes of contacting the HIV-positive individual to provide test results and post-test counseling; or

(ii) To contact sex and injection equipment-sharing partners; and

(i) Destroy documentation of referral information established in WAC 246-100-072 and this subsection containing identities and identifying information on HIV-infected individuals and at-risk partners of those individuals immediately after notifying partners or within three months, whichever occurs first.

(3) Each local health officer has the authority to:

(a) Carry out additional steps determined to be necessary to verify a diagnosis reported by a health care provider;

(b) Require any person suspected of having a reportable disease or condition to submit to examinations required to determine the presence of the disease or condition; and

(c) Investigate any case or suspected case of a reportable disease or condition or other illness, communicable or otherwise, if deemed necessary.

(4) Local health officers shall conduct investigations and institute control measures consistent with those indicated in the fifteenth edition 1990 of *Control of Communicable Diseases in Man*, edited by Abram S. Benenson, published by the American public health association, except:

(a) When superseded by more up-to-date measures, or

(b) When other measures are more specifically related to Washington state.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-036, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-036, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-036, filed 12/27/88. Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-036, filed 3/16/88.]

**WAC 246-100-041 Responsibilities and duties-- State health officer.** (1) The state health officer shall have authority to:

(a) Require reporting of cases and suspected cases of disease and conditions in addition to those required in WAC 246-100-076 for a period of time less than thirty-six months when:

(i) The disease or condition is newly recognized or recently acknowledged as a public health concern, and

(ii) Epidemiologic investigation based on reports of cases may contribute to understanding of the disease or condition, and

(iii) Written notification is provided to all local health officers regarding:

(A) Additional reporting requirements, and

(B) Rationale or justification for specifying the disease or condition as reportable.

(b) Require laboratories to submit specimens indicative of infections in addition to those required in WAC 246-100-231 for a period of time less than thirty-six months, provided:

(i) The infection is of public health concern, and

(ii) Written notification is provided to all local health officers and all directors of medical laboratories registered as described in WAC 246-100-221 explaining:

(A) Actions required, and

(B) Reason for the addition.

(2) The state health officer's authorization to require reporting of cases or submission of laboratory specimens, other than those specified in WAC 246-100-076 and 246-100-231, shall expire thirty-six months from the date of written notification of local health officers and laboratory directors unless amended rules are adopted by the state board of health.

(3) The state health officer shall distribute periodic epidemiologic summary reports and an annual review of public health issues to local health officers and local health departments.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-041, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-041, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-041, filed 5/19/87.]

**WAC 246-100-046 Responsibilities and duties-- Cases, suspected cases, carriers, contacts, and others.** (1) Persons shall cooperate with public health personnel during:

(a) Investigation of the circumstances of a case, suspected case, outbreak, or suspected outbreak of a communicable or other disease or condition; and

(b) Implementation of infection control measures, including isolation and quarantine measures.

(2) Individuals having knowledge of a person with a reportable disease or condition may notify the local health officer as described in WAC 246-100-071.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-046, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-046, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-046, filed 5/19/87.]

**WAC 246-100-071 Responsibility for reporting to and cooperating with the local health department.** (1) A

principal health care provider in attendance on a case of any reportable disease or condition shall report the case to the local health department as required in this chapter.

(2) Other health care providers in attendance on a case of a reportable disease or condition shall report the case to the local health department unless the case has already been reported.

(3) Health care facilities where more than one health care provider may be in attendance on a case of a reportable disease or condition may establish administrative procedures to assure forwarding of reports to the local health department without duplication. Neither the submission of a specimen to a public health laboratory as required in WAC 246-100-231 nor the laboratory reporting a positive test result as required in WAC 246-100-236 relieves the principal health care provider or health care facility from responsibility for reporting to the local health department.

(4) Individuals knowing about a person suspected to have any reportable disease or condition may report the name, other identifying information, and other known information described in WAC 246-100-081 to the local health department.

(5) School principals, school nurses, and day care center operators knowing of a case or suspected case of a reportable disease or condition in the school or center shall notify the local health department.

(6) Each school teacher and day care worker knowing of a case or suspected case of a reportable disease or condition shall report the name and other identifying information to the principal, school nurse, or day care center operator.

(7) Medical laboratories shall report laboratory evidence of certain reportable diseases to the local or state health department as described in WAC 246-100-236.

(8) Health care providers, health care facilities, laboratory directors, and individuals shall cooperate with the local health officer in the investigation of a case or suspected case of a reportable disease or condition, and shall, when requested by the local health officer, provide in a timely manner any information related to the clinical, laboratory, and epidemiologic circumstances of the case or suspected case.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-100-071, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-071, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-071, filed 5/19/87.]

**WAC 246-100-072 Rules for notification of partners at-risk of HIV infection.** (1) A health care provider may consult with the local health officer or an authorized representative about an HIV-infected individual without identifying the individual.

(2) Only under the specific circumstances listed below, a principal health care provider shall report the identity of sex or injection equipment-sharing partners of an HIV-infected individual to the local health officer or an authorized representative:

(a) After being informed of the necessity to notify sex and injection-equipment sharing partners, the HIV-infected individual either refuses or is unable to notify partners that partners:

(i) May have been exposed to and infected with HIV; and

(ii) Should seek HIV-pretest counseling and consider HIV testing; and

(b) The HIV-infected individual neither accepts assistance nor agrees to referral to the local health officer or an authorized representative for assistance in notifying partners.

(3) Only in the specific circumstances listed below, a principal health care provider shall report the identity of an individual with a positive HIV test result to the local health officer or an authorized representative:

(a) The principal health care provider provided pretest counseling as described in WAC 246-100-209(1) before the individual was tested; and

(b) The principal health care provider made efforts, but was unable to meet face-to-face with the individual to notify the individual of the HIV-test result and to provide post-test counseling as required in WAC 246-100-209 in order to assure partner notification.

(4) A health care provider shall not disclose the identity of an HIV-infected individual or the identity of sex and injection equipment-sharing partners at risk of HIV infection, except as authorized in RCW 70.24.105, WAC 246-100-072, or 246-100-076.

(5) Local health officers and authorized representatives shall:

(a) Confirm conditions in subsections (2) and (3) of this section were met prior to initiating partner notification or receiving referral of identity of an HIV-infected individual; and

(b) Use identifying information, provided according to this section, on HIV-infected individuals only for contacting the HIV-infected individual to provide post-test counseling or to contact sex and injection equipment-sharing partners; and

(c) Destroy documentation of referral information established under this subsection, containing identities and identifying information on the HIV-infected individual and at-risk partners of that individual, immediately after notifying partners or within three months of the date information was received, whichever occurs first.

[Statutory Authority: RCW 43.20.050 and 70.24.130, 92-02-019 (Order 225B), § 246-100-072, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-100-072, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW, 89-02-008 (Order 324), § 248-100-072, filed 12/27/88.]

**WAC 246-100-076 Reportable diseases and conditions.** (1) The following diseases and conditions shall be reported as individual case reports to the local health department in accordance with requirements and procedures described throughout chapter 246-100 WAC:

(a) Category A diseases require an immediate report at the time a case is suspected or diagnosed and include:

(i) Anthrax,

(ii) Botulism (including food-borne, infant, and wound),

(iii) Cholera,

(iv) Diphtheria, noncutaneous,

(v) Measles (rubeola),

(vi) Paralytic shellfish poisoning,

(vii) Plague,

(viii) Poliomyelitis, and

(ix) Rabies.

(b) Category B diseases or conditions require a case report within one day of diagnosis and include:

(i) Brucellosis,

(ii) Gastroenteritis of suspected food-borne or water-borne origin,

(iii) Hemophilus influenzae invasive disease (excluding otitis media) in children age five years and under,

(iv) Hepatitis A and B, acute,

(v) Leptospirosis,

(vi) Listeriosis,

(vii) Meningococcal disease,

(viii) Paratyphoid fever (see salmonellosis),

(ix) Pertussis,

(x) Rubella, including congenital,

(xi) Salmonellosis, including paratyphoid fever and typhoid fever,

(xii) Shigellosis,

(xiii) Syphilis—primary, secondary, or congenital (for other, see Category C),

(xiv) Typhoid fever, including carrier (see salmonellosis),

(xv) Unusual communicable disease (see definition WAC 246-100-011).

(c) Category C diseases or conditions require a case report within seven days of diagnosis and include:

(i) Acquired immunodeficiency syndrome (AIDS) and class IV human immunodeficiency virus (HTLV III or LAV diseases classified by centers for disease control, United States public health service, MMWR, 5/23/86),

(ii) Amebiasis,

(iii) Campylobacteriosis,

(iv) Chancroid,

(v) Chlamydia trachomatis infection,

(vi) Ecoli 0157:H7 infection,

(vii) Encephalitis, viral,

(viii) Giardiasis,

(ix) Gonorrhea,

(x) Granuloma inguinale,

(xi) Herpes simplex, initial genital infection,

(xii) Herpes simplex, neonatal,

(xiii) Hepatitis non-A, non-B, and unspecified,

(xiv) Kawasaki syndrome,

(xv) Legionellosis,

(xvi) Leprosy (Hansen's disease),

(xvii) Lyme disease,

(xviii) Lymphogranuloma venereum,

(xix) Malaria,

(xx) Mycobacteriosis, including tuberculosis,

(xxi) Mumps,

(xxii) Nongonococcal urethritis,

(xxiii) Pelvic inflammatory disease, acute,

(xxiv) Pseudomonas folliculitis of suspected water-borne origin,

(xxv) Psittacosis,

(xxvi) Q fever,

(xxvii) Relapsing fever (borreliosis),

(xxviii) Reye Syndrome,

(xxix) Rheumatic fever,

(xxx) Rocky mountain spotted fever,

(xxxi) Syphilis—other (see also Category B),

(xxxii) Tetanus,

(xxxiii) Tick paralysis,

(xxxiv) Toxic shock syndrome,

(xxxv) Trichinosis,

(xxxvi) Tuberculosis,

(xxxvii) Tularemia,

(xxxviii) Vibriosis,

(xxxix) Yersiniosis, and

(xxxx) Severe adverse reaction to immunization.

(2) Any cluster or pattern of cases, suspected cases, deaths, or increased incidence of any disease or condition beyond that expected in a given period which may indicate an outbreak, epidemic, or related public health hazard shall be reported immediately by telephone to the local health officer. Such patterns include, but are not limited to, suspected or confirmed outbreaks of food borne or waterborne disease, chickenpox, influenza, viral meningitis, nosocomial infection suspected due to contaminated products or devices, or environmentally related disease.

(3) Local health officers may require reporting of additional diseases and conditions.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-076, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-076, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-076, filed 5/19/87.]

#### **WAC 246-100-081 Reports--Content--Time--Hospital monthly report permitted for certain diseases.**

(1) Health care providers, health care facilities, and others as required in chapter 246-100 WAC shall report each case of a reportable disease or condition (Category A, B, and C), to the local health officer including the following information:

(a) Name,

(b) Address,

(c) Age,

(d) Sex,

(e) Diagnosis or suspected diagnosis of disease or condition,

(f) Identity of the principal health care provider (minimally first and last name), and

(g) Name and address or telephone number of the person providing the report.

(2) Local health officers may require other information of epidemiologic or public health value including but not limited to:

(a) Immunization status,

(b) History and circumstances of possible exposure or source,

(c) Identity of contacts at risk for disease, if known,

(d) Occupation, school, or day care of case,

- (e) Date of onset of disease or condition, and
- (f) Race.

(3) Health care providers, health care facilities, and others required in chapter 246-100 WAC to report cases of disease or conditions shall:

(a) Immediately telephone the report of each case or suspected case of Category A disease or condition, WAC 246-100-076, to the local health department,

(b) Telephone a report of Category B disease or condition, WAC 246-100-076, to the local health department no later than one working day following diagnosis,

(c) Submit a written report of each Category C disease or condition, WAC 246-100-076, to the local health department within seven days of diagnosis including:

(i) Completion of an individual case report form provided or approved by the local health department, or

(ii) A telephone report if:

(A) Telephone reports are approved by the local health officer, and

(B) The local health officer assumes responsibility for completion of the written case report form.

(4) Hospitals may:

(a) Elect a monthly reporting system only for certain category C diseases or conditions including:

(i) Chlamydia trachomatis infection;

(ii) Kawasaki syndrome;

(iii) Leprosy (Hansen's disease);

(iv) Mumps;

(v) Mycobacteriosis, excluding tuberculosis;

(vi) Pelvic inflammatory disease, acute including those diseases classified as pelvic inflammatory disease in international classification of diseases, 9th revision, clinical modification, volume I and II, 1980;

(vii) Reye syndrome; and

(viii) Toxic shock syndrome.

(b) Be waived from requirements to report:

(i) Initial genital herpes simplex infection,

(ii) Nongonococcal urethritis, and

(iii) Pseudomonas folliculitis of suspected waterborne origin.

(5) Hospitals shall:

(a) Report immediately by telephone any outbreak or suspected outbreak (see WAC 246-100-076).

(b) Include in monthly reports permitted only for certain diseases specified in subsection (4) of this section, at least:

(i) Name of case,

(ii) Date of admission or outpatient visit, and

(iii) Name of principal health care provider.

(6) Principal health care providers shall report each case of disease or condition, including those listed in subsection (4) of this section within seven days of diagnosis and as specified in subsection (3) of this section.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-100-081, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-081, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-081, filed 5/19/87.]

**WAC 246-100-086 Reporting diseases and conditions directly to department.** (1) Health care providers

and health care facilities shall telephone reports directly to the department for diseases and conditions under WAC 246-100-076 when:

(a) A local health department is closed at the time a case or suspected case of a category A reportable disease occurs, and

(b) A local health department is closed at the time an outbreak or suspected outbreak occurs (see WAC 246-100-076).

(2) The twenty-four hour department telephone number for reporting diseases or conditions under WAC 246-100-076 is (206) 361-2914 or SCAN 245-2914.

(3) Health care providers and health care facilities shall telephone reports of pesticide poisoning cases or suspected pesticide poisoning cases under RCW 70.104-.055 directly to the department of health by dialing the twenty-four hour toll-free telephone number 1-800-356-2323.

[Statutory Authority: RCW 43.20.050 and 70.104.055, 92-02-019 (Order 225B), § 246-100-086, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-100-086, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW, 90-10-036 (Order 049), § 248-100-086, filed 4/26/90, effective 5/27/90. Statutory Authority: RCW 43.20.050, 87-11-047 (Order 302), § 248-100-086, filed 5/19/87.]

**WAC 246-100-166 Immunization of day care and school children against certain vaccine-preventable diseases.** (1) Definitions for purposes of this section:

(a) "Certificate of immunization status (CIS) form" means a form provided by the department labeled DOH 348-013, including data entry spaces for immunization information including:

(i) Name of child or student,

(ii) Birth date,

(iii) Sex,

(iv) Type of vaccine,

(v) Date of each dose of vaccine received specifying day, month, and year,

(vi) Signature of parent, legal guardian, or adult in loco parentis, and

(vii) Documented exemptions, if applicable and as specified in subsection (5) of this section.

(b) "Chief administrator" means:

(i) The person with the authority and responsibility for the immediate supervision of the operation of a school, day care center, or

(ii) A designee of the chief administrator assigned in writing to carry out the requirements of RCW 28A.210.160 through the statutory or corporate board of directors of the school district or school, or

(iii) Person or persons with the authority and responsibility for the general supervision of the operation of the school district or school.

(c) "Child" means any person regardless of age admitted to any day care center, preschool, kindergarten, or grades one through twelve program of education in:

(i) Any public school district, or

(ii) Any private school or private institution subject to approval by the state board of education or described in RCW 28A.305.130 and 28A.195.010 through 28A.195.060, or



(iii) Any licensed day care facility which regularly provides care for a group of thirteen or more children for periods of less than twenty-four hours subject to licensure by the department of social and health services as described in chapter 74.15 RCW.

(d) "Full immunization" means vaccinated in accordance with schedules and immunizing agents approved by the state board of health in WAC 246-100-166 against:

- (i) Diphtheria,
- (ii) Tetanus,
- (iii) Pertussis or whooping cough,
- (iv) Measles or rubeola,
- (v) Rubella,
- (vi) Mumps,
- (vii) Poliomyelitis, and
- (viii) Haemophilus influenzae type b disease.

(e) "Immunizing agents" means any vaccine or other biologic licensed and approved by the bureau of biologics, United States Food and Drug Administration (FDA), or meeting World Health Organization (WHO) requirements, for immunization of persons against:

- (i) Diphtheria, tetanus, pertussis (DTP, DT, Td);
- (ii) Measles;
- (iii) Mumps;
- (iv) Poliomyelitis, types I, II, and III (TOPV, IPV);
- (v) Rubella; and
- (vi) Haemophilus influenzae type b vaccine (Hib);
- (f) "National immunization guidelines" means schedules for immunization described in:

(i) 1991 American Academy of Pediatrics *Report of the Committee on Infectious Diseases* (Red Book); or

(ii) Immunization Practices Advisory Committee (ACIP) on General Recommendations on Immunization, April 7, 1989; and

(iii) Immunization Practices Advisory Committee (ACIP) on Haemophilus b Conjugate Vaccines for Prevention of *Haemophilus Influenzae* Type b Disease Among Infants and Children Two Months of Age and Older, January 11, 1991.

(g) "Parent" means a person who is:

(i) The mother, father, legal guardian, or any adult in loco parentis of a child seventeen years of age or younger; or

(ii) A person eighteen years of age or older; or

(iii) An emancipated minor.

(h) "Transfer student" means a student previously enrolled in grades kindergarten through twelve moving from one school district or system to another at any time during the school year, excluding students transferring within a district or system when the school transfers records within the district.

(2) Full immunization schedule. Each day care, preschool, and school shall establish and maintain requirements for full immunization of children attending day care and preschool through grade twelve.

(3) For day care and preschool children, full immunization means a child received vaccines as follows:

| Age at Entry                  | Requirement(*)               |
|-------------------------------|------------------------------|
| between 2-3 months            | 1-DTP/DT,1-OPV/IPV,1-Hib     |
| between 4-5 months            | 2-DTP/DT,2-OPV/IPV,2-Hib     |
| between 6-14 months           | 3-DTP/DT,2-OPV/IPV,3-Hib(**) |
| between 15 months and Hib(†), | 4-DTP/DT,3-OPV/IPV,1-Hib(†), |
| kindergarten entry            | 1-MMR(††)                    |

(\*) Children who do not meet the requirements for their age group must initiate or continue a schedule of immunization prior to day care or preschool entry and must be notified by the day care/preschool administrator of additional doses of vaccine as those doses come due.

(\*\*) Children immunized with Hib vaccine from Merck Sharp and Dohme (PedvaxHIB) should receive vaccine at 2 months, 4 months, and 12 months of age.

(†) Those children entering day care or preschool after 15 months of age must have received one dose of Hib vaccine at or after 15 months of age (not required of those receiving three doses of Merck Sharp and Dohme vaccine). Hib vaccine is not required of children 60 months (5 years) and older.

(††) Children who have had measles, rubella, or mumps disease, respectively, must show proof of past infection with the disease by providing an acceptable measles, rubella, or mumps antibody titer result and appropriate immunization against the remaining disease(s).

(4) For a child entering kindergarten or first grade (school entry level), full immunization means a child received vaccines as follows:

(a) A minimum of four doses of either DTP, DT, or Td (not tetanus toxoid alone) with last dose after four years of age consistent with national immunization guidelines defined in subsection (1) of this section, or

(b) Three doses of Td (not tetanus toxoid alone) if the series began at seven years of age or older, and

(c) A minimum of three doses of trivalent oral poliomyelitis vaccine (TOPV) or enhanced trivalent inactivated poliomyelitis vaccine (IPV) with last dose received after four years of age and consistent with national immunization guidelines defined in subsection (1) of this section, and

(d) One dose of live virus measles vaccine at or after one year of age unless a child provides proof of past infection with measles virus (an acceptable measles virus antibody titer result), and

(e) One dose of live virus rubella vaccine at or after one year of age unless a child provides proof of past infection with rubella virus (an acceptable rubella antibody titer result), and

(f) One dose of live virus mumps vaccine administered at or after one year of age unless a child provides proof of past infection with mumps virus (an acceptable mumps virus antibody titer result).

(5) For transfer students and those above kindergarten or first grade, full immunization means a child received vaccines as follows:

(a) A minimum of three doses of either DTP, DT, or Td, (not tetanus toxoid alone) with the last dose after four years of age consistent with national immunization guidelines defined in subsection (1) of this section; or

(b) Three doses of Td, (not tetanus toxoid alone) if the series began at seven years of age or older; and

(c) A minimum of three doses of trivalent oral poliomyelitis vaccine (TOPV), or enhanced trivalent inactivated poliomyelitis vaccine (IPV) with the last dose received after four years of age and consistent with national immunization guidelines defined in subsection (1) of this section (not required of persons eighteen years of age and older); and

(d) One dose of live virus measles vaccine at or after one year of age unless a child provides proof of past infection with measles virus (an acceptable measles virus antibody titer result); and

(e) One dose of live virus rubella vaccine at or after one year of age unless a child provides proof of past infection with rubella virus (an acceptable rubella antibody titer result); and

(6) For transfer students in grades 1 or 2 through 12 enrolling on or after August 1, 1991, one dose of live virus mumps vaccine administered at or after one year of age unless a child provides proof of past infection with mumps virus (an acceptable mumps virus antibody titer result).

(7) For a child entering sixth grade or reaching age thirteen years, whichever occurs first, full immunization means a child received the following vaccines (in addition to those listed in subsection (5) of this section):

(a) A second dose of live virus measles vaccine administered at or after one year of age and separated by at least one month between first and second dose, unless a child provides proof of past infection with measles virus (an acceptable measles virus antibody titer result); and

(b) One dose of live virus mumps vaccine administered at or after one year of age unless a child provides proof of past infection with mumps virus (an acceptable mumps virus antibody titer result).

(8) A second dose of measles vaccine and one dose of mumps vaccine is recommended, but not required, of currently enrolled students above sixth grade.

(9) Conditions for day care, preschool, and school attendance when a child is not fully immunized:

(a) When a child lacks full immunization, the day care, preschool, or school shall require satisfactory progress toward full immunization (conditional status) as a condition of school attendance including:

(i) Documented proof of start or continuance of child's schedule of immunization;

(ii) Assurance the scheduled immunization is consistent with the national immunization guidelines defined in subsection (1) of this section;

(iii) Notification of child's parent(s) of when the schedule must be completed; and

(iv) Exclusion of child from attendance as described in subsection (13) of this section if child has not received required immunizations on schedule and if sufficient time has elapsed (one month from date due) for completion of next dose.

(10) Schools, preschools, and day care centers shall require documented proof related to immunization including:

(a) Completion of a certificate of immunization status (CIS) form by a parent as documented proof of:

(i) Full immunization, or

(ii) Initiation or continuation of a schedule (conditional status), or

(iii) Exemption.

(b) Information from a written personal immunization record, as the source of the immunization data entered on the CIS form (substitution of a personal immunization record for a CIS form is prohibited);

(c) Acceptance of only the CIS form (no other state or local immunization forms) from new enrollees registering in kindergarten through grade twelve;

(d) In addition to current CIS form, acceptance of previous CIS forms, or locally developed forms approved by the department indicating the month and year of each immunization as the official immunization status for children enrolled prior to September 1, 1979.

(11) Schools, preschools, and day care centers shall accept medical exemptions and:

(a) Require a signature of a licensed medical doctor (M.D.), doctor of osteopathy (D.O.), physician assistant, or nurse practitioner practicing within the limits of the medical or nurse practice acts to certify medical reasons to defer one or more immunizations on the CIS form;

(b) Admit children and keep on file a CIS form for children with:

(i) Temporary exemption from immunization for medical reasons if the required immunizations are received upon expiration of the exemption, or

(ii) Permanent exemptions.

(c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school or day care for the duration of the outbreak by order of the local health department as described in subsection (13) of this section; and

(d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.

(12) Schools, preschools, and day care centers shall:

(a) Allow a parent to exempt his/her child from the required immunizations for religious, philosophical, or personal objections when the CIS form indicates:

(i) Type or exemption, and

(ii) Signature of parent.

(b) Keep on file a CIS form for each child so enrolled;

(c) Include a statement on the CIS form informing the parent that should an outbreak of vaccine preventable disease for which the child is exempted occur, the child may be excluded from school for the duration of the outbreak by order of the local health department as described in subsection (13) of this section; and

(d) Keep on file a list of children so exempted and transmit the list to the local health department if requested.

(13) Schools, preschools, and day care centers shall exclude children from school as follows:

(a) Exclude any child from school for failure to provide a completed CIS form as defined in subsection (1)

of this section before or on the child's first day of attendance consistent with procedures required by the state board of education, Title 180 WAC;

(b) Exclude from attendance any child in a day care center for failure to provide a completed CIS form as defined in subsection (1) of this section before or on the child's first day of attendance;

(c) The chief administrator shall retain records on excluded children for at least three years including:

- (i) Name,
- (ii) Address, and
- (iii) Date of exclusion.

(d) A health officer may exclude children from school, preschool, and day care attendance in the event of a child's exposure to a disease according to chapter 246-110 WAC, including children presenting proof of:

- (i) Initiation of a schedule of immunization,
- (ii) Medical exemption,
- (iii) Religious exemption,
- (iv) Philosophical exemption, or
- (v) Personal exemption.

(14) Schools, preschools, and day care centers shall maintain records and require:

(a) A completed CIS form retained in the files for every child enrolled;

(b) Return of original CIS form or a legible copy to the parent in the event of the child's withdrawal or transfer from school (withholding a record for any reason, including nonpayment of school, preschool, or day care fees is prohibited).

(c) Access to immunization records by agents of the state or local health department for each child enrolled.

(15) Persons or organizations administering immunizations, either public or private, shall:

(a) Furnish each person immunized, or his or her parent, with a written record of immunization containing information required by the state board of health; and

(b) Provide immunizations and records in accordance with chapter 246-100 WAC.

(16) Chief administrators of schools, preschools, and day care centers shall forward a written annual report to the department and local health department on the immunization status of children as follows:

(a) For schools: By November 1 of each year on forms provided by the department (except in the event of a late school opening when the report is due thirty days after the first day of school);

(b) For preschools and day care centers: By February 1 of each year on forms provided by the department.

[Statutory Authority: RCW 28A.210.140 and 43.20.050. 91-15-066 (Order 182B), § 246-100-166, filed 7/22/91, effective 8/22/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-166, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-166, filed 3/16/88.]

**WAC 246-100-171 Special settings--Food service establishments.** (1) Food handlers with communicable disease in an infectious or carrier state shall not handle food or beverages if the infectious agent can be transmitted through food or beverages.

(2) Employers or persons in charge of food service establishments shall prohibit persons from work as food

handlers with a known disease, condition, and/or carrier state including, but not limited to:

- (a) Amebiasis;
- (b) B hemolytic streptococcal infection;
- (c) Campylobacter;
- (d) Cholera;
- (e) Hepatitis A and Hepatitis unspecified;
- (f) Salmonellosis, including typhoid and paratyphoid;
- (g) Shigellosis;
- (h) Staphylococcal infections; and
- (i) Signs of undiagnosed infection including:

(A) Diarrhea (with episodes of over forty-eight hours requiring approval by a health care provider or local health officer prior to return to work);

- (B) Skin lesions;
- (C) Vomiting; or
- (D) Fever.

(3) Work restrictions, control measures, and removal of work restrictions on food handlers and food service establishments shall be consistent with:

(a) *Control of Communicable Diseases in Man*, 15th edition, Abram S. Benenson (editor), American public health association, 1990;

(b) Chapter 246-215 WAC food service sanitation, rules, and regulations of the Washington state board of health; and

(c) Chapter 69.06 RCW, food and beverage establishments, workers permits.

(4) Employers and persons in charge of food service establishments shall:

(a) Require notification or approval of removal of work restriction by a health care provider or local health officer for persons working with diseases, carrier states, conditions and signs listed in subsection (2) of this section; and

(b) Cooperate with public health officials investigating cases, outbreaks, or suspected outbreaks.

(5) The local health department has authority to:

(a) Require an examination of a person or persons to determine presence of infection,

(b) Adopt more stringent rules for excluding a food handler from work, and

(c) Protect public safety consistent with chapter 246-215 WAC by ordering food items to be:

- (i) Placed under a hold order,
- (ii) Destroyed immediately,
- (iii) Surrendered,
- (iv) Sampled, and
- (v) Submitted for laboratory testing.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-171, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-171, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-171, filed 3/16/88.]

**WAC 246-100-176 Special settings--Schools.** Private and public schools, vocational schools, colleges, and universities shall cooperate with local and state health officers in carrying out requirements in chapters 246-110 and 246-100 WAC.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-176, filed 12/23/91, effective 1/23/92; 91-02-051 (Order

124B), recodified as § 246-100-176, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-176, filed 3/16/88.]

**WAC 246-100-181 Special settings--Child day care facilities.** Child day care facilities shall:

(1) Establish policy and procedures for prevention and control of communicable diseases in employees, voluntary staff, and children that:

(a) Are consistent with "child health care plan guidelines" available from division of health, office of licensing and certification, personal care facilities survey section, ET-33, Olympia, Washington 98504; and/or

(b) Are consistent with additional or more stringent recommendations of the local health department; and

(c) Include a provision for reporting illness to the local health department when required in chapter 246-100 WAC and WAC 388-73-056.

(2) Consult with a health care provider or the local health department for information about infectious or communicable disease, as necessary.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-181, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-181, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-181, filed 3/16/88.]

**WAC 246-100-196 Animal bites--Report to local health department.** Health care providers shall:

(1) Report all cases of humans exposed to secretions or bitten by domestic or wild animals, especially bats and carnivores, to the local health department or designated local authority;

(2) Report bites of rodents and lagomorphs only when an animal exhibits unusual behavior; and

(3) Use protocols established in *Communicable Diseases in Man*, 15th edition, Abram S. Benenson, editor, 1990, when treating wounds caused by animal bites.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-196, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-196, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-196, filed 3/16/88.]

**WAC 246-100-201 Birds--Measures to prevent psittacosis.** (1) Definitions specific to this section:

(a) "Breeder" means a person or persons propagating birds for purpose of sale, trade, gift, or display;

(b) "Displayer" means a person, owner, or entity other than a public or private zoological park showing, exhibiting, or allowing a person or persons to handle or access a bird in a place open to the public or in a health care facility;

(c) "Leg band" means a smooth plastic or metal cylinder, either open (seamed) or closed (seamless), designed to be used to encircle a leg of a bird including permanent inscription of identification indicating:

(i) Code for individual bird, and

(ii) Code for breeder source except when open bands identify vendor rather than breeder.

(d) "Psittacine bird" or "bird" means all birds commonly known as:

(i) Parrots,

(ii) Macaws,

(iii) Cockatoos,

(iv) Lovebirds,

(v) Parakeets, and

(vi) All other birds of the order psittaciformes.

(e) "Vendor" means a person or entity selling, trading, or giving a bird to another person or entity.

(2) A person selling, trading, or otherwise transferring a bird shall identify each bird by:

(a) A coded and closed (seamless) leg band;

(b) A United States department of agriculture open (seamed) leg band; or

(c) An open (seamed) leg band only in cases where an original and closed (seamless) leg band was lost or required replacement due to injury or potential injury to the bird.

(3) A vendor transferring a bird to other than the general public shall maintain a record of transfer including acquisition, sales, and trade of a bird, for at least one year and including:

(a) Date of transaction;

(b) Name and address of the recipient and source;

(c) Number and type, including the common name of the bird transferred; and

(d) Leg band codes, including breeder or vendor and individual bird codes, omitting individual bird code only upon initial transfer of a bird propagated by the breeder.

(4) A vendor transferring a bird to the general public shall provide each buyer or recipient with:

(a) A sales slip or written document including all information required in subsection (3)(a), (b), (c), and (d) of this section; and

(b) A written warning or caution notice including:

(i) Information about possible human infection or disease caused by birds, especially psittacosis, parrot fever, and ornithosis;

(ii) Signs of infection or a sick bird including:

(A) Nasal discharge,

(B) Sneezing,

(C) Coughing,

(D) Ruffled feathers,

(E) Lethargy, and

(F) Diarrhea.

(iii) Signs and symptoms of an illness in a human including, but not limited to:

(A) Chills,

(B) Fever,

(C) Headache,

(D) Cough, and

(E) Muscle aches.

(iv) Information that nasal discharge and droppings of an infected or sick bird may cause illness in humans; and

(v) Advice to consult veterinarian or health care provider, as appropriate, if signs or symptoms occur.

(5) A vendor shall post a readable sign in a public area with a warning described in subsection (4)(b) of this section.

(6) When investigation of a human case of psittacosis indicates probable infection from a bird, the local health officer shall:

(a) Order collection of blood or other appropriate samples from the suspect bird or birds for appropriate laboratory tests to rule out disease; or

(b) Use protocols established in *Communicable Diseases in Man*, 15th edition, Abram S. Benenson, editor, 1990; and

(c) Have authority to enforce requirements of this section on a nongrouped bird or birds when:

- (i) There is suspected exposure to an infected bird, or
- (ii) There is evidence a bird caused a disease.

(7) When a local health officer orders a quarantine of a bird or birds, the vendor shall:

- (a) Cooperate with the local health officer, and
- (b) Assume costs associated with action.

(8) Upon confirmation of psittacosis, vendors shall follow directions issued by the local health officer to:

(a) Place the birds under antibiotic treatment with environmental cleaning and sanitizing; or

(b) Destroy all birds on the premises followed by environmental cleaning and sanitizing; and

(c) Assume costs associated with psittacosis prevention and control action ordered by local and state health officer;

- (d) Prohibit sale or addition of birds to inventory; and
- (e) Prevent contact of any bird with the public.

(9) A person exhibiting or displaying a bird or birds in a place or area used or occupied by the public shall exhibit the bird or birds in a manner preventing human exposure to the birds and bird discharges except:

- (a) In single-purpose pet shops and aviaries, and
- (b) At bird shows if:

(i) A room containing a bird or birds is separated from other areas and activities, and

(ii) The room entrance has a sign warning a person about potential exposure to psittacosis.

(10) Shipment and embargo of birds.

(a) Any person or entity receiving a psittacine bird or birds from points outside Washington state shall:

(i) Comply with Title 9 CFR, parts 92.3 and 92.8(b);

(ii) Refuse receipt of any bird originating from premises where psittacosis infection is suspected or known; and

(iii) Refuse receipt of any bird from a premise quarantined for psittacosis.

(b) The state health officer is authorized to:

(i) Order placement and removal of an embargo upon shipment of a live bird or birds into Washington state, and

(ii) Order any action necessary to control an outbreak or potential outbreak of psittacosis in Washington state.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-100-201, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-201, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-201, filed 3/16/88.]

**WAC 246-100-206 Special diseases--Sexually transmitted diseases. (1) Definitions.**

(a) "Behaviors presenting imminent danger to public health (BPID)" means the following activities, under conditions specified below, performed by an individual with a laboratory confirmed HIV infection:

(i) Anal or vaginal intercourse without a latex condom; or

(ii) Shared use of blood-contaminated injection equipment;

(iii) Donating or selling HIV-infected blood, blood products, or semen; and

(iv) Under the following specified conditions:

(A) The infected individual received post-test counseling as described in WAC 246-100-209 prior to repeating activities in subsection (1)(a)(i) and (ii) of this section; and

(B) The infected individual did not inform the persons, with whom activities described in subsection (1)(a)(i) and (ii) of this section occurred, of his or her infectious status.

(b) "Behaviors presenting possible risk" means:

(i) Actual actions resulting in "exposure presenting a possible risk" limited to:

(A) Anal, oral, or vaginal intercourse excluding conjugal visits; or

(B) Physical assault; or

(C) Sharing of injection equipment or sharp implements; or

(D) Throwing or smearing of blood, semen, or vaginal fluids; or

(ii) Threatened action if:

(A) The threatening individual states he or she is infected with HIV; and

(B) The threatened behavior is listed in subsection (1)(b)(i)(A), (B), (C), and (D) of this section; and

(C) The threatened behavior could result in "exposure presenting a possible risk."

(c) "Conduct endangering public health" means:

(i) Anal, oral, or vaginal intercourse for all sexually transmitted diseases;

(ii) For HIV and Hepatitis B:

(A) Anal, oral, or vaginal intercourse; and/or

(B) Sharing of injection equipment; and/or

(C) Donating or selling blood, blood products, body tissues, or semen; and

(iii) Activities described in subsection (1)(d)(i) and (ii) of this section resulting in introduction of blood, semen, and/or vaginal fluids to:

(A) Mucous membranes;

(B) Eyes;

(C) Open cuts, wounds, lesions; or

(D) Interruption of epidermis.

(d) "Exposure presenting possible risk" means one or more of the following:

(i) Introduction of blood, semen, or vaginal fluids into:

(A) A body orifice or a mucous membrane;

(B) The eye; or

(C) An open cut, wound, lesion, or other interruption of the epidermis.

(ii) A needle puncture or penetrating wound resulting in exposure to blood, semen, and/or vaginal fluids.

(e) "Reasonably believed" or "reason to believe," in reference to a sexually transmitted disease, means a health officer's belief which:

(i) For the purpose of investigating the source and spread of disease, is based upon a credible report from an identifiable individual indicating another person is

likely to have a sexually transmitted disease (STD) or to have been exposed to a STD; and

(ii) For the purpose of issuing a written order for an individual to submit to examination, counseling, or treatment is based upon:

(A) Laboratory test results confirming or suggestive of a STD; or

(B) A health care provider's direct observation of clinical signs confirming an individual has or is likely to have a STD; or

(C) Obtaining information directly from an individual infected with a STD about the identity of his or her sexual or needle-sharing contacts when:

(I) Contact with the infected individual occurred during a period when the disease may have been infectious; and

(II) The contact was sufficient to transmit the disease; and

(III) The infected individual is, in the health officer's judgment, credible and believable.

(f) "Substantial exposure" means physical contact resulting in exposure presenting possible risk, limited to:

(i) A physical assault upon the exposed person involving blood or semen;

(ii) Intentional, unauthorized, nonconsensual use of needles or sharp implements to inject or mutilate the exposed person;

(iii) An accidental parenteral or mucous membrane or nonintact skin exposure to blood, semen, or vaginal fluids.

(2) Health care providers shall:

(a) Report each case of sexually transmitted disease as required in chapter 246-100 WAC, and

(b) Instruct each patient regarding:

(i) Communicability of the disease, and

(ii) Requirements to refrain from acts that may transmit the disease to another.

(c) Ensure completion of a prenatal serologic test for syphilis in each pregnant woman pursuant to RCW 70.24.090 including:

(i) Submission of a blood sample for syphilis to a laboratory approved to perform prenatal serologic tests for syphilis, as required in RCW 70.24.090, at the time of the first prenatal visit, and

(ii) Decide whether or not to omit the serologic test for syphilis if the test was performed elsewhere during the current pregnancy.

(3) Laboratories, health care providers, and other persons shall deny issuance of a certificate or statement implying an individual is free from sexually transmitted disease.

(4) Local health officers, health care providers, and others, in addition to requirements in chapter 246-100 WAC, shall comply with the provisions in chapter 70.24 RCW.

(5) Prevention of ophthalmia neonatorum.

(a) Health care providers diagnosing or caring for a patient with gonococcal or chlamydial ophthalmia neonatorum shall report the case to the local health officer or local health department in accordance with the provisions of this chapter.

(b) The principal health care provider attending or assisting in the birth of any infant or caring for an infant after birth, shall ensure instillation of a department-approved prophylactic ophthalmic agent into the conjunctival sacs of the infant within the time frame established by the department in policy statement of ophthalmia agents approved for the prevention of ophthalmia neonatorum in the newborn, issued June 19, 1981.

(6) State and local health officers or their authorized representatives shall:

(a) Have authority to conduct or cause to be conducted an interview and investigation of persons infected or reasonably believed to be infected with a sexually transmitted disease; and

(b) Use procedures and measures described in WAC 246-100-036(4) in conducting investigations.

(7) State and local health officers and their authorized representatives shall have authority to:

(a) Issue written orders for medical examination, testing, and/or counseling under chapter 70.24 RCW, only after:

(i) All other efforts to protect public health have failed, including reasonable efforts to obtain the voluntary cooperation of the person to be affected by the order; and

(ii) Having sufficient evidence to "reasonably believe" the individual to be affected by the order:

(A) Has a sexually transmitted disease; and

(B) Is engaging in "conduct endangering public health"; and

(iii) Investigating and confirming the existence of "conduct endangering public health" by:

(A) Interviewing sources to assess their credibility and accuracy; and

(B) Interviewing the person to be affected by the order; and

(iv) Including in a written order all information required in RCW 70.24.024.

(b) Issue written orders for treatment under RCW 70.24.022 only after laboratory test results, or direct observation of clinical signs or assessment of clinical data by a physician, confirm the individual has, or is likely to have, a sexually transmitted disease;

(c) Issue written orders to cease and desist from specified activities, under RCW 70.24.024 only after:

(i) Determining the person to be affected by the order is engaging in "conduct endangering public health"; and

(ii) Laboratory test results, or direct observation of clinical signs or assessment of clinical data by a physician, confirm the individual has, or is likely to have, a sexually transmitted disease; and

(iii) Exhausting procedures described in subsection (7)(a) of this section; and

(iv) Enlisting, if appropriate, court enforcement of the orders described in subsections (7)(a) and (b) of this section; and

(d) Seek court orders for detainment under RCW 70.24.034, only for persons infected with HIV and only after:

(i) Exhausting procedures described in subsection (7)(a), (b), and (c) of this section; and

(ii) Enlisting, if appropriate, court enforcement of orders to cease and desist; and

(iii) Having sufficient evidence to "reasonably believe" the person is engaging in "behaviors presenting an imminent danger to public health."

(8) Conditions for detainment of individuals infected with sexually transmitted disease.

(a) A local health officer may notify the state health officer if he or she determines:

(i) The criteria for "behaviors presenting imminent danger to public health (BPID)" are met by an individual; and

(ii) Such individual fails to comply with a cease and desist order affirmed or issued by a court.

(b) A local or state health officer may request the prosecuting attorney to file an action in superior court to detain an individual specified in subsection (8)(a) of this section.

(c) The requesting local or state health officer or authorized representative shall:

(i) Notify the department prior to recommending the detainment setting where the individualized counseling and education plan may be carried out consistent with subsections (8)(d), (e), and (f) of this section;

(ii) Make a recommendation to the court for placement of such individual consistent with subsections (8)(d) and (f) of this section; and

(iii) Provide to the court an individualized plan for education and counseling consistent with subsection (8)(e) of this section.

(d) State board of health requirements for detainment of individuals demonstrating BPID:

(i) Sufficient number of staff, caregivers, and/or family members to:

(A) Provide round-the-clock supervision, safety of detainee, and security; and

(B) Limit and restrict activities to prevent BPID; and

(C) Make available any medical, psychological, or nursing care when needed; and

(D) Provide access to AIDS education and counseling; and

(E) Immediately notify the local or state health officer of unauthorized absence or elopement; and

(ii) Sufficient equipment and facilities to provide:

(A) Meals and nourishment to meet nutritional needs; and

(B) A sanitary toilet and lavatory; and

(C) A bathing facility; and

(D) Bed and clean bedding appropriate to size of detainee; and

(E) A safe detention setting appropriate to chronological and developmental age of detainee; and

(F) A private sleeping room; and

(G) Prevention of sexual exploitation.

(iii) Sufficient access to services and programs directed toward cessation of BPID and providing:

(A) Linguistically, socially, culturally, and developmentally appropriate ongoing AIDS education and counseling; and

(B) Psychological and psychiatric evaluation and counseling; and

(C) Implementation of court-ordered plan for individualized counseling and education consistent with subsection (8)(e) of this section.

(iv) If required, provide access to isolation and/or restraint in accordance with restraint and seclusion rules in WAC 275-55-263 (2)(c);

(v) Maintain a safe, secure environment free from harassment, physical danger, and sexual exploitation.

(e) Washington state board of health standards for an individualized counseling and education plan for a detainee include:

(i) Consideration of detainee's personal and environmental characteristics, culture, social group, developmental age, and language;

(ii) Identification of habitual and addictive behavior and relapse pattern;

(iii) Identification of unique risk factors and possible cross-addiction leading to behavior presenting imminent danger to public health;

(iv) Identification of obstacles to behavior change and determination of specific objectives for desired behavior;

(v) Provision of information about acquisition and transmission of HIV infection;

(vi) Teaching and training of individual coping skills to prevent relapse to BPID;

(vii) Specific counseling for chemical dependency, if required;

(viii) Identification of and assistance with access to community resources, including social services and self-help groups appropriate to provide ongoing support and maintenance of behavior change; and

(ix) Designation of a person primarily responsible for counseling and/or education who:

(A) Completed pretest and post-test counselor training approved by the office on AIDS; and

(B) Received training, as approved by the office on AIDS, focused on facilitating behavior change related to preventing BPID; and

(C) Has a post-graduate degree in social work, psychology, counseling, psychosocial nursing, or other allied profession; and

(D) Completed at least one year clinical experience after post-graduate education with a primary focus on individualized behavior change; and

(E) Is a certified counselor under chapter 18.19 RCW.

(x) Designation and provision of a qualified counselor under WAC 275-19-145 when the detainee is assessed to have a drug or alcohol problem.

(f) The state board of health designates the following settings appropriate for detainment provided a setting meets requirements in subsection (8)(d)(i), (ii), (iii), (iv), and (v) of this section:

(i) Homes, care facilities, or treatment institutions operated or contracted by the department;

(ii) Private homes, as recommended by the local or state health officer;

(iii) Boarding homes licensed under chapter 18.20 RCW;

(iv) Nursing homes licensed under chapter 18.51 RCW;

(v) Facilities licensed under chapter 71.12 RCW, including:

(A) Psychiatric hospitals, per chapter 246-322 WAC;  
 (B) Alcoholism treatment centers if certified for substance use under chapter 275-19 WAC;

(C) Adult residential rehabilitation centers, per chapter 246-325 WAC;

(D) Private adult treatment homes, per chapter 246-325 WAC;

(E) Residential treatment facilities for psychiatrically impaired children and youth, per chapter 246-323 WAC;

(vi) A hospital licensed under chapter 70.41 RCW.

(9) Jail administrators may order pretest counseling, post-test counseling, and HIV testing of persons detained in jail according to RCW 70.24.360 only under the following conditions:

(a) The jail administrator documents and reports to the local health officer, within seven days after the incident, any incident perceived to be actual or threatened "behaviors presenting possible risk"; and

(b) The local health officer:

(i) Determines the documented behavior or behaviors meet the criteria established in the definition of "behaviors presenting a possible risk"; and

(ii) Interviews the detained individual to evaluate the factual basis for alleged actual or threatened behavior; and

(iii) Makes a fact determination, based upon the documented behavior, the interview with the detained individual, and/or independent investigation, that sufficient factual evidence exists to support the allegation of actual or threatened "behaviors presenting possible risk"; and

(iv) Arranges for testing of the individual who is the source of the behavior to occur within seven days of the request from the jail administrator; and

(v) Reviews with the detained individual who is the source of the behavior the documentation of the actual or threatened behavior to try to assure understanding of the basis for HIV testing; and

(vi) Provides written approval of the jail administrator's order prior to HIV testing in accordance with subsection (7)(a)(i) of this section.

(c) The jail administrator maintains HIV test results and identity of the tested individual as a confidential, nondisclosable record, as provided in RCW 70.24.105.

(10) When an individual experiences a substantial exposure to another individual's body fluids and requests HIV testing of that other individual, the state and local health officers have authority to order pretest counseling, HIV testing, and post-test counseling of that other individual providing:

(a) The alleged exposure occurred when the individual was employed or acting as an authorized volunteer in one of the following employment categories:

(i) Law enforcement officer;

(ii) Firefighter;

(iii) Health care provider;

(iv) Staff of health care facilities; and

(b) The alleged substantial exposure occurred on the job; and

(c) The request to the health officer for testing and counseling of the individual was made within seven days of the occurrence of the alleged exposure; and

(d) The local health officer:

(i) Determines that the alleged exposure meets the criteria established in the definition of "substantial exposure"; and

(ii) Ensures that pretest counseling of the individual to be tested, or a legal representative, occurs; and

(iii) Arranges for testing of the individual who is the source of the exposure to occur within seven days of the request from the person exposed; and

(e) The exposed individual agrees to be tested for HIV if such testing is determined appropriate by the health officer; and

(f) Records on HIV testing ordered by a health officer are maintained only by the ordering health officer.

(11) For the purpose of RCW 49.60.172 concerning the absence of HIV infection as a bona fide occupational qualification only, "significant risk" means a job qualification which requires person-to-person contact likely to result in direct introduction of blood into the eye, an open cut or wound, or other interruption of the epidermis, when:

(a) No adequate barrier protection is practical; and

(b) Determined only on case-by-case basis consistent with RCW 49.60.180.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-206, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-206, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-07-095 (Order 325), § 248-100-206, filed 3/22/89; 88-21-093 (Order 322), § 248-100-206, filed 10/19/88; 88-17-056 (Order 316), § 248-100-206, filed 8/17/88. Statutory Authority: RCW 43.20.050. 87-11-047 (Order 302), § 248-100-206, filed 5/19/87.]

**WAC 246-100-207 Human immunodeficiency virus (HIV) testing--Ordering--Laboratory screening--Interpretation--Reporting.** (1) Any person ordering or prescribing an HIV test for another, except for seroprevalent studies under chapter 70.24 RCW or provided under subsections (2) and (3) of this section, shall:

(a) Provide or refer for pretest counseling described under WAC 246-100-209;

(b) Obtain or ensure informed specific consent of the individual to be tested separate from other consents prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW; and

(c) Provide or refer for post-test counseling described under WAC 246-100-209 if HIV test is positive for or suggestive of HIV infection.

(2) Blood banks, tissue banks, and others collecting or processing blood, sperm, tissues, or organs for transfusion/transplanting shall:

(a) Obtain or ensure informed specific consent of the individual prior to ordering or prescribing an HIV test, unless excepted under provisions in chapter 70.24 RCW;

(b) Explain that the reason for HIV testing is to prevent contamination of the blood supply, tissue, or organ bank donations; and



(c) At the time of notification regarding a positive HIV test, provide or ensure at least one individual counseling session.

(3) Persons subject to regulation under Title 48 RCW and requesting an insured, subscriber, or potential insured or subscriber to furnish the results of an HIV test for underwriting purposes, as a condition for obtaining or renewing coverage under an insurance contract, health care service contract, or health maintenance organization agreement shall:

(a) Before drawing blood to perform an HIV test, provide written information to the individual tested explaining:

- (i) What an HIV test is;
- (ii) Behaviors placing a person at risk for HIV infection;
- (iii) The purpose of HIV testing in this setting is to determine eligibility for coverage;
- (iv) The potential risks of HIV testing; and
- (v) Where to obtain HIV pretest counseling.

(b) Obtain informed specific written consent for an HIV test. The written informed consent shall include:

(i) An explanation of confidential treatment of test result reports limited to persons involved in handling or determining applications for coverage or claims for the applicant or claimant; and

(ii) Requirements under subsection (3)(c) of this section.

(c) Establish procedures to inform an applicant of the following:

(i) Post-test counseling specified under WAC 246-100-209(4) is required if an HIV test is positive or indeterminate;

(ii) Post-test counseling is done at the time any positive or indeterminate HIV test result is given to the tested individual;

(iii) The applicant is required to designate a health care provider or health care agency to whom positive or indeterminate HIV test results are to be provided for interpretation and post-test counseling; and

(iv) When an individual applicant does not identify a designated health care provider or health care agency and the applicant's HIV test results are positive or indeterminate, the insurer, health care service contractor, or health maintenance organization shall provide the test results to the local health department for interpretation and post-test counseling.

(4) Laboratories and other places where HIV testing is performed shall demonstrate complete and satisfactory participation in an HIV proficiency testing program approved by the Department Laboratory Quality Assurance Section, Mailstop K17-9, 1610 N.E. 150th, Seattle, Washington 98155.

(5) The department laboratory quality assurance section shall accept substitutions for EIA screening only as approved by the United States Food and Drug Administration (FDA) and a published list or other written FDA communication.

(6) Medical laboratories testing for the presence of HIV shall:

(a) Send an HIV test prevalence results report by telephone or in writing to the department office on AIDS ( Mailstop K17-9, 1610 N.E. 150th, Seattle, Washington 98155), quarterly or more often; and

(b) Include in the report:

(i) Number of samples tested;

(ii) Number of samples repeatedly reactive by enzyme immuno assay (EIA);

(iii) Number of samples tested by western blot assay (WBA) or other confirmatory test as approved by department office on AIDS;

(iv) Number of positive test results by WBA or other confirmatory test as approved by department office on AIDS;

(v) Number of specimens tested by viral culture; and

(vi) Number of positive test results from viral cultures.

(7) Persons informing a tested individual of positive laboratory test results indicating HIV infection shall do so only when:

(a) HIV is isolated by viral culture technique; or

(b) HIV antibodies are identified by a sequence of tests which are reactive and include:

(i) A repeatedly reactive screening test such as the enzyme immunoassay (EIA); and

(ii) An additional, more specific, assay such as a positive western blot assay (WBA) or other tests as defined and described in the AIDS office manual, April, 1988, Department of Health, Office on AIDS, P.O. Box 47840, Olympia, Washington 98504-7840.

(c) Such information consists of relevant, pertinent facts communicated in such a way that it will be readily understood by the recipient.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-207, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-207, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW and RCW 70.24.130. 89-20-006 (Order 334), § 248-100-207, filed 9/22/89, effective 10/23/89. Statutory Authority: Chapter 70.24 RCW. 89-14-003 (Order 329), § 248-100-207, filed 6/22/89; 88-17-058 (Order 318), § 248-100-207, filed 8/17/88.]

**WAC 246-100-208 Counseling standard--AIDS counseling.** (1) Principal health care providers shall counsel or ensure AIDS counseling for:

(a) Each pregnant woman; and

(b) Each patient seeking treatment of a sexually transmitted disease.

(2) Drug treatment programs under chapter 70.96A RCW shall provide or ensure provision of AIDS counseling for each person in a drug treatment program.

(3) Health care providers, persons, and organizations providing AIDS counseling shall:

(a) Assess the behaviors of each individual counseled for risk of acquiring and transmitting human immunodeficiency virus (HIV);

(b) Maintain a nonjudgmental environment during counseling which:

(i) Considers the individual's particular circumstances; and

(ii) Is culturally, socially, linguistically, and developmentally appropriate to the individual being counseled.

(c) Focus counseling on behaviors increasing the risk of HIV acquisition and transmission;

(d) Provide or ensure provision of personalized risk reduction education to individuals who:

(i) Are men who had sex with other men at any time since 1977;

(ii) Used intravenous substances at any time since 1977;

(iii) Engaged in sex for money or drugs at any time since 1977;

(iv) Have had sexual and/or injection equipment-sharing contact with persons listed in subsection (3)(d)(i), (ii), and (iii) of this section;

(v) Have been exposed to or known to have had a sexually transmitted disease at any time since 1977;

(vi) Are at increased risk of HIV infection by definition of United States Public Health Service, Centers for Disease Control;

(vii) Are enrolled in a drug treatment program under chapter 69.54 RCW; or

(viii) Received multiple transfusions of blood, plasma, or blood products from 1977 to 1985.

(e) Encourage individuals assessed to be at other than virtually no risk of HIV infection to:

(i) Receive AIDS risk reduction counseling;

(ii) Consider information about the nature, purpose, and potential ramifications of HIV testing;

(iii) Receive pretest counseling;

(iv) Consider confidential or anonymous voluntary HIV testing if appropriate; and

(v) "Virtually no risk of HIV infection" means persons with medical histories absent of and reporting none of the following factors:

(A) Transfusion with blood or blood products at any time since 1977;

(B) Residence at any time in countries where HIV is considered endemic since 1977;

(C) Unprotected sex between men at any time since 1977;

(D) Use of intravenous substances at any time since 1977, especially when sharing injection equipment;

(E) Engagement in sex for money or drugs at any time since 1977;

(F) Sexual and/or injection equipment-sharing contacts at any time since 1977 with persons listed in subsection (3)(e)(iii)(C), (D), and (E) of this section;

(G) Exposure to a sexually transmitted disease; and

(H) Increased risk of HIV infection by definition of United States Public Health Service, Centers for Disease Control.

(4) Persons and organizations providing AIDS counseling may provide additional or more comprehensive counseling than required in this section.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-208, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-208, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 88-17-058 (Order 318), § 248-100-208, filed 8/17/88.]

**WAC 246-100-209 Counseling standards--Human immunodeficiency virus (HIV) pretest counseling--HIV post-test counseling.** (1) Health care providers and other persons providing pretest counseling shall:

(a) Assess the individual's risk of acquiring and transmitting HIV by evaluating information about the individual's possible risk-behaviors;

(b) Provide at least one individual counseling session prior to HIV testing;

(c) Inform any individual planning to be tested for HIV that:

(i) If the test result is positive, the tested individual needs to notify sex and injection equipment-sharing partners that partners:

(A) May have been exposed to and infected with HIV; and

(B) Should seek HIV pretest counseling and consider HIV testing; and

(ii) Unless HIV testing is anonymous, the principal health care provider is required to refer identities of at-risk partners to the local health officer or authorized representative if:

(A) The HIV-infected individual either refuses or is unable to notify partners of exposure, possible infection, and need for pretest counseling and HIV testing; or

(B) The HIV-infected individual neither accepts assistance nor agrees to referral to the local health officer or an authorized representative for assistance in notifying partners; and

(iii) Unless HIV testing is anonymous, the principal health care provider is required to refer the identify of the individual testing positive to the local health officer or an authorized representative if the principal health care provider made efforts, but was unable to meet face-to-face with the individual to:

(A) Notify the individual of the HIV test result; and

(B) Provide post-test counseling, as required in this section, to assure partner notification.

(2) When an individual is assessed by a counselor or health care provider as "virtually no risk of HIV infection," as defined in WAC 246-100-208 (3)(e)(v) a counselor or the health care provider shall, in addition to subsection (1)(a) of this section:

(a) Maintain a nonjudgmental environment during counseling which:

(i) Considers the individual's particular circumstances; and

(ii) Is culturally, socially, linguistically, and developmentally appropriate to the individual being counseled.

(b) Explain the nature, purpose, value, and reason for the HIV tests;

(c) Explain the possible effect of HIV testing and a positive HIV test result related to employment, insurance, housing, and other potential legal, social, and personal consequences;

(d) Develop and maintain a system of referral and make referrals that:

(i) Are accessible and confidential for those counseled;

(ii) Are acceptable to and supportive of those counseled;

(iii) Provide assistance to those counseled in maintaining risk reduction behaviors.

(e) Provide at least one individual counseling session at the time HIV test results are disclosed to individuals testing positive; and

(f) Maintain disclosure and confidentiality requirements in WAC 246-100-016.

(3) If the individual is assessed by a health care provider to be other than "virtually no risk of HIV infection," as defined in WAC 246-100-208 (3)(e)(v), the person providing pretest counseling shall maintain requirements in subsection (1) and (2) of this section and:

(a) Focus counseling on behaviors increasing the risk of HIV acquisition and transmission;

(b) Provide personalized risk reduction education to individuals who:

(i) Are men engaging in unprotected intercourse with other men at any time since 1977;

(ii) Used intravenous substances at any time since 1977, especially those sharing injection equipment;

(iii) Engaged in sex for money or drugs at any time since 1977;

(iv) Have had sexual and/or injection equipment-sharing contacts at any time since 1977 with persons listed in subsection (3)(b)(i), (ii), and (iii) of this section;

(v) Have been exposed to or diagnosed with a sexually transmitted disease;

(vi) Are at increased risk of HIV infection by definition of United States Public Health Services, Centers for Disease Control;

(vii) Are required by RCW 70.24.095 and 70.24.340 to receive HIV counseling and testing.

(c) Inform any individual planning to be tested for HIV of the need to notify sexual and injection equipment-sharing partners if test results are positive;

(d) Advise individuals listed in subsection (3)(b)(i), (ii), and (iii) of this section not to donate or sell blood, blood products, semen, organs, or other body tissues; and

(e) Emphasize or reemphasize the following counseling messages:

(i) The following will eliminate or decrease the risk of HIV infection:

(A) Sexual abstinence;

(B) A mutually monogamous relationship between uninfected people; and

(C) Following safer sex guidelines.

(ii) Do not share intravenous drugs and injection equipment;

(iii) Do not engage in behaviors in which blood, vaginal fluid, or semen is exchanged;

(iv) Condoms, even if used properly, do not supply absolute protection from HIV infection;

(v) Condoms may reduce risk of HIV infection if the condom is:

(A) Latex and used with a water-based lubricant rather than an oil-based lubricant, if a lubricant is used;

(B) Used in conjunction with spermicide during vaginal or anal intercourse; and

(C) Worn from start to finish of vaginal, oral, and anal intercourse.

(vi) Dental dams may reduce risk of HIV infection if the dental dam is:

(A) Latex; and

(B) Used from start to finish of oral intercourse.

(vii) The sexual behaviors having highest risk for HIV infection are those involving the exchange of blood or semen, especially receptive anal and vaginal intercourse;

(viii) Anal intercourse may increase the risk of condom failure and HIV infection;

(ix) Infected women should postpone pregnancy until more is known about how to prevent prenatal and perinatal transmission of HIV infection;

(x) Sexual negotiation skills can be learned to enhance risk reduction; and

(xi) Other sexually transmitted diseases, especially those causing genital ulcers, may increase the risk of acquiring or transmitting HIV infection.

(f) Make those counseled aware HIV retesting at a later date may be necessary or recommended.

(4) Persons providing post-test counseling shall:

(a) Follow requirements in subsection (1) of this section;

(b) Provide at least one individual counseling session at the time HIV test results are disclosed for individuals:

(i) Testing positive for HIV; or

(ii) Reporting practice of behaviors listed in (3)(b)(i), (ii), and (iii) of this section.

(c) If the individual being counseled tested positive for HIV infection:

(i) Provide assistance to persons in notifying partners; and/or

(ii) Offer to refer individuals to the local health officer as necessary for assistance in notifying partners; and/or

(iii) Offer to refer partners for counseling and testing; and

(iv) Develop or adopt a system to avoid documenting the names of referred partners in the permanent record of the individual being counseled; and

(v) Offer referral for alcohol and drug and mental health counseling, including suicide prevention, if appropriate; and

(vi) Refer for tuberculosis screening.

[Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-209, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-209, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-02-008 (Order 324), § 248-100-209, filed 12/27/88; 88-17-058 (Order 318), § 248-100-209, filed 8/17/88.]

**WAC 246-100-217 Special condition--Pesticide poisoning.** (1) Definitions. For the purposes of this section, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

(a) "Case of pesticide poisoning" means a person, alive or dead, having been diagnosed as poisoned by any pesticide with the diagnosis based on clinical and/or laboratory evidence.

(b) "Pesticide" means any pesticide defined in RCW 70.104.020, as now stated and as may be amended in the future.

(c) "Pesticide applicator" means any person applying pesticides under the authority of the licensing provisions of chapter 15.58 RCW, as a pesticide applicator and/or operator and any person applying pesticides to more than one acre of land in a calendar year.

(d) "Pesticide poisoning" means the disturbance of function, damage to structure, or illness in humans resulting from the inhalation, absorption, ingestion of, or contact with any pesticide.

(e) "PIRT" means the pesticide incident reporting and tracking review panel established under the provisions of RCW 70.104.080 with responsibilities as described in RCW 70.104.090.

(f) "Suspected case of pesticide poisoning" means a case in which the diagnosis is thought more likely than not to be pesticide poisoning.

(2) Any attending physician or other health care provider recognized as primarily responsible for the diagnosis and treatment of a patient or, in the absence of a primary health care provider, the health care provider initiating diagnostic testing or therapy for a patient shall:

(a) Notify the department of any case or suspected case of pesticide poisoning, using the toll-free pesticide reporting telephone number (1-800-356-2323), within the following time limits:

(i) Immediately, when:

(A) A hospital admission is due to pesticide poisoning or suspected pesticide poisoning;

(B) A death is due to pesticide poisoning or suspected pesticide poisoning; or

(C) A threat to public health, such as multiple cases, is perceived;

(ii) Within four days for all other cases or suspected cases;

(b) Within seven days, submit to the department on a department-approved form, an individual case report for each case or suspected case of pesticide poisoning (unless the department of health waives the requirement to submit an individual case report because pertinent information was provided by phone);

(c) Comply with the same confidentiality requirements established for other reportable diseases or conditions in WAC 246-100-016; and

(d) Respond to department inquiries regarding reported cases.

(3) Health care providers notifying the department shall provide:

(a) Name of patient;

(b) Patient's home and/or mailing address;

(c) Patient's home and/or work telephone number;

(d) Age;

(e) Sex;

(f) Race/ethnicity;

(g) Diagnosis or suspected diagnosis, including:

(i) Name of pesticide, if known;

(ii) Date of exposure; and

(iii) Date of onset;

(h) Name, address, and telephone number of the principal health care provider;

(i) Name, address, and telephone number of the person reporting; and

(j) Occupation and employer's name and address, if occupational exposure.

(4) The department shall:

(a) Initiate an investigation of each report of a case or suspected case of pesticide poisoning and such cases of suspected pesticide poisoning of animals that may relate to human illness to document the incident within the following time limits:

(i) Immediately after notification is received from the health care provider of:

(A) A hospital admission due to pesticide poisoning or suspected pesticide poisoning;

(B) A death due to pesticide poisoning or suspected pesticide poisoning; or

(C) A threat to public health, such as multiple cases;

(ii) Within forty-eight hours after notification is received for all other cases;

(b) Supply case report forms to health care providers for purposes of reporting cases or suspected cases of pesticide poisoning;

(c) Document the known environmental, human, and/or other variables associated with the case or suspected case of pesticide poisoning;

(d) Report the results of the pesticide investigation to the principal health care provider named in the case report form and to the local health officer in whose jurisdiction the exposure has occurred;

(e) Provide a monthly report of cases or suspected cases of pesticide poisoning to the PIRT panel, as required under RCW 70.104.055; and

(f) Complete case investigations within ninety days unless extenuating circumstances or surveillance needs require a longer investigation time.

[Statutory Authority: RCW 43.20.050 and 70.104.055. 92-02-019 (Order 225B), § 246-100-217, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-217, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.104 RCW. 90-10-036 (Order 049), § 248-100-217, filed 4/26/90, effective 5/27/90.]

#### **WAC 246-100-226 Duties of laboratories--Approval of laboratories to perform prenatal serologic tests for syphilis.**

(1) Laboratories performing prenatal serologic tests for syphilis shall request approval by the department in accordance with the following:

(a) Apply by registering intent with the department,

(b) Provide personnel specifically trained in the serological procedures in use,

(c) Establish test methods approved by the department based on current recommendations of the United States public health service (USPHS) and consistent with the United States health care financing administration (HCFA) 42 CFR 82.27,

(d) Perform tests consistent with the manufacturer's recommendations,

(e) Establish quality control procedures consistent with the manufacturer's recommendations, and

(f) Maintain records of quality control results and patient's test results for at least two years.

(2) Approved laboratories shall:

(a) Subscribe to a proficiency testing program approved by the department based on recommendations by USPHS and acceptable to United States HCFA,

(b) Request the testing service to send a report of results to the department,

(c) Demonstrate satisfactory performance by maintaining a score of seventy percent on each shipment of test samples.

(3) Written department certification of approval depends upon:

(a) Satisfactory performance in a proficiency testing program for syphilis serology demonstrated for two consecutive sets of samples, and

(b) Continuous satisfactory performance in a proficiency testing program for syphilis serology.

(4) The department may:

(a) Perform on-site reviews of laboratories to determine compliance with WAC 246-100-226, and

(b) Decertify laboratories when conditions described in WAC 246-100-226 are not met.

(5) The department shall:

(a) Provide a list of department-approved laboratories to certified laboratories, local health departments, and others upon request, and

(b) Decertify any laboratory failing to perform satisfactorily on proficiency testing as described in subsection (2)(c) of this section.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-226, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-226, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-226, filed 5/19/87.]

**WAC 246-100-231 Duties of laboratories--Submission of specimens by laboratories.** (1) The director of every medical laboratory shall:

(a) Submit microbiologic cultures, subcultures, or appropriate clinical material as specified in subsection (2) of this section to the Washington state public health laboratory or other laboratory designated by the state health officer for diagnosis, confirmation, or further testing;

(b) Identify each specimen on a form provided or approved by the department including:

(i) The patient's name, and, if available,

(ii) Age, sex, date of onset of illness, first and last name of principal health care provider.

(2) When test results indicate possible infection with any of the following, laboratory action shall include:

(a) Brucellosis (*Brucella* species): Submit suspicious subcultures for confirmation and final identification;

(b) Cholera (*Vibrio cholerae*): Submit subcultures for confirmation and final identification;

(c) Diphtheria (*Corynebacterium diphtheriae*): Submit subcultures for identification and for toxin study when indicated;

(d) Malaria (*Plasmodium* species): Laboratories are encouraged to submit thick and thin stained smears for conformation, final identification, and forwarding for international epidemiologic surveillance;

(e) Meningococcal infection of blood or spinal fluid (*Neisseria meningitidis*): Submit subcultures for confirmation and final identification;

(f) Plague (*Yersinia pestis*): Submit subcultures or appropriate clinical material for confirmation;

(g) Salmonellosis, including typhoid fever (*Salmonella* species): Submit subcultures for confirmation and serotyping;

(h) Shigellosis (*Shigella* species): Submit subcultures for confirmation and serotyping;

(i) Syphilis (*Treponema pallidum*): Submit reactive or weakly reactive serologic specimens for confirmation and further definitive testing;

(j) Mycobacteriosis, including tuberculosis (*Mycobacterium* species): Submit subcultures of initial isolates for:

(i) *Mycobacterium tuberculosis*,

(ii) *Mycobacterium bovis*, and

(iii) Other mycobacterial species when isolate is suspected of causing disease.

(k) Tularemia (*Francisella tularensis*): Submit subcultures or appropriate clinical material for confirmation.

(3) When clinical impression and epidemiologic circumstances indicate a possible case of botulism, laboratory action shall include the following:

(a) Infant botulism: Submit stool for clostridium botulinum identification and toxin typing,

(b) Food borne botulism:

(i) Submit serum and stool for *C. botulinum* identification and toxin typing, and

(ii) If available, submit suspect foods (ideally in original containers).

(c) Wound botulism: Submit subculture or serum, debrided tissue, or swab sample from wound for *C. botulinum* identification.

(4) The state health officer may require submission of specimens for other infections of public health concern as described in WAC 246-100-041.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-231, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-231, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-231, filed 3/16/88; 87-11-047 (Order 302), § 248-100-231, filed 5/19/87.]

**WAC 246-100-236 Duties of laboratories--Reporting of laboratory results indicative of certain reportable diseases.** (1) By December 31, 1987, medical laboratories shall:

(a) Report each positive culture or other suggestive test results to the local health officer by phone, written report, or submission of specimen within two working days, unless specified otherwise, for:

(i) Anthrax (*Bacillus anthracis*),

(ii) Botulism (*Clostridium botulinum*),

(iii) Cholera (*Vibrio cholerae*),

(iv) Diphtheria (*Corynebacterium diphtheriae*) - toxigenic strains,

(v) Gonorrhea (*Neisseria gonorrhoeae*) (report within seven days),

(vi) Measles (rubeola) (measles virus),

(vii) Plague (*Yersinia pestis*),

- (viii) Rabies (rabies virus),
  - (ix) Brucellosis (*Brucella* species),
  - (x) Leptospirosis (*Leptospira interrogans*),
  - (xi) *Listeria* infection of blood or spinal fluid (*Listeria monocytogenes*),
  - (xii) Meningococcal infection of blood or spinal fluid (*N. meningitidis*),
  - (xiii) Pertussis (*Bordetella pertussis*),
  - (xiv) Salmonellosis (*Salmonella* species),
  - (xv) Shigellosis (*Shigella* species), and
  - (xvi) Hepatitis A (positive anti-HAV IgM).
- (b) Send a copy of the state form accompanying specimen submitted as required in WAC 246-100-231 or identifying information including:

- (i) Type of specimen tested (e.g., serum or sputum),
- (ii) Test result,
- (iii) Name of reporting laboratory,
- (iv) Date of report,
- (v) Name of requesting health care provider or health care facility, and
- (vi) Name of patient.

(2) By December 31, 1987, medical laboratories shall report positive cultures or other suggestive test results for chlamydial infection (*chlamydia trachomatis*) to local health departments monthly including either:

(a) Identifying information specified in subsection (1)(b)(i-vi) of this section, or

(b) Aggregate numbers of positive tests including age, sex, and site of infection when known.

(3) Medical laboratories shall label or stamp reports appropriately with information indicating "reportable disease" and the telephone number of the local health department, if such labels or stamps are provided by the local health department.

(4) State and local health officers and health departments receiving reports from medical laboratories shall:

(a) Allow time for the laboratory to notify the principal health care provider prior to contact if:

- (i) Delay is unlikely to jeopardize public health, and
- (ii) The laboratory requests a delay.

(b) Try to contact the principal health care provider and discuss circumstances prior to contact of a patient when possible.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-236, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-236, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-236, filed 3/16/88; 87-11-047 (Order 302), § 248-100-236, filed 5/19/87.]

### Chapter 246-110 WAC

#### CONTAGIOUS DISEASE--SCHOOL DISTRICTS AND DAY CARE CENTERS

##### WAC

246-110-001 Purpose.  
246-110-020 Control of communicable (contagious) disease.

**WAC 246-110-001 Purpose.** The following regulations are adopted by the board of health for the purpose of governing the presence on or about any school or day care center premises of susceptible persons who have, or

have been exposed to, a communicable disease. These regulations are in addition to other requirements imposed by chapter 246-100 WAC.

In furtherance of the purpose and intent of the law and these regulations, it is recommended that parents of students whose medical supervision seems inadequate should be encouraged to obtain the services of a physician for the child. When the economic situation warrants, the parents should be guided to the appropriate source of community-sponsored medical care. These regulations are not intended to imply that any diagnosis or treatment will be performed by school or day care center personnel.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-110-001, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-110-001, filed 12/27/90, effective 1/31/91; 90-21-056 (Order 095), § 248-101-011, filed 10/15/90, effective 10/15/90.]

**WAC 246-110-020 Control of communicable (contagious) disease.** (1) When there is an outbreak of a contagious disease, as defined in WAC 246-110-010, such that there is the potential for a case or cases within a school or day care center, the local health officer, if appropriate, after consultation with the secretary of health or designee shall take all medically appropriate actions deemed to be necessary to control or eliminate the spread of the disease, including, but not limited to:

(a) Closing the affected school(s) or day care center(s), or part(s) thereof;

(b) Closing other schools or day care centers in the local health officer's jurisdiction;

(c) Causing the cessation of selected school or day care center activities or functions;

(d) Excluding from schools or day care centers in the local health officer's jurisdiction any students, staff, and volunteers who are infected with, or deemed to be susceptible to, the disease.

(2) Prior to taking action the health officer shall:

(a) Consult with and discuss the ramifications of action with the superintendent of the school district, or the chief administrator of the day care center or their designees on the proposed action; and

(b) Provide the board of directors and the superintendent of the school district or the chief administrator of the day care center a written decision in the form and substance of an order directing them to take action;

(3) Where these actions have been taken, the local health officer shall, in addition:

(a) Set the terms and conditions permitting schools or day care centers to reopen; activities and functions to resume; and excluded students, staff and volunteers to be readmitted; and

(b) Pursue, in consultation with the secretary of health or designee and school and/or day care officials, the investigation of the source of disease, or order those actions necessary to the ultimate control of the disease.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-110-020, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-110-020, filed 12/27/90, effective 1/31/91; 90-21-056 (Order 095), § 248-101-221, filed 10/15/90, effective 10/15/90.]

**Chapter 246-130 WAC**  
**HUMAN IMMUNODEFICIENCY VIRUS (HIV)**  
**INFECTION TREATMENT**

## WAC

|             |                        |
|-------------|------------------------|
| 246-130-010 | Definitions.           |
| 246-130-030 | Reimbursements.        |
| 246-130-040 | Financial eligibility. |

**WAC 246-130-010 Definitions.** The following words and phrases have the following meaning in chapter 246-130 WAC unless the context clearly indicates otherwise:

- (1) "AIDS" means acquired immunodeficiency syndrome.
- (2) "APDP" means AIDS prescription drug program.
- (3) "Department" or "DOH" means the Washington state department of health.
- (4) "HIV" means human immunodeficiency virus.
- (5) "NPIG" means National Poverty Income Guidelines as under sections 652 and 673 (2) of the Omnibus Budget Reconciliation Act of 1981 (Public Law 9735) and as updated annually in the Federal Register on February 16.
- (6) "Patient share" means the amount of cost borne by the patient.

[Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-015, filed 8/17/90, effective 9/17/90.]

**WAC 246-130-030 Reimbursements.** Individuals desiring reimbursement for APDP approved drugs and treatments must provide evidence of financial eligibility as established by WAC 246-130-040. The department will make reimbursement, reduced by the patient share computed in accordance with WAC 246-130-070, to eligible participants who, in the department's judgment, demonstrate the greatest need or the most likely benefit from the treatments.

[Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-030, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-030, filed 10/26/87.]

**WAC 246-130-040 Financial eligibility.** (1) The department will consider a patient eligible if he or she:

- (a) Has resources at or below the exemptions listed under subsection (3) of this section; and
- (b) Is not eligible for any other resources providing similar benefits to meet the costs of the treatment; and
- (c) Has gross monthly income at or below three hundred seventy percent of the NPIG; and
- (d) The total cost of program covered medications is in excess of the patient's share as computed in accordance with WAC 246-130-070.

(2) The department shall consider the following in determining resources:

- (a) Savings, property, and other assets;
- (b) Government and private medical insurance programs, including Medicaid, providing partial or full coverage for drug and treatments needed in the treatment of infection with HIV; and
- (c) Local funds raised for the purpose of providing financial support for a specified patient.

(3) The following exemptions shall not be considered in determining a patient's resources to pay for treatments covered by these regulations:

- (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; and
- (b) Commercial property, or property used for the purpose of producing income, except to the extent that its value exceeds the sum of ten thousand dollars;
- (c) Household furnishings;
- (d) An automobile; and
- (e) Savings, property, or other liquid assets, to the extent the value thereof does not exceed the sum of ten thousand dollars.

[Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-040, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-040, filed 10/26/87.]

**Chapter 246-132 WAC**  
**CLASS IV HIV HEALTH INSURANCE**  
**ELIGIBILITY**

## WAC

|             |  |
|-------------|--|
| 246-132-020 | Class IV human immunodeficiency virus (HIV) insurance program. |
|-------------|--|

**WAC 246-132-020 Class IV human immunodeficiency virus (HIV) insurance program.** Definitions of program covered by the department of health.

(1) "Class IV HIV insurance program" means the program authorized by chapter 70.24 RCW and financed by state funds to assure health insurance coverage for an individual with Class IV HIV infection as defined by the state board of health meeting eligibility requirements established by the department.

(2) "Class IV HIV infection" means an illness characterized by the diseases and conditions defined and described by the state board of health in WAC 246-100-011(1) and 246-100-076.

[Statutory Authority: RCW 70.24.130 and 70.24.440. 92-02-018 (Order 224), § 246-132-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-132-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW and 1989 c 260 § 3. 90-03-052 (Order 020), § 248-180-010, filed 1/16/90, effective 2/16/90.]

## Chapter 246-170 WAC

## TUBERCULOSIS--CONTROL, PREVENTION, AND TREATMENT

## WAC

|             |   |
|-------------|---|
| 246-170-001 | Purpose.                                  |
| 246-170-010 | Definitions.                              |
| 246-170-030 | Local health department responsibilities. |
| 246-170-080 | Case monitoring.                          |

**WAC 246-170-001 Purpose.** (1) These regulations are adopted for the purpose of establishing standards necessary to assure the effective and adequate care and treatment of persons suffering from tuberculosis in hospitals, nursing homes, and other organized living groups, or outpatient settings, including patient homes.

(2) Outpatient treatment should be given the highest priority in personnel and services. A high degree of success must be achieved, requiring the dedicated service of physicians and nurses who can identify with every type of patient and a provision of a full range of type of service, including office, clinic, home visit and special clinics.

(3) These regulations are adopted pursuant to section 2, chapter 213, Laws of 1973 1st ex. sess., and RCW 70.33.020, and the requirements of these regulations shall be in addition to the requirements of WAC 246-170-080, now or as hereafter amended.

[Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-001, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-010, filed 8/23/73.]

**WAC 246-170-010 Definitions.** (1) "Primary physician" shall mean the physician who assumes the day-to-day medical care of a tuberculosis patient.

(2) "Chest clinic" shall mean an outpatient medical activity provided for persons suffering from or suspected to be suffering from disease primarily affecting the lungs.

(3) "Inpatient" shall mean medical care furnished in a hospital, nursing home or other organized living group in which the patient is a resident.

(4) "Outpatient" shall mean medical care furnished to patients who are residents in their homes or other places of residence.

(5) "Surveillance" shall mean an organized system of medical observation of persons at risk of developing active disease.

(6) "Suspect" shall mean a person who may possibly have a disease condition.

(7) "Epidemiological investigation" shall mean those specific actions taken by physicians or nurses which are taken to determine the extent of spread of infection from an active case of tuberculosis.

(8) "Register" shall mean the listing of all tuberculosis patients as required by WAC 246-170-080, now or as hereafter amended.

(9) "UV generator" shall mean a properly mounted fluorescent tube which electrically produces ultraviolet radiation with bacteriocidal properties.

(10) "Slide microscopy" shall mean the diagnostic test in which body fluids such as sputum are examined for the presence of pathogenic bacteria.

(11) "Prophylaxis" shall mean either primary treatment to prevent infection in an uninfected person or secondary treatment to treat disease in an infected person.

(12) "Infectious" shall mean the state of being the possible transmitter of tuberculosis infection to other persons.

[Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-010, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-020, filed 8/23/73.]

**WAC 246-170-030 Local health department responsibilities.** (1) Each health department shall staff and provide a chest clinic under the supervision of a physician specializing in pulmonary diseases. Sufficient nursing and clerical personnel shall be provided to furnish supervision of post-inpatient treatment, post-treatment surveillance, suspect evaluation, epidemiological investigation, contact workup and prophylaxis. A health department unable to provide these services shall contract for such services.

(2) A register must be kept of all known cases of tuberculosis within the jurisdiction in accordance with WAC 246-170-080, now or as hereafter amended. Reports of all newly discovered cases of tuberculosis must be made promptly to the department of social and health services.

(3) One or more physicians qualified to treat tuberculosis as determined by the local health officer with the advice of the state tuberculosis advisory committee shall be secured to assume the primary inpatient and/or outpatient care of patients. A tuberculosis clinical consultant, similarly endorsed, shall be available to provide review in case conferences of diagnoses, plans of management and dates of discharge.

(4) The health department shall also provide by contract appropriate inpatient care. Public health nursing services sufficient to meet the needs of outpatients including home care programs shall be available. Social service is necessary, and if not available within the department, shall be arranged.

[Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-030, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-040, filed 8/23/73.]

**WAC 246-170-080 Case monitoring.** From the time of diagnosis every patient shall be monitored by the local health department for the purpose of assuring that treatment is continuous, appropriately reviewed and completed. The case register shall be kept in sufficient detail to allow recording of accomplishment of periodic diagnostic studies, clinical progress and changes in state of disease. Quarterly status reports on each diseased patient will be furnished to the department of health tuberculosis control program. Business and financial



records including contracts and accounts shall be maintained by an administrative clerk.

[Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-080, filed 12/27/90, effective 1/31/91; Order 138, § 248-99-090, filed 2/7/77; Order 848, § 248-99-090, filed 8/23/73.]

**Chapter 246-171 WAC**

**TUBERCULOSIS--FINANCIAL RESPONSIBILITY**

**WAC**

- 246-171-050 Financial ability--Determination.
- 246-171-120 Liability of estate.

**WAC 246-171-050 Financial ability--Determination.** Upon the filing of a financial statement as provided for under WAC 246-171-020 through 246-171-040, it shall be the duty of the local health officer to determine the financial ability of such patient, or the person responsible therefor, to contribute in whole or in part to the cost of care in such facility.

[Statutory Authority: RCW 70.33.020 and 70.30.072, 92-02-018 (Order 224), § 246-171-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-171-050, filed 12/27/90, effective 1/31/91; Order 31, § 248-118-030, filed 8/18/69.]

**WAC 246-171-120 Liability of estate.** The unpaid portion of any patient's share of charges for hospitalization shall be a liability of the estate which, while there is a surviving spouse, shall be considered as capital assets of the responsible person and subject to depletion according to WAC 246-171-100(5).

[Statutory Authority: RCW 70.33.020 and 70.30.072, 92-02-018 (Order 224), § 246-171-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-171-120, filed 12/27/90, effective 1/31/91; Order 31, § 248-118-090, filed 8/18/69.]

**Chapter 246-203 WAC  
GENERAL SANITATION**

**WAC**

- 246-203-060 Water sold to the public for drinking purposes in bottles or other containers.
- 246-203-070 Ice sold for public use.
- 246-203-080 Pollution of ground water prohibited.
- 246-203-090 Stream pollution.
- 246-203-100 Disposal of human excreta.
- 246-203-160 Sanitation of public buildings.
- 246-203-170 Objectionable establishments and industrial wastes.

**WAC 246-203-060 Water sold to the public for drinking purposes in bottles or other containers. (1) Quality.** No water shall be sold, offered for sale or rendered available for drinking purposes in bottles or other containers unless such water is of a sanitary quality approved by the secretary of the department of health.

(2) **Inspection.** All plants for the preparation of water for sale in bottles or other containers for drinking purposes and the sources of the water supply shall be inspected as frequently as necessary by a representative of

the department of health, and samples of water collected for sanitary analyses at the department of health laboratories.

(3) **Sterilizing containers.** Bottles or other containers in which water is sold for drinking purposes shall be sterilized before refilling. The method of sterilization shall be approved by the secretary of the department of health.

(4) **Water purification.** Processes of purification of waters that are to be sold for drinking purposes shall be approved by the secretary of the department of health before the water can be sold or offered for sale.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-203-060, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-060, filed 12/27/90, effective 1/31/91; Regulation .50.060, effective 3/11/60.]

**WAC 246-203-070 Ice sold for public use. (1) Quality.** No ice shall be sold, offered for sale or rendered available for use to the public unless such ice is of a sanitary quality approved by the secretary of the department of health.

(2) **Information.** Any company, corporation, city or individual selling artificial ice for public consumption shall submit to the department of health complete information concerning the source of water supply used for the manufacture of the ice and a detailed description of the manufacturing processes involved.

Any company, corporation, city or individual harvesting natural ice shall file full information with the department of health with regard to the source of the ice and method of storage.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-203-070, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-070, filed 12/27/90, effective 1/31/91; Regulation .50.070, effective 3/11/60.]

**WAC 246-203-080 Pollution of ground water prohibited. (1)** No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged directly into any well, either abandoned or constructed for that purpose, that is carried to such a depth as to penetrate the water-bearing strata.

(2) No privy contents, drainage from a building, or the effluent from any sewage treatment device shall be discharged into any crevice, sink-hole, or other opening, either natural or artificial, in a rock formation which will or may permit the pollution or contamination of ground water, except with the approval of the secretary of the department of health.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-203-080, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-080, filed 12/27/90, effective 1/31/91; Regulation .50.080, effective 3/11/60.]

**WAC 246-203-090 Stream pollution.** If, after investigation by the state department of health of any stream, lake, or other body of water within the state or forming the boundaries thereof, it is found that the entrance of sewage or industrial wastes are contributing sufficient pollution to endanger the public health and welfare, and the correction thereof is both possible and

practicable, the secretary of the department of health will issue and enforce such special orders as may be necessary for the protection of the public health and welfare.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-203-090, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-090, filed 12/27/90, effective 1/31/91; Regulation .50.090, effective 3/11/60.]

**WAC 246-203-100 Disposal of human excreta.** (1) **Waters of the state defined.** For the purpose of this regulation, the term "waters of the state" wherever used, shall include all streams and springs, and all bodies of surface and of ground water, whether natural or artificial, within the boundaries of the state.

(2) **Privies shall be fly-proof.** No privy, cesspool, septic tank, or other receptacle for human excrement shall be constructed, maintained or used so that flies have or may have access to the excrementitious matter contained therein.

(3) **Privies shall not drain in any waters of the state.** No privy, urinal, cesspool, septic tank or other receptacle for human excrement shall be constructed, maintained or used which directly or indirectly drains or discharges over or upon the surface of the ground, or into any waters of the state either directly or indirectly; unless the contents of such urinal, cesspool, septic tank or receptacle for human excrement are subjected to some recognized sterilization treatment approved by the department of health.

(4) **Privies shall be kept clean.** All privies, urinals, cesspools, septic tanks or other receptacles for human excrement shall be cleansed at sufficiently frequent intervals to prevent the contents from overflowing.

(5) **Treating excreta on watersheds of public water supplies.** All schools, hamlets, villages, towns or industrial settlements which are now located or may be hereafter located on the watershed of any public water supply, not provided with a sewerage system, shall provide and maintain a reasonable system approved by the state director of health for collecting and disposing of all accumulations of human excrement within their respective jurisdiction or control.

(6) **Connection with sewer.** No privy, cesspool, septic tank or similar receptacle for human excrement shall be constructed, maintained or used on premises where a sewer is at all accessible which is part of a sewerage system from which sewage is lawfully discharged into the waters of the state.

(7) **Use of human excreta for fertilizer prohibited.** The contents of privies, cesspools, septic tanks or other receptacles for human excrement shall not be placed upon the surface of the ground or be used for fertilizing purposes for crops or gardens.

(8) **No privy near foodstuffs.** No privy, urinal, toilet or other receptacle for human excrement shall be constructed, maintained or used in any room, or have direct connection with any room wherein any kind of exposed foods or foodstuffs are prepared, stored or handled.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-203-100, filed 12/23/91, effective 1/23/92; 91-02-051 (Order

124B), recodified as § 246-203-100, filed 12/27/90, effective 1/31/91; Regulation .50.100, effective 3/11/60.]

**WAC 246-203-160 Sanitation of public buildings.**

(1) **Definition.** A public building shall be construed to mean any theater, show-house, public hall, public meeting place, public transportation terminal, or any other public building not covered by specific regulations: *Provided*, That a public building shall not be construed to include any store, market, supermarket, or other commercial establishment open to the general public for commercial purposes which does not cater to an audience.

(2) **Lighting and ventilation.** All public buildings shall be properly lighted and ventilated according to the type of said building and the uses to which it is put.

(3) **Water supply.**

(a) Any public place supplied with water under pressure shall be equipped with sanitary drinking fountains of an approved type.

(b) Where water supplied for drinking is not obtained from a public water supply, such water shall be of a quality approved by the secretary of the department of health. When not under pressure, drinking water shall be stored in a covered container of an approved type.

(c) The use of the common drinking cup is prohibited.

(4) **Toilet facilities.** Every public building shall be provided with adequate sanitary toilet facilities for each of the sexes; and such facilities shall be convenient and accessible. Every public building which must provide adequate sanitary toilet facilities shall provide at least one free sanitary toilet facility for each of the sexes. Where toilet facilities are voluntarily provided by any store, market, supermarket, or other commercial establishment for use by customers of such establishment or the general public, there shall be at least one free sanitary toilet facility provided for each of the sexes. It shall be the duty of the owner, manager, or other responsible person in charge to see that the toilet system is properly installed and maintained in a usable and sanitary condition at all times.

The method of sewage disposal for all public buildings shall comply with the rules and regulations of the state board of health.

(5) **Cleaning.** All public buildings shall be kept at all times in a clean and sanitary condition and the cleaning shall be carried on under proper sanitary conditions. All rooms used for public meetings shall be cleaned after each meeting held in them, such cleaning to consist of thorough sweeping of the floors and wiping of the woodwork, together with proper airing of the rooms. No room shall be swept without the use of a proper dust-laying substance. Dry dusting is prohibited. In construing this regulation all meetings held during the course of a single day shall be regarded as one meeting.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-203-160, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-160, filed 12/27/90, effective 1/31/91; Order 98, § 248-50-160, filed 4/5/74; Order 89, § 248-50-160, filed 10/3/73; Regulation .50.160, effective 3/11/60.]

**WAC 246-203-170 Objectionable establishments and industrial wastes.** (1) No person, partnership, firm or corporation maintaining a slaughter house, rendering works, depository of dead animals, glue works, tannery, wool washing establishment, paper mill, by-product coke oven, dye works, oil refinery, dairy, creamery, cheese factory, milk station or similar establishment; or engaged in the manufacture of gas, chemicals, explosives, fertilizers, or similar products; or in the business of soap making, fish oil extraction, bone boiling or similar occupation, shall allow any noxious exhalation, odors or gases that are deleterious or detrimental to public health to escape into the air, or any substance that is deleterious or detrimental to public health to accumulate upon the premises; or be thrown or allowed to discharge into any street, roadway or public place; or be thrown or allowed to discharge into any stream or other waters of the state.

(2) All slaughter houses, rendering works, bone boiling establishments, depositories for dead animals, garbage disposal works, piggeries and similar establishments handling organic matter shall have an adequate water supply for the purpose of keeping the place clean and sanitary. All floors shall be constructed of concrete or other impervious material and shall have adequate provision for drainage to a sewer or treatment works approved by the department of health.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-203-170, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-203-170, filed 12/27/90, effective 1/31/91; Regulation .50.170, effective 3/11/60.]

### Chapter 246-205 WAC

#### CONTRACTOR CERTIFICATION FOR DECONTAMINATION OF ILLEGAL DRUG MANUFACTURING OR STORAGE SITES

##### WAC

|             |   |
|-------------|---|
| 246-205-001 | Purpose.  |
| 246-205-010 | Definitions.  |
| 246-205-020 | Authorized contractor services.                                       |
| 246-205-030 | Courses for training workers and supervisors.                         |
| 246-205-040 | Training course approval.   |
| 246-205-050 | Worker and supervisor certification.                                  |
| 246-205-060 | Worker and supervisor certificate renewal.                            |
| 246-205-070 | Authorized contractor certification.                                  |
| 246-205-080 | Reciprocity.  |
| 246-205-090 | On-site supervision.  |
| 246-205-100 | Performance standards.  |
| 246-205-110 | Denial, suspension, revocation of certification, and civil penalties. |
| 246-205-120 | Authorized contractor certification list.                             |
| 246-205-990 | Fees.   |

**WAC 246-205-001 Purpose.** (1) The purpose of this chapter is to establish department standards and procedures for the certification of contractors and their employees authorized to perform decontamination of illegal drug manufacturing or storage sites. This chapter is adopted jointly by the state board of health and the department of health to implement RCW 64.44.060.

(2) Chapter 246-205 WAC applies:

(a) When an illegal drug manufacturing or storage site is identified; and

(b) To persons involved with the decontamination of illegal drug manufacturing or storage sites including, but not limited to:

- (i) The department;
- (ii) Local health officers;
- (iii) Authorized contractors and their employees;
- (iv) Property owners;
- (v) Law enforcement agencies.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-001, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-010 Definitions.** For the purposes of this chapter, the following words and phrases shall have the following meanings unless the content clearly indicates otherwise.

(1) "Authorized contractor" means any person or persons:

(a) Registered under chapter 18.27 RCW; and

(b) Certified by the department to decontaminate, demolish, or dispose of contaminated property as required by chapter 64.44 RCW and this chapter.

(2) "Basic course" means a training course which has been sponsored or approved by the department for workers and supervisors who perform or supervise decontamination on illegal drug manufacturing or storage sites.

(3) "Certificate" means a department issued written approval under this chapter.

(4) "Certified" means a person who has department issued written approval under this chapter.

(5) "Contaminated" or "contamination" means polluted by hazardous chemicals so that the property is unfit for human habitation or use due to immediate or long-term hazards. Property that at one time was contaminated but has been satisfactorily decontaminated according to procedures established by the state board of health is not "contaminated."

(6) "Decontamination" means the process of reducing levels of known contaminants to the lowest practical level using currently available methods and processes.

(7) "Department" means the Washington state department of health.

(8) "Disposal of contaminated property" means the disposition of contaminated property under the provisions of chapter 70.105 RCW.

(9) "Hazardous chemicals" means the following substances used in the manufacture of illegal drugs:

(a) Hazardous substances as defined in RCW 70.105D.020; and

(b) Precursor substances as defined in RCW 69.43-.010 which the state board of health, in consultation with the state board of pharmacy, has determined present an immediate or long-term health hazard to humans.

(10) "Illegal drug manufacturing or storage site" means any property where the manufacture or storage of controlled substances occurred or there are reasonable

grounds to believe it occurred in violation of chapter 69-43 or 69.50 RCW.

(11) "Initial site assessment" means the first evaluation of a property to determine the nature and extent of observable damage and contamination.

(12) "List of contaminated properties" means a list of properties contaminated by illegal drug manufacturing or the storage of hazardous chemicals.

(13) "Local department" means the jurisdictional local health department or district.

(14) "Local health officer" means a health officer or authorized representative as defined under chapters 70-05, 70.08, and 70.46 RCW.

(15) "Person" means an individual, firm, association, copartnership, political subdivision, government agency, municipality, industry, public or private corporation, or other entity.

(16) "Property" means any site, structure, or part of a structure involved in the illegal manufacture of drugs or storage of hazardous chemicals including but not limited to:

- (a) Single-family residences;
- (b) Units or multiplexes;
- (c) Condominiums;
- (d) Apartment buildings;
- (e) Motels and hotels;
- (f) Boats;
- (g) Motor vehicles;
- (h) Trailers;
- (i) Manufactured housing;
- (j) Any ship, booth, or garden; or
- (k) Any site, structure, or part of a structure that may have been contaminated by previous use.

(17) "Refresher course" means a department sponsored or approved biennial training course for decontamination workers and supervisors. An approved refresher course:

- (a) Reviews the subjects taught in the initial training course; and
- (b) Includes updated information on emerging decontamination technology.

(18) "Storage site" means any property that has been used for the storage of hazardous chemicals.

(19) "Subcontractor" means a person hired by an authorized contractor for the purpose of providing on-site services.

(20) "Supervisor" means a person employed by an authorized contractor who is on site during the decontamination of an illegal drug manufacturing or storage site and who is responsible for the activities performed.

(21) "Worker" means a person employed by an authorized contractor who performs decontamination of an illegal drug manufacturing or storage site.

[Statutory Authority: RCW 64.44.060 and 64.44.070. 92-02-017 (Order 223SB), § 246-205-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-010, filed 1/24/91, effective 4/1/91.]

#### **WAC 246-205-020 Authorized contractor services.**

(1) Persons performing or causing to be performed any

decontamination, demolition, or disposal of contaminated property shall use the services of an authorized contractor.

(2) Persons advertising or offering to undertake or perform any work necessary to decontaminate properties shall first comply with these rules and secure a certificate from the department under RCW 64.44.060 and this chapter.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-020, filed 1/24/91, effective 4/1/91.]

#### **WAC 246-205-030 Courses for training workers and supervisors.** The department shall:

(1) Train, test, or approve courses to train and test the authorized contractor's workers and supervisors on the essential elements in assessing and decontaminating property used as an illegal drug manufacturing or storage site;

(2) Require a biennial refresher course.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-030, filed 1/24/91, effective 4/1/91.]

#### **WAC 246-205-040 Training course approval.** (1)

Persons having department approval may sponsor basic and refresher worker and supervisor training courses.

(2) Training course approval shall be contingent on department evaluation of:

- (a) The breadth of knowledge and experience required to properly train workers or supervisors;
- (b) Adequacy and accuracy of content; and
- (c) Training techniques.

(3) Department approved training courses shall provide at a minimum, information on:

- (a) Rules and regulations:
  - (i) Chapters 69.43 and 69.50 RCW;
  - (ii) Federal Occupational Health and Safety Act and Washington Industrial Safety and Health Act requirements.

(b) Chemical terminology and classifications:

- (i) Definitions, physical and chemical properties, class characteristics and hazards, special cases;
- (ii) Equipment such as heating mantle, condenser, glassware;

(iii) Concepts such as acid, base, and pH;

(iv) Solvents;

(v) Metals and salts;

(vi) Corrosives;

(vii) Precursor substances;

(viii) By-products and contaminants;

(ix) Poisons such as cyanide and phosphine.

(c) Surface properties of chemicals:

(i) Absorption;

(ii) Adsorption;

(iii) Chemical bonding;

(iv) Specific chemicals such as 1-phenyl-2-propanone and phenylacetic acid.

(d) Illegal drug laboratories:

(i) Laboratory types including:

(A) Methamphetamine/Amphetamine;

- (B) Hallucinogens;
- (C) Others such as cocaine and opiates.
- (ii) Chemicals;
- (iii) Equipment;
- (iv) An overview of synthetic processes used; and
- (v) Booby traps.
- (e) Health effects:
  - (i) General:
    - (A) Effects of exposure to classes of chemicals;
    - (B) Use of literature such as *Material Safety Data Sheet* and *Chemical Hazards Handbook*.
  - (ii) Toxicology:
    - (A) Routes of exposure; and
    - (B) Exposure limits such as time weighted averages and threshold limit value.
  - (iii) Symptomatology; and
  - (iv) First aid.
  - (f) Incompatibility of chemicals related to clean-up:
    - (i) General concepts such as heat generation and poisonous gas formation; and
    - (ii) Specific hazards such as lithium, aluminum hydride and water, phosphorous and air.
  - (g) Decontamination:
    - (i) Structures and vehicles including cars and boats, covering:
      - (A) Different techniques and required equipment;
      - (B) Applications of specific clean-up techniques using hypothetical case examples and correlating site status with appropriate techniques; and
      - (C) Decision making about and prioritization of techniques based upon case-specific information.
    - (ii) Contents, specifically removal vs. cleaning; and
    - (iii) Personal decontamination of crew members prior to leaving a decontamination site.
    - (h) Handling of contaminated materials:
      - State/federal requirements for dealing with hazardous chemicals specific to:
        - (i) Disposal;
        - (ii) Transportation; and
        - (iii) Storage.
      - (i) Reporting requirements.
      - (j) Site characterization which shall be required for supervisors only:
        - How to acquire and review existing site specific information including:
          - (i) Source of data from health department, property owner, law enforcement, or ecology department;
          - (ii) Site walk-through and assessment;
          - (iii) Sampling before and after cleanup including:
            - (A) Who;
            - (B) When;
            - (C) What;
            - (D) How; and
            - (E) Where.
        - (k) Recordkeeping and reporting which shall be required for supervisors only:
          - (i) Initial site assessment;
          - (ii) Obtaining necessary information;
          - (iii) Initial site testing;
          - (iv) Workplan including:
            - (A) Scope;

- (B) Content; and
- (C) Format.
- (v) Final site testing;
- (vi) Report completion;
- (vii) Other responsibilities of authorized contractors;
- (viii) Penalties and liability.
- (4) Sponsors of basic and refresher training courses proposed for department approval shall submit:
  - (a) Course location and fees;
  - (b) Copies of course handouts;
  - (c) A detailed description of course content and the amount of time allotted to each major topic;
  - (d) A description of teaching methods to be utilized and a list of all audio-visual materials;
  - (e) A list of all personnel involved in course preparation and presentation and a description of their qualifications;
  - (f) When specifically requested by the department, copies of all audio-visual materials proposed for utilization; and
  - (g) A list of two hundred questions for development of an examination.
- (5) Sponsors seeking initial and renewal department approval of training courses shall:
  - (a) Apply on forms provided by the department;
  - (b) Submit to the department completed application with the required fee as specified under WAC 246-205-990;
  - (c) Ensure initial course approval applications are received by the department sixty or more days before the requested approval date; and
  - (d) Ensure training course renewal applications are received by the department thirty or more days before expiration of the current approval.
  - (6) The department shall:
    - (a) Approve basic and refresher training courses;
    - (b) Issue the course sponsor an approval valid for two years from the date of issuance;
    - (c) Require additional subjects to be taught to update information on new technology and determine the amount of time to be allotted to adequately cover these subjects;
    - (d) Provide a detailed outline of subject matter developed by the department to the sponsor for required incorporation into the training course.
    - (7) The course sponsor shall provide the department with a list of the names, addresses, and Social Security numbers of all persons completing a basic or refresher training course ten days or less after a course is completed.
    - (8) The course sponsor shall:
      - (a) Notify the department in writing thirty or more days before a training course is scheduled to begin; and
      - (b) Include the date, time, and address of the locations where training will be conducted; and
      - (c) Obtain department approval in advance for any changes to a training course.
    - (9) A department representative may, at the department's discretion, attend a training course as an observer to verify the course sponsor conducts the training course

in accordance with the program approved by the department.

(10) Course sponsors conducting training outside the state of Washington shall:

(a) Reimburse the department at current state of Washington per diem and travel allowance rates for travel expenses associated with department observance of the training courses; and

(b) Submit reimbursement to the department within thirty days of receipt of the billing notice.

(11) The training course sponsor shall limit each class to a maximum of thirty participants.

(12) The department may terminate the training course approval if in the department's judgment the sponsor fails to:

(a) Maintain the course content and quality as initially approved;

(b) Make changes to a course as required by the department.

[Statutory Authority: RCW 64.44.060 and 64.44.070. 92-02-017 (Order 223SB), § 246-205-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-040, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-050 Worker and supervisor certification.** (1) Applicants seeking an initial certificate as a decontamination worker shall submit to the department:

(a) A completed application on a form provided by the department;

(b) A fee as prescribed in WAC 246-205-990; and

(c) Evidence of successful completion of:

(i) Eighty or more hours of hazardous material training satisfying the requirements of WAC 296-62-3040; and

(ii) A department sponsored or approved decontamination worker training course.

(2) Applicants seeking an initial certificate as a decontamination supervisor shall submit to the department:

(a) Evidence of a valid and current Washington state decontamination worker certificate;

(b) Evidence of forty or more hours of on-site experience in hazardous material or illegal drug manufacturing or storage site decontamination projects;

(c) A completed application on a form provided by the department;

(d) A fee as prescribed in WAC 246-205-990; and

(e) Evidence of successful completion of a department sponsored or approved decontamination supervisor training course.

(3) Applicants for department certification shall:

(a) Ensure the completed application is received by the department sixty or less days after the completion of the course; or

(b) Pass an examination administered by the department with a score of seventy percent or more.

(4) Persons shall supervise and perform decontamination work only following issuance of the certificate, valid for two years from the date of issuance.

(5) Persons shall make certificates available for inspection at all times during an illegal drug manufacturing or storage site decontamination project.

(6) The department may deny, suspend, or revoke a person's certificate as described under WAC 246-205-110.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-050, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-060 Worker and supervisor certificate renewal.** (1) Certified workers and supervisors seeking a renewal certificate shall submit to the department:

(a) A completed application for certificate renewal on a form provided by the department;

(b) A fee as prescribed in WAC 246-205-990;

(c) Evidence of successful completion of a department sponsored or approved refresher training course. Refresher training shall include:

(i) A thorough review of the subjects required under WAC 246-205-030;

(ii) Update of information on state-of-the-art procedures and equipment;

(iii) Review of regulatory changes and interpretation; and

(iv) Other subjects if required by the department to update information on new technology and procedures.

(2) Workers whose certificates have been expired for more than two years shall retake the entire basic course. Supervisors whose certificates have been expired for more than two years shall retake the entire basic supervisor's course.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-060, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-070 Authorized contractor certification.** (1) A contractor may perform decontamination, demolition, or disposal work at an illegal drug manufacturing or storage site only after the department issues the contractor a certificate.

(2) The department shall not require companies and persons providing only initial site assessment, sample collection, transportation, and testing services for drug laboratory decontamination contractors to be certified or trained under this chapter.

(3) Applicants for department certification as an authorized contractor, shall submit to the department:

(a) Evidence of being licensed, bonded, and insured as a general contractor under the provisions of chapter 18-.27 RCW.

(b) Evidence of successful completion of specialized training for each employee who will do work on an illegal drug manufacturing or storage site;

(c) Documentation that the contractor has at least one department certified supervisor;

(d) A completed application on a form provided by the department; and

(e) A fee as prescribed in WAC 246-205-990.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-070, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-080 Reciprocity.** (1) The department may provide reciprocal certification for contractors, supervisors, and workers trained and certified in another state if standards and training are substantially equivalent to those of this chapter.

(2) Applicants for reciprocity shall submit to the department:

(a) A completed application on a form provided by the department;

(b) Documentation of specialized training for illegal drug manufacturing or storage site decontamination;

(c) Evidence of successful completion of training required by Federal Occupational Safety and Health Act, Washington Industrial Safety and Health Act regulations, and WAC 296-62-3040; and

(d) A fee as prescribed in WAC 246-205-990.

(3) After reviewing the application, the department may issue the applicant a certificate or require:

(a) Additional information;

(b) A refresher course; or

(c) A department-administered examination.

[Statutory Authority: RCW 64.44.060 and 64.44.070. 92-02-017 (Order 223SB), § 246-205-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-080, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-090 On-site supervision.** (1) During decontamination, demolition, or disposal of contaminated property at illegal drug manufacturing or storage sites, a contractor employed supervisor meeting the qualifications required in this chapter shall be on site and responsible for the activities performed.

(2) The contractor employed supervisor shall, while on site, make available for inspection, department provided certification attesting to the supervisor's training and credentials.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-090, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-100 Performance standards.** Authorized contractors and their employees working at a decontamination site shall, at a minimum, meet the following performance standards:

(1) File a workplan with and obtain approval of the local health department;

(2) Perform work in accordance with the approved workplan;

(3) Perform work meeting the requirements of state and local building codes;

(4) Comply with applicable Federal Occupational Safety and Health Act and Washington Industrial Safety and Health Act regulations and requirements;

(5) Comply with the requirements of chapter 70.105 RCW and chapter 173-303 WAC;

(6) Comply with the requirements of applicable department of ecology and Environmental Protection Agency regulations;

(7) Comply with applicable contractor regulations;

(8) Notify the state and local jurisdictional health department of all work performed within ten days after completion of the project;

(9) Perform all decontamination work only with department certified workers and supervisors; and

(10) Comply with all other applicable laws and regulations.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-100, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-110 Denial, suspension, revocation of certification, and civil penalties.** (1) The department shall deny an initial, renewal, or reciprocal illegal drug manufacturing or storage site decontamination worker, supervisor, or contractor certificate if the applicant fails to meet the requirements of this chapter.

(2) The department may take disciplinary action against a worker, supervisor, or contractor if the following occurs:

(a) Failure to comply with the requirements of chapter 64.44 RCW to include the performance standards or any rule adopted under chapter 64.44 RCW and this chapter;

(b) Failure of a worker or supervisor to make certificates available for inspection on site; or

(c) Committing fraud or misrepresentation in:

(i) Applying for certification;

(ii) Seeking approval of a workplan; or

(iii) Documenting completion of the work to the local health department.

(3) The department may take disciplinary action against a decontamination worker, supervisor, or contractor including, but not limited to, denial, suspension, or revocation of certification.

(4) The department may impose against a contractor a civil penalty not to exceed five hundred dollars, for each violation in addition to or in lieu of certification denial, suspension, or revocation pursuant to this rule. Each day the violation continues shall be considered a separate violation.

(5) Adjudicative proceedings are governed by chapter 34.05 RCW, the Administrative Procedure Act, chapter 246-08 WAC, and this chapter.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-110, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-120 Authorized contractor certification list.** The department shall maintain a list of authorized illegal drug manufacturing or storage site decontamination contractors. The department's authorized contractor list shall be made available to local health officials and other appropriate agencies semi-annually, and to the public upon request.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-120, filed 1/24/91, effective 4/1/91.]

**WAC 246-205-990 Fees.** (1) The department shall charge fees for issuance and renewal of certificates. The department shall set the fees by rule.

(2) The fees shall cover the cost of issuing certificates, filing papers and notices, and administering this chapter.

The costs shall include reproduction, travel, per diem, and administrative and legal support costs.

(3) Fees are nonrefundable and shall be in the form of check or money order made payable to the department.

(4) The department shall require payment of the following fees upon receipt of application:

(a) Twenty-five dollars shall be assessed for each initial, renewal, or reciprocal worker certificate application.

(b) Twenty-five dollars shall be assessed for each initial, renewal, or reciprocal supervisor certificate application.

(c) Five hundred dollars shall be assessed for each initial, renewal, or reciprocal authorized contractor certificate application. The applicant's certificate shall expire annually on the expiration date of the contractor's license issued under the provisions of chapter 18.27 RCW.

(d) Two hundred dollars shall be assessed for each initial application and fifty dollars shall be assessed for each renewal application for illegal drug manufacturing or storage site decontamination training course approval.

[Statutory Authority: RCW 64.44.060 and chapter 64.44 RCW. 91-04-007 (Order 125SB), § 246-205-990, filed 1/24/91, effective 4/1/91.]

### Chapter 246-220 WAC

#### RADIATION PROTECTION--GENERAL PROVISIONS

##### WAC

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| 246-220-007 | Statement of philosophy.                            |
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**WAC 246-220-007 Statement of philosophy.** In accordance with the recommendations of the Environmental Protection Agency, formerly the Federal Radiation Council, approved by the president of the United States of America, persons engaged in activities under licenses issued by the Washington state department of health pursuant to the Atomic Energy Act of 1954, as amended, shall, in addition to complying with the requirements set forth in chapter 246-221 WAC, make every reasonable effort to maintain radiation exposures, and releases of radioactive materials in effluents to unrestricted areas, as low as is reasonably achievable. Such persons should make particular efforts to keep the radiation exposure of an embryo or fetus as low as is reasonably achievable during the entire gestation period as recommended by the National Council on Radiation Protection and Measurements. The term "as low as is reasonably achievable" means as low as is readily achievable taking into account the state of technology, and the economics of improvements in relation to benefits to the public health and safety and in relation to the utilization of nuclear energy, ionizing radiation, and radioactive materials in the public interest.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-007, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-007, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-10-010, filed 12/8/80; Order 1095, § 402-10-010, filed 2/6/76.]

**WAC 246-220-010 Definitions.** As used in these regulations, these terms have the definitions set forth below. Additional definitions used only in a certain part will be found in that part.

(1) "A<sub>1</sub>" means the maximum activity of special form radioactive material permitted to be transported in a Type A package. "A<sub>2</sub>" means the maximum activity of normal form radioactive material permitted to be transported in a Type A package. A<sub>1</sub> and A<sub>2</sub> values are assigned to individual radionuclides and are tabulated in Appendix A of WAC 246-220-110. Methods of calculating values are also given.

(2) "Accelerator produced material" means any material made radioactive by exposing it in a particle accelerator.

(3) "Act" means Nuclear energy and radiation, chapter 70.98 RCW.

(4) "Agreement state" means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under section 274 b. of the Atomic Energy Act of 1954, as amended (73 Stat. 689).

(5) "Airborne radioactive material" means any radioactive material dispersed in the air in the form of dusts, fumes, mists, vapors, or gases.

(6) "Airborne radioactivity area" means (a) any room, enclosure, or operating area in which airborne radioactive material exists in concentrations in excess of the amounts specified in Appendix A, Table I, Column 1 of chapter 246-221 WAC; or (b) any room, enclosure, or operating area in which airborne radioactive material exists in concentrations which, averaged over the number of hours in any week during which individuals are in the area, exceed twenty-five percent of the amounts specified in WAC 246-221-290, Appendix A, Table I, Column 1.

(7) "Brachytherapy" means a method of radiation therapy in which sealed sources are utilized to deliver a radiation dose at a distance of up to a few centimeters, by surface, intracavitary, or interstitial application.

(8) "Byproduct material" means: (a) Any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material, and (b) the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content.

(9) "Calendar quarter" means not less than twelve consecutive weeks nor more than fourteen consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is



omitted from inclusion within a calendar quarter. No licensee or registrant shall change the method of determining calendar quarters for purposes of these regulations except at the beginning of a calendar year.

(10) "Calibration" means the determination of (a) the response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or (b) the strength of a source of radiation relative to a standard.

(11) "CFR" means Code of Federal Regulations.

(12) "Controlled area." See "Restricted area."

(13) "Curie" means a unit of measurement of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of  $3.7 \times 10^{10}$  transformations per second (tps). Commonly used submultiples of the curie are the millicurie and the microcurie. One millicurie (mCi) = 0.001 curie =  $3.7 \times 10^7$  tps. (Formerly referred to as disintegrations per seconds or dps.) One microcurie (uCi) = 0.000001 curie =  $3.7 \times 10^4$  tps. One picocurie (pCi) =  $10^{-12}$  Ci. One nanocurie (nCi) =  $10^{-9}$  Ci. One tps = 60 dpm.

(14) "Department" means the department of health, division of radiation protection, which has been designated as the state radiation control agency.

(15) "Depleted uranium" means the source material uranium in which the isotope Uranium-235 is less than 0.711 percent by weight of the total uranium present. Depleted uranium does not include special nuclear material.

(16) "dpm" means disintegrations per minute. See also "curie."

(17) "Dose" as used in these regulations shall mean absorbed dose or dose equivalent as appropriate.

(a) "Absorbed dose" is the energy imparted to matter by ionizing radiation per unit mass of irradiated material at the place of interest. The special unit of absorbed dose is the rad. (See rad.)

(b) "Dose equivalent" is a quantity that expresses on a common scale for all radiation a measure of the postulated effect on a given organ. It is defined as the absorbed dose in rads times certain modifying factors. The unit of dose equivalent is the rem. (See rem.)

(18) "Dose commitment" means the total radiation dose to a part of the body that will result from retention in the body of radioactive material. For purposes of estimating the dose commitment, it is assumed that from the time of intake the period of exposure to retained material will not exceed fifty years.

(19) "Exposure" means the quotient of  $dQ$  by  $dm$  where " $dQ$ " is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having " $dm$ " are completely stopped in air. (The special unit of exposure is the roentgen (R).)\*

Note: \*When not underlined as above the term 'exposure' has a more general meaning in these regulations.

(20) "Exposure rate" means the exposure per unit of time, such as R/min., mR/h, etc.

(21) "Former United States Atomic Energy Commission (AEC) or United States Nuclear Regulatory Commission (NRC) licensed facilities" means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

(22) "Healing arts" means the disciplines of medicine, dentistry, osteopathy, chiropractic, podiatry, and veterinary medicine.

(23) "High radiation area" means any area, accessible to individuals, in which there exists radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of 100 millirems.

(24) "Highway route controlled quantity" means a quantity of radioactive material in a single package which exceeds:

(a) 3,000 times the  $A_1$  or  $A_2$  quantity as appropriate; or

(b) 30,000 curies, whichever is least.

(25) "Human use" means the intentional internal or external administration of radiation or radioactive material to human beings.

(26) "IND" means investigatory new drug for which an exemption has been claimed under the United States Food, Drug and Cosmetic Act (Title 10 CFR).

(27) "Individual" means any human being.

(28) "Inspection" means an official examination or observation by the department including but not limited to, tests, surveys, and monitoring to determine compliance with rules, regulations, orders, requirements and conditions of the department.

(29) "Irretrievable source" means any sealed source containing licensed material which is pulled off or not connected to the wireline downhole and for which all reasonable effort at recovery, as determined by the department, has been expended.

(30) "Interlock" means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

(31) "License" means a license issued by the department in accordance with the regulations adopted by the department.

(32) "Licensee" means any person who is licensed by the department in accordance with these regulations and the act.

(33) "Licensing state" means any state with regulations equivalent to the suggested state regulations for control of radiation relating to, and an effective program for, the regulatory control of NARM.

(34) "Major processor" means a user processing, handling, or manufacturing radioactive material exceeding Type A quantities as unsealed sources or material, or exceeding four times Type B quantities as sealed sources, but does not include nuclear medicine programs, universities, industrial radiographers, or small industrial programs. Type A and B quantities are defined in Section 71.4 of 10 CFR Part 71.

(35) "NARM" means any naturally occurring or accelerator-produced radioactive material except source material.

(36) "Natural radioactivity" means radioactivity of naturally occurring nuclides.

(37) "NDA" means a new drug application which has been submitted to the United States Food and Drug Administration.

(38) "Normal form radioactive material" means radioactive material which has not been demonstrated to qualify as "special form radioactive material."

(39) "Nuclear waste" as used in WAC 246-232-090(5) means any quantity of source or byproduct material, (not including radiography sources being returned to the manufacturer) required to be in Type B packaging while transported to, through, or across state boundaries to a disposal site, or to a collection point for transport to a disposal site. Nuclear waste, as used in these regulations, is a special classification of radioactive waste.

(40) "Occupational dose" means exposure of an individual to radiation in a restricted area; or in the course of employment in which the individual's duties involve exposure to radiation: *Provided*, That occupational dose shall not be deemed to include any exposure of an individual to radiation for the purpose of diagnosis or therapy of such individual.

(41) "Ore refineries" means all processors of a radioactive material ore.

(42) "Particle accelerator" means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV.

(43) "Permittee" means a person who has applied for, and received, a valid site use permit for use of the low-level waste disposal facility at Hanford, Washington.

(44) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing.

(45) "Personal supervision" means supervision such that the supervisor is physically present at the facility and in such proximity that contact can be maintained and immediate assistance given as required.

(46) "Personnel monitoring equipment" means devices (e.g., film badges, pocket dosimeters, and thermoluminescent dosimeters) designed to be worn or carried by an individual for the purpose of estimating the dose received by the individual.

(47) "Pharmacist" means an individual licensed by this state to compound and dispense drugs, and poisons.

(48) "Physician" means an individual licensed by this state to prescribe and dispense drugs in the practice of medicine.

(49) "Practitioner" means an individual licensed by the state in the practice of a healing art (i.e., physician, dentist, podiatrist, chiropractor, etc.).

(50) "Qualified expert" means an individual who has demonstrated to the satisfaction of the department possession of knowledge and training to measure ionizing radiation, to evaluate safety techniques, and to advise

regarding radiation protection needs. The department reserves the right to recognize the qualifications of an individual in specific areas of radiation protection.

(51) "Rad" means the special unit of absorbed dose. One rad equals one-hundredth of a joule per kilogram of material; for example, if tissue is the material of interest, then 1 rad equals 100 ergs per gram of tissue.

(52) "Radiation" means ionizing radiation, i.e., gamma rays and x-rays, alpha and beta particles, high speed electrons, and other nuclear particles.

(53) "Radiation area" means any area, accessible to individuals, in which there exists radiation at such levels that a major portion of the body could receive in any one hour a dose in excess of 5 millirems, or in any five consecutive days a dose in excess of 100 millirems.

(54) "Radiation machine" means any device capable of producing ionizing radiation except those which produce radiation only from radioactive material.

(55) "Radiation safety officer" means one who has the knowledge, authority, and responsibility to apply appropriate radiation protection regulations and measures.

(56) "Radiation source." See "Source of radiation."

(57) "Radioactive material" means any material (solid, liquid, or gas) which emits radiation spontaneously.

(58) "Radioactive waste" means any radioactive material which is no longer of use and intended for disposal or treatment for the purposes of disposal.

(59) "Radioactivity" means the transformation of unstable atomic nuclei by the emission of radiation.

(60) "Registrable item" means any radiation machine except those exempted by RCW 70.98.180 or exempted by the department pursuant to the authority of RCW 70.98.080.

(61) "Registrant" means any person who is registered by the department in accordance with these regulations and the act.

(62) "Registration" means registration with the department in accordance with the regulations adopted by the department.

(63) "Regulations of the United States Department of Transportation" means the regulations in 49 CFR Parts 170-189, 14 CFR Part 103, and 46 CFR Part 146.

(64) "Rem" means a measure of the dose of any radiation to body tissue in terms of its estimated biological effect relative to a dose received from an exposure to one roentgen (R) of x-rays. (One millirem (mrem) = 0.001 rem.) For the purpose of these regulations, any of the following is considered to be equivalent to a dose of one rem:

(a) An exposure of 1 R of x, or gamma radiation;

(b) A dose of 1 rad due to x, gamma, or beta radiation;

(c) A dose of 0.05 rad due to particles heavier than protons and with sufficient energy to reach the lens of the eye;

(d) A dose of 0.1 rad due to neutrons or high energy protons.\*

(e) A dose of 0.4 rad due to thermal neutrons.

Note: \*If it is more convenient to measure the neutron flux, or equivalent, than to determine the neutron absorbed dose in

rads, one rem of neutron radiation may, for purposes of these regulations, be assumed to be equivalent to fourteen million neutrons per square centimeter incident upon the body; or, if there exists sufficient information to estimate with reasonable accuracy the approximate distribution in energy of the neutrons, the incident number of neutrons per square centimeter equivalent to one rem may be estimated from the following table:

Neutron Flux Dose Equivalents

| Neutron energy (MeV) | Number of neutrons per square centimeter for a dose equivalent of 1 rem (neutrons/cm <sup>2</sup> ) | Average flux density to deliver 100 millirems in 40 hours (neutrons/cm <sup>2</sup> per second) |
|----------------------|---|---|
| Thermal              | 970 x 10 <sup>6</sup>   | 670   |
| 0.0001               | 720 x 10 <sup>6</sup>   | 500   |
| 0.005                | 820 x 10 <sup>6</sup>   | 570   |
| 0.02                 | 400 x 10 <sup>6</sup>   | 280   |
| 0.1                  | 120 x 10 <sup>6</sup>   | 80  |
| 0.5                  | 43 x 10 <sup>6</sup>  | 30  |
| 1.0                  | 26 x 10 <sup>6</sup>  | 18  |
| 2.5                  | 29 x 10 <sup>6</sup>  | 20  |
| 5.0                  | 26 x 10 <sup>6</sup>  | 18  |
| 7.5                  | 24 x 10 <sup>6</sup>  | 17  |
| 10.0                 | 24 x 10 <sup>6</sup>  | 17  |
| 10 to 30             | 14 x 10 <sup>6</sup>  | 10  |

(65) "Research and development" means: (a) Theoretical analysis, exploration, or experimentation; or (b) the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and development does not include the internal or external administration of radiation or radioactive material to human beings.

(66) "Restricted area" (controlled area) means any area the access to which is controlled by the licensee or registrant for purposes of protection of individuals from exposure to radiation and radioactive material. "Restricted area" shall not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

(67) "Roentgen" (R) means the special unit of exposure. One roentgen equals 2.58 x 10<sup>-4</sup> coulombs/kilogram of air (see "Exposure").

(68) "Sealed source" means radioactive material that is permanently bonded or fixed in a capsule or matrix designed to prevent release and dispersal of the radioactive material under the most severe conditions which are likely to be encountered in normal use and handling.

(69) "Source material" means: (a) Uranium or thorium, or any combination thereof, in any physical or chemical form, or (b) ores which contain by weight one-twentieth of one percent (0.05 percent) or more of (i) uranium, (ii) thorium, or (iii) any combination thereof. Source material does not include special nuclear material.

(70) "Source of radiation" means any radioactive material, or any device or equipment emitting or capable of producing ionizing radiation.

(71) "Source container" means a device in which radioactive material is transported or stored.

(72) "Source material milling" means any activity that results in the production of byproduct material as defined in subsection (8)(b) of this section.

(73) "Special form radioactive material" means radioactive material which satisfies the following conditions:

(a) It is either a single solid piece or is contained in a sealed capsule that can only be opened by destroying the capsule;

(b) The piece or capsule has at least one dimension not less than five millimeters (0.197 inch); and

(c) It satisfies the test requirements of 10 CFR 71.75.

(74) "Special nuclear material in quantities not sufficient to form a critical mass" means uranium enriched in the isotope U-235 in quantities not exceeding three hundred fifty grams of contained U-235; Uranium-233 in quantities not exceeding two hundred grams; Plutonium in quantities not exceeding two hundred grams; or any combination of them in accordance with the following formula: For each kind of special nuclear material, determine the ratio between the quantity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of such ratios for all of the kinds of special nuclear material in combination shall not exceed "1" (i.e., unity). For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\begin{array}{r}
 175(\text{grams contained U-235}) \\
 \hline
 350 \\
 50(\text{grams U-233}) \\
 \hline
 200 \\
 50(\text{grams Pu}) \\
 \hline
 200 < 1
 \end{array}$$

(75) "State" as used in WAC 246-232-090(5) means the several states of the union, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Commonwealth of the Northern Mariana Islands.

(76) "Survey" means an evaluation of the production, use, release, disposal, and/or presence of sources of radiation under a specific set of conditions to determine actual or potential radiation hazards. When appropriate, such evaluation includes, but is not limited to, tests, physical examinations and measurements of levels of radiation or concentration of radioactive material present.

(77) "Test" means (a) the process of verifying compliance with an applicable regulation, or (b) a method for determining the characteristics or condition of sources of radiation or components thereof.

(78) "These regulations" mean all parts of the rules for radiation protection of the state of Washington.

(79) "Type A packaging" means packaging designed to retain its integral containment and shielding under normal conditions of transport as demonstrated by tests

described in 49 CFR 173.465 or 173.466 as appropriate. The contents are limited to A<sub>1</sub> or A<sub>2</sub> quantities. The package does not require competent authority approval.

(80) "Type A quantity" means a quantity of radioactive material less than the A<sub>1</sub> or A<sub>2</sub> value for a single radionuclide, or for which the sum of the fractions does not exceed unity for a mixture of radionuclides.

(81) "Type B packaging" means packaging approved by the United States nuclear regulatory commission for the transport of quantities of radioactivity in excess of A<sub>1</sub> or A<sub>2</sub>. It is defined in detail in 10 CFR 71.4.

(82) "Type B quantity" means a quantity of radioactive material in excess of a Type A quantity. It requires Type B packaging for transportation.

(83) "Uncontrolled area." See "Unrestricted area."

(84) "United States Department of Energy" means the Department of Energy established by Public Law 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the department exercises functions formerly vested in the United States Atomic Energy Commission, its chairman, members, officers and components and transferred to the United States Energy Research and Development Administration and to the administrator thereof pursuant to sections 104 (b), (c) and (d) of the Energy Reorganization Act of 1974 (Public Law 93-438, October 11, 1974, 88 Stat. 1233 at 1237, effective January 19, 1975) and retransferred to the Secretary of Energy pursuant to section 301(a) of the Department of Energy Organization Act (Public Law 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

(85) "Unrefined and unprocessed ore" means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining.

(86) "Unrestricted area" (uncontrolled area) means any area access to which is not controlled by the licensee or registrant for purposes of protection of individuals from exposure to radiation and radioactive material, and any area used for residential quarters.

(87) "Waste handling licensees" mean persons licensed to receive and store radioactive wastes prior to disposal and/or persons licensed to dispose of radioactive waste.

(88) "Worker" means an individual engaged in work under a license or registration issued by the department and controlled by a licensee or registrant, but does not include the licensee or registrant. If students of age eighteen years or older are subjected routinely to work involving radiation, then the students are considered to be occupational workers. Individuals of less than eighteen years of age shall meet the requirements of WAC 246-221-050.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-12-050, filed 9/16/83. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-12-050, filed 7/28/81. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-050, filed 12/8/80; Order 1095, § 402-12-050, filed 2/6/76; Order 708, § 402-12-050, filed 8/24/72;

Order 1, § 402-12-050, filed 7/2/71; Order 1, § 402-12-050, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-220-050 Exemptions.** (1) The department may, upon application therefor or upon its own initiative, grant such exemptions or exceptions from the requirements of these regulations as it determines are authorized by law and will not result in undue hazard to public health and safety or property.

(2) Any U.S. Department of Energy contractor or subcontractor and any U.S. Nuclear Regulatory Commission contractor or subcontractor of the following categories operating within this state is exempt from these regulations to the extent that such contractor or subcontractor under the applicable contract receives, possesses, uses, transfers or acquires sources of radiation:

(a) Prime contractors performing work for the Department of Energy at U.S. government-owned or controlled sites, including the transportation of sources of radiation to or from such sites and the performance of contract services during temporary interruptions of such transportation;

(b) Prime contractors of the Department of Energy performing research in, or development, manufacture, storage, testing or transportation of, atomic weapons or components thereof;

(c) Prime contractors of the Department of Energy using or operating nuclear reactors or other nuclear devices in a United States government-owned vehicle or vessel; and

(d) Any other prime contractor or subcontractor of the Department of Energy or of the Nuclear Regulatory Commission when the state and the Nuclear Regulatory Commission jointly determine (i) that the exemption of the prime contractor or subcontractor is authorized by law, and (ii) that under the terms of the contract or subcontract, there is adequate assurance that the work thereunder can be accomplished without undue risk to the public health and safety.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-050, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-125, filed 12/8/80; Order 1095, § 402-12-125, filed 2/6/76.]

**WAC 246-220-090 Communications.** All communications and reports concerning these regulations, and applications filed thereunder, should be addressed to the Department of Health, Division of Radiation Protection, Mailstop LE-13, Olympia, Washington 98504. The emergency telephone number in Seattle, is 206-682-5327 or 206 (NUCLEAR).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-12-160, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-160, filed 12/8/80; Order 1095, § 402-12-160, filed 2/6/76.]

**WAC 246-220-130 Appendix C--The international system of units (SI).** This appendix does not contain any

regulations, but is included for informational purposes only.

The Metric Conversion Act of 1975 (PL 94-168) urges the increasing awareness and use of the International System of Units (SI). This appendix is included to acquaint licensees and/or registrants with selected terms of SI units. Future revisions to chapters 246-220 through 246-255 WAC may use these units.

(1) *Absorbed dose.* The unit of absorbed dose is the gray (Gy) which is equal to 1 joule per kilogram. One rad is equal to  $1 \times 10^{-2}$  gray. A submultiple is the milligray (mGy).

(2) *Dose equivalent.* The unit of dose equivalent is the sievert (Sv) which is equal to 1 joule per kilogram as modified by the quality factor. One rem is equal to  $1 \times 10^{-2}$  sievert. A submultiple is the millisievert (mSv).

(3) *Exposure.* The unit of exposure is the coulombs per kilogram (C/kg). One roentgen is equal to  $2.58 \times 10^{-4}$  coulombs per kilogram of dry air. Multiples of this unit are the millicoulomb per kilogram (mC/kg) and the microcoulomb per kilogram (uC/kg) of dry air at standard temperature and pressure.

(4) *Radioactivity.* The unit of measurement of radioactivity is the becquerel (Bq) and is equal to one transformation per second. One curie is equal to  $3.7 \times 10^{10}$  becquerels. Multiples are megabecquerel (MBq) and gigabecquerel (GBq).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-250, filed 12/8/80.]

**Chapter 246-221 WAC  
RADIATION PROTECTION STANDARDS**

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|             |   |
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| 246-221-260 | Reports of overexposures and excessive levels and concentrations. |
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| 246-221-300 | Appendix B—Quantities exempt from labeling.                       |

**WAC 246-221-001 Purpose and scope.** This chapter establishes standards for protection against radiation hazards. Except as otherwise specifically provided, this chapter applies to all licensees or registrants. Nothing in this chapter shall be interpreted as limiting the intentional exposure of patients to radiation for the purpose of medical diagnosis or therapy. The definitions contained in WAC 246-220-010 also apply to this chapter. WAC 246-220-007, Statement of philosophy, is directly applicable to this chapter.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-001, filed 12/27/90, effective 1/31/91; Order 1095, § 402-24-010, filed 2/6/76; Order 1, § 402-24-010, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-010 Radiation dose to individuals in restricted areas.\*** (1) Except as provided in subsection (2) of this section no licensee or registrant shall possess, use, store, receive, or transfer sources of radiation in such a manner as to cause any individual in a restricted area to receive in any period of one calendar quarter from all sources of radiation in the licensee's or registrant's possession a dose in excess of the limits specified in the following table:

|  |                          |
|--|--------------------------|
|  | REM PER CALENDAR QUARTER |
| Whole body; head and trunk; active blood-forming organs; lens of eyes; or gonads . . . . . | 1.25                     |
| Hands and forearms; feet and ankles . . . . .  | 18.75                    |
| Skin of whole body . . . . .   | 7.5                      |

Note: \*For determining the doses specified in this section a dose from x- or gamma rays up to 10 MeV may be assumed to be equivalent to the exposure measured by a properly calibrated appropriate instrument in air at or near the body surface in the region of the highest dose rate.

(2) A licensee or registrant may permit an individual in a restricted area to receive a dose to the whole body greater than that permitted under subsection (1) of this section, provided that:

(a) During any calendar quarter the dose to the whole body from sources of radiation in the licensee's or registrant's possession shall not exceed three rems; and

(b) The dose to the whole body, when added to the accumulated occupational dose to the whole body, shall not exceed 5(N-18) rems when "N" equals the individual's age in years at the individual's last birthday; and

(c) The licensee or registrant has determined the individual's accumulated occupational dose to the whole body on department Form RHF-4 or on a clear and legible record containing all the information required in that form and has otherwise complied with the requirements of WAC 246-221-020. As used in subsection (2) of this section "dose to the whole body" shall be deemed to include any dose to the whole body, gonads, active blood-forming organs, head and trunk, or lens of the eye; and

(d) The licensee or registrant has determined that the predicted dose to the whole body is as low as is reasonably achievable and consistent with the statements in WAC 246-220-007. The licensee or registrant shall perform an evaluation of the expected whole body dose before permitting any individual to receive a whole body dose in excess of the limits specified in subsection (1) of this section.

A written record of the prior evaluation of this exposure shall be retained for inspection by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-020, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-020, filed 12/8/80; Order 1095, § 402-24-020, filed 2/6/76; Order 1, § 402-24-020, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-020 Determination of prior accumulated dose.** Determination of prior dose. Each licensee or registrant shall require any individual, prior to first entry of the individual into the licensee's or registrant's restricted area during each employment or work assignment under such circumstances that the individual will receive or is likely to receive in any period of one calendar quarter an occupational dose in excess of 25 percent of the applicable standards specified in WAC 246-221-010(1) and 246-221-050 to disclose and verify in a written, signed statement, either:

(1) That the individual had no prior occupational dose during the current calendar quarter; or

(2) The nature and amount of any occupational dose which the individual may have received during that specifically identified current calendar quarter from sources of radiation possessed or controlled by other persons. Each licensee shall maintain records of such statements until the department authorizes their disposition.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-024, filed 12/8/80; Order 1095, § 402-24-024, filed 2/6/76.]

**WAC 246-221-030 Requirements for exceeding occupational radiation doses.** (1) Before permitting, pursuant to WAC 246-221-010(2), any individual in a restricted area to receive an occupational radiation dose in excess of the standards specified in WAC 246-221-010(1) each licensee or registrant shall:

(a) Obtain a certificate on state of Washington occupational external radiation exposure history (Form RHF-4) or on a clear and legible record containing all the information required in that form, signed by the individual, showing each period of time after the individual attained the age of 18 in which the individual received an occupational dose of radiation; and

(b) Calculate on Form RHF-4 in accordance with the instructions appearing therein, or on a clear and legible record containing all the information required in that

form, the previously accumulated occupational dose received by the individual and the additional dose allowed for that individual under WAC 246-221-010(2).

In the preparation of Form RHF-4, or a clear and legible record containing all the information required in that form, the licensee or registrant shall make a reasonable effort to obtain reports of the individual's previously accumulated occupational dose. For each period for which the licensee or registrant obtains such reports, the dose shown in the report shall be used in preparing the form. In any case where a licensee or registrant is unable to obtain reports of the individual's occupational dose for a previous complete calendar quarter, it shall be assumed that the individual has received the occupational dose specified in whichever of the following columns apply:

| Part of Body   | Column 1  | Column 2   |
|--|---|--|
|  | Assumed Dose in Rems for Calendar Quarters Prior to January 1, 1961 | Assumed Dose in Rems for Calendar Quarters Beginning on or After January 1, 1961 |
| Whole body, gonads, active blood-forming organs, head and trunk, lens of eye | 3.75  | 1.25   |

(2) The licensee or registrant shall retain and preserve records used in preparing Form RHF-4 until the department authorizes their disposition. If calculation of the individual's accumulated occupational dose for all periods prior to January 1, 1961, yields a result higher than the applicable accumulated dose value for the individual as of that date, as specified in WAC 246-221-010 (2)(b) the excess may be disregarded.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-027, filed 12/8/80.]

**WAC 246-221-040 Exposure of individuals to concentrations of radioactive materials in restricted areas.**

(1) Requirements for exposures to individuals.

(a) No licensee shall possess, use, or transfer radioactive material in such a manner as to permit any individual in a restricted area to inhale a quantity of radioactive material in any period of one calendar quarter greater than the quantity which would result from inhalation for 40 hours per week for 13 weeks at uniform concentrations of radioactive material in air specified in WAC 246-221-290, Appendix A, Table I, Column 1<sup>1, 2, 3</sup>. If the radioactive material is of such form that intake by absorption through the skin is likely, individual exposures to radioactive material shall be controlled so that the uptake of radioactive material by any organ from either inhalation or absorption or both routes of intake<sup>4, 5</sup> in any calendar quarter does not exceed that which would result from inhaling such radioactive material for 40 hours per week for 13 weeks at uniform concentrations specified in WAC 246-221-290, Appendix A, Table I, Column 1.

(b) No licensee shall possess, use, or transfer mixtures of U-234, U-235, and U-238 in soluble form in such a

manner as to permit any individual in a restricted area to inhale a quantity of such material in excess of the intake limits specified in Appendix A, Table I, Column 1 of this part. If such soluble uranium is of a form such that absorption through the skin is likely, individual exposures to such material shall be controlled so that the uptake of such material by any organ from either inhalation or absorption or both routes of intake<sup>4</sup> does not exceed that which would result from inhaling such material at the limits specified in WAC 246-221-290, Appendix A, Table I, Column 1 and footnote 4 thereto.

(c) For purposes of determining compliance with the requirements of this section the licensee shall use suitable measurements of concentrations of radioactive materials in air for detecting and evaluating airborne radioactivity in restricted areas and in addition, as appropriate, shall use measurements of radioactivity in the body, measurements of radioactivity excreted from the body, or any combination of such measurements as may be necessary for timely detection and assessment of individual intakes of radioactivity by exposed individuals. It is assumed that an individual inhales radioactive material at the airborne concentration in which he or she is present unless he or she uses respiratory protective equipment pursuant to this section. When assessment of a particular individual's intake of radioactive material is necessary, intakes less than those which would result from inhalation for 2 hours in any one day or for 10 hours in any one week at uniform concentrations specified in Appendix A, Table I, Column 1 need not be included in such assessment, provided that for any assessment in excess of these amounts the entire amount is included.

(2) (a) The licensee shall, as a precautionary procedure, use process or other engineering controls, to the extent practicable, to limit concentrations of radioactive materials in air to levels below those which delimit an airborne radioactivity area as defined in WAC 246-220-010.

(b) When it is impracticable to apply process or other engineering controls to limit concentrations of radioactive material in air below those defined in WAC 246-220-010, other precautionary procedures, such as increased surveillance, limitation of working times, or provision of respiratory protective equipment, shall be used to maintain intake of radioactive material by any individual within any period of seven consecutive days as far below that intake of radioactive material which would result from inhalation of such material for 40 hours at the uniform concentrations specified in Appendix A, Table I, Column 1 as is reasonably achievable. Whenever the intake of radioactive material by any individual exceeds this 40-hour control measure, the licensee shall make such evaluations and take such actions as are necessary to assure against recurrence. The licensee shall maintain records of such occurrences, evaluations, and actions taken in a clear and readily identifiable form suitable for summary review and evaluation.

(3) When respiratory protective equipment is used to limit the inhalation of airborne radioactive material pursuant to subsection (2)(b) of this section, the licensee

may make allowance for such use in estimating exposures of individuals to such materials provided that such equipment is used as stipulated in Regulatory Guide 8.15, "Acceptable Programs for Respiratory Protection."<sup>6</sup>

(4) Notwithstanding the provisions of subsections (2) and (3) of this section, the department may impose further restrictions:

(a) On the extent to which a licensee may make allowance for use of respirators in lieu of provision of process, containment, ventilation, or other engineering controls, if application of such controls is found to be practicable; and

(b) As might be necessary to assure that the respiratory protective program of the licensee is adequate in limiting exposures of personnel to airborne radioactive materials.

(5) The licensee shall notify, in writing, the department at least 30 days before the date that respiratory protective equipment is first used under the provisions of this section.

Notes: <sup>1</sup>Since the concentration specified for tritium oxide vapor assumes equal intakes by skin absorption and inhalation, the total intake permitted is twice that which would result from inhalation alone at the concentration specified in H-3(s) in Appendix A, Table I, Column 1 for 40 hours per week for 13 weeks.

<sup>2</sup>For radioactive materials designated "sub" in the "isotope" column of the table, the concentration value specified is based upon exposure to the material as an external radiation source. Individual exposures to these materials may be accounted for as part of the limitation on individual dose in WAC 246-221-010. These materials shall be subject to the precautionary procedures required by subsection (2)(a) of this section.

<sup>3</sup>Multiply the concentration values specified in Appendix A, Table I, Column 1 by  $6.3 \times 10^8$  ml to obtain the quarterly quantity limit. Multiply the concentration value specified in Appendix A, Table I, Column 1 of this part by  $2.5 \times 10^9$  ml to obtain the annual quantity limit for Rn-222.

<sup>4</sup>Significant intake by ingestion or injection is presumed to occur only as a result of circumstances such as accident, inadvertence, poor procedure, or similar special conditions. Such intakes must be evaluated and accounted for by techniques and procedures as may be appropriate to the circumstances for the occurrence. Exposures so evaluated shall be included in determining whether the limitation on individual exposures in subsection (1)(a) of this section has been exceeded.

<sup>5</sup>Regulatory guidance on assessment of individual intakes of radioactive material is given in Regulatory Guide 8.9, "Acceptable Concepts, Models, Equations and Assumptions for a Bioassay Program," single copies of which are available from the Office of Standards Development, United States Nuclear Regulatory Commission, Washington, D.C. 20555, upon written request.

<sup>6</sup>Single copies of Regulatory Guide 8.15 are available from the Office of Standards Development, United States Nuclear Regulatory Commission, Washington, D.C. 20555, upon written request.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-030, filed 12/8/80; Order 1095, § 402-24-030, filed 2/6/76; Order 1, § 402-24-030, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-050 Exposure of minors.\*** (1) No licensee or registrant shall possess, use, or transfer sources of radiation in such a manner as to cause any individual within a restricted area, who is under 18 years of age, to receive in any period of one calendar quarter from all sources of radiation in such licensee's or registrant's possession a dose in excess of 10 percent of the limits specified in the table in WAC 246-221-010(1).

(2) No licensee shall possess, use, or transfer radioactive material in such a manner as to cause any individual within a restricted area, who is under 18 years of age, to be exposed to airborne radioactive material in an average concentration in excess of the limits specified in WAC 246-221-290, Appendix A, Table II, of this chapter. For purposes of this paragraph, concentrations may be averaged over periods not greater than a week.

(3) The provisions of WAC 246-221-040 (2)(b) and (3) shall apply to exposures subject to subsection (2) of this section except that the references in WAC 246-221-040 (2)(b) and (3) to Appendix A, Table I, Column 1 shall be deemed to be referenced to Appendix A, Table II, Column 1.

Note: \*For determining the doses specified in this section, a dose from x- or gamma rays up to 10 MeV may be assumed to be equivalent to the exposure measured by a properly calibrated appropriate instrument in air at or near the body surface in the region of the highest dose rate.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-050, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-040, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-040, filed 12/8/80; Order 1095, § 402-24-040, filed 2/6/76; Order 1, § 402-24-040, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-060 Permissible levels of radiation from external sources in unrestricted areas.\***

Note: \*It is the intent of this section to limit radiation levels so that it is unlikely that individuals in unrestricted areas would receive a dose to the whole body in excess of 0.5 rem in any calendar year. If in specific instances, it is determined by the department that this intent is not met, the department may, pursuant to WAC 246-220-100, impose such additional requirements on the licensee or registrant as may be necessary to meet the intent.

(1) Except as authorized by the department pursuant to subsection (2) of this section, no licensee or registrant shall possess, use, or transfer sources of radiation in such a manner as to create in any unrestricted area from such sources of radiation in that person's possession:

(a) Radiation levels which, if an individual were continuously present in the area, could result in the individual's receiving a dose in excess of two millirems in any one hour; or

(b) Radiation levels which, if an individual were continuously present in the area, could result in the individual's receiving a dose in excess of one hundred millirems in any seven consecutive days.

(2) Any person may apply to the department for proposed limits upon levels of radiation in unrestricted areas in excess of those specified in subsection (1) of this section resulting from the applicant's possession or use of sources of radiation. Such applications should include

information as to anticipated average radiation levels and anticipated occupancy times for each unrestricted area involved. The department may approve the proposed limits if the applicant demonstrates to the satisfaction of the department that the proposed limits are not likely to cause any individual to receive a dose to the whole body in any period of one calendar year in excess of 0.5 rem and that the proposed limits are consistent with WAC 246-220-007.

(3) In addition to other requirements of this part, licensees engaged in uranium fuel cycle operations subject to the provisions of 40 CFR Part 190, "Environmental Radiation Protection Standards for Nuclear Power Operation," shall comply with that part.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-040, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-040, filed 12/8/80; Order 1095, § 402-24-040, filed 2/6/76; Order 1, § 402-24-040, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-070 Concentration in effluents released to unrestricted areas.** (1) A licensee shall not possess, use, or transfer licensed material so as to release to an unrestricted area radioactive material in concentrations which exceed the limits specified in WAC 246-221-290, Appendix A, Table II, except as authorized pursuant to subsection (2) of this section. For purposes of this section concentrations may be averaged over a period not greater than one calendar year.

(2) An application for a license or amendment may include proposed limits higher than those specified in subsection (1) of this section. The department will approve the proposed limits if the applicant demonstrates:

(a) That the applicant has made a reasonable effort to minimize the radioactivity contained in effluents released to unrestricted areas; and

(b) That it is not likely that radioactive material discharged in the effluent would result in the exposure of an individual to concentrations of radioactive material in air or water exceeding the limits specified in WAC 246-221-290, Appendix A, Table II.

(3) An application for higher limits pursuant to subsection (2) of this section shall include information demonstrating that the applicant has made a reasonable effort to minimize the radioactivity discharged in effluents to unrestricted areas, and shall include, as pertinent:

(a) Information as to flow rates, total volume of effluent, peak concentration of each radionuclide in the effluent, and concentration of each radionuclide in the effluent averaged over a period of one calendar year at the point where the effluent leaves a stack, tube, pipe, or similar conduit;

(b) A description of the properties of the effluents, including:

(i) Chemical composition,

(ii) Physical characteristics, including suspended solids content in liquid effluents, and nature of gas or aerosol for air effluents,



(iii) The hydrogen ion concentrations (pH) of liquid effluents, and

(iv) The size range of particulates in effluents released into air;

(c) A description of the anticipated human occupancy in the unrestricted area where the highest concentration of radioactive material from the effluent is expected, and, in the case of a river or stream, a description of water uses downstream from the point of release of the effluent;

(d) Information as to the highest concentration of each radionuclide in an unrestricted area, including anticipated concentrations averaged over a period of one calendar year:

(i) In air at any point of human occupancy, or

(ii) In water at points of use downstream from the point of release of the effluent;

(e) The background concentration of radionuclides in the receiving river or stream prior to the release of liquid effluent;

(f) A description of the environmental monitoring equipment, including sensitivity of the system, and procedures and calculations to determine concentrations of radionuclides in the unrestricted area and possible reconcentrations of radionuclides; and

(g) A description of the waste treatment facilities and procedures used to reduce the concentration of radionuclides in effluents prior to their release.

(4) For the purposes of this section, the concentration limits in WAC 246-221-290, Appendix A, Table II of this part shall apply at the boundary of the restricted area. The concentration of radioactive material discharged through a stack, pipe or similar conduit may be determined with respect to the point where the material leaves the conduit. If the conduit discharges within the restricted area, the concentration at the boundary may be determined by applying appropriate factors for dilution, dispersion, or decay between the point of discharge and the boundary.

(5) In addition to limiting concentrations in effluent streams, the department may limit quantities of radioactive material released in air or water during a specified period of time if it appears that the daily intake of radioactive material from air, water, or food by a suitable sample of an exposed population group, averaged over a period not exceeding one calendar year, would otherwise exceed the daily intake resulting from continuous exposure to air or water containing one-third the concentration of radioactive material specified in WAC 246-221-290, Appendix A, Table II.

(6) In addition to the limits set in subsection (1) of this section all radioactive emissions to the atmosphere must meet the requirements of chapter 246-247 WAC.

(7) The provisions of this section do not apply to disposal of radioactive material into sanitary sewerage systems, which is governed by WAC 246-221-190.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-070, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-050, filed

12/11/86; Order 1095, § 402-24-050, filed 2/6/76; Order 1, § 402-24-050, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-080 Leak tests.** (1) Each sealed radioactive source possessed under the provisions of a specific license, other than hydrogen-3 (tritium), with a half-life greater than thirty days and in any form other than gas, shall be tested and results obtained for leakage and/or contamination prior to initial use and at six-month intervals or as specified by the license. If there is reason to suspect that a sealed source might have been damaged, it shall be tested for leakage and results obtained before further use.

(2) Leak tests shall be capable of detecting the presence of 0.005 microcurie of removable contamination. The results of leak tests made pursuant to subsection (1) of this section shall be recorded in units of microcuries and shall be maintained for inspection by the department. Any test conducted pursuant to subsection (1) which reveals the presence of 0.005 microcurie or more of removable contamination shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the source from use and shall cause it to be decontaminated and repaired or to be disposed in accordance with WAC 246-232-080. If a sealed source shows evidence of leaking, a report shall be filed with the department within five days of the test, describing the equipment involved, the test results, and the corrective action taken. Where sealed sources are permanently mounted in devices or equipment, tests for contamination and leakage may be made by wiping appropriate accessible surfaces and measuring these wipes for transferred contamination.

(3) Leak tests are required for sealed radioactive sources that are greater than 100 microcuries for beta and gamma emitters and greater than 10 microcuries for alpha emitters.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-060, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-060, filed 12/8/80; Order 1095, § 402-24-060, filed 2/6/76; Order 1, § 402-24-060, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-110 Surveys.** Each licensee or registrant shall make or cause to be made such surveys, as defined in WAC 246-220-010, as may be necessary for the licensee or registrant to establish compliance with these regulations and are reasonable under the circumstances to evaluate the extent of radiation hazards that may be present. Records of such surveys shall be preserved as specified in WAC 246-221-230. Information on performing surveys may be found in the United States Nuclear Regulatory Commission's Regulatory Guide 8.23.

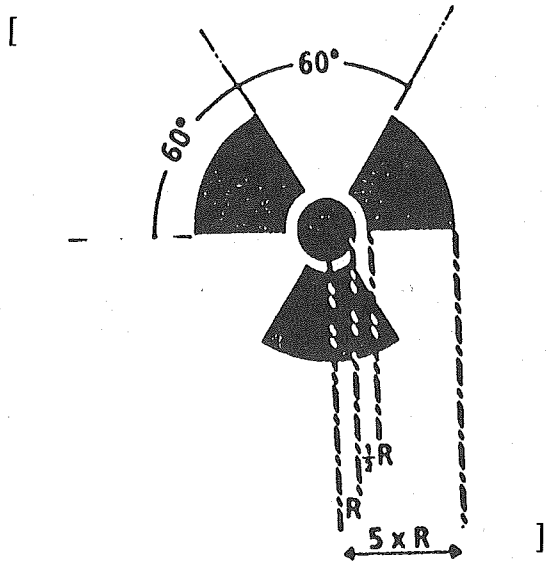
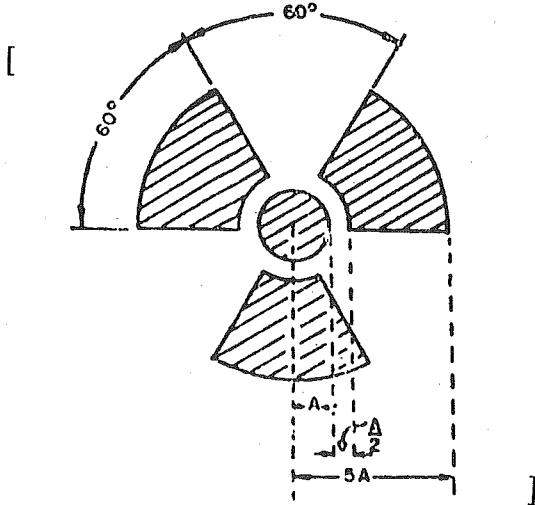
[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-110, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-085, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-085, filed 9/16/83.

Statutory Authority: RCW 70.98.050, 81-01-011 (Order 1570), § 402-24-085, filed 12/8/80; Order 1095, § 402-24-085, filed 2/6/76.]

**WAC 246-221-120 Caution signs, labels, and signals. (1) General.**

(a) Except as otherwise authorized by the department, symbols prescribed by this section shall use the conventional radiation caution colors (magenta or purple on yellow background). The symbol prescribed by this section is the conventional three-blade design: Radiation symbol

- (i) Cross-hatch area is to be magenta or purple.
- (ii) Background is to be yellow.



(b) The conventional radiation symbol as described in (a) of this subsection shall be used only for:

(i) Instructing individuals to be cognizant of a potential radiation hazard as prescribed in (c) through (j) of this subsection.

(ii) Indicating that information presented pertains to the topic of radiation.

(c) In addition to the contents of signs and labels prescribed in this section, a licensee or registrant may provide on or near such signs and labels any additional

information which may be appropriate in aiding individuals to minimize exposure to radiation.

(d) Each radiation area and entrance thereto shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION\* - RADIATION AREA. However, in an exceptionally large room where other activities of a nonradiological nature are conducted the entrance need not be posted provided a conspicuous barricade with an appropriate number of signs is established to delineate the radiation area.

Note: \*The word "DANGER" may be substituted for "CAUTION" on signs required by (d) through (h) of this subsection.

**(e) High radiation areas.**

(i) Each high radiation area and all entrances thereto shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION\* - HIGH RADIATION AREA.

(ii) Each entrance or access point to a high radiation area shall be:

(A) Equipped with a control device which shall cause the level of radiation to be reduced below that at which an individual might receive a dose of one hundred millirems in one hour upon entry into the area; or

(B) Equipped with a control device which shall energize a conspicuous visible or audible alarm signal in such a manner that the individual entering the high radiation area and the licensee or a supervisor of the activity are made aware of the entry; or

(C) Maintained locked except during periods when access to the area is required, with positive control over each individual entry.

(iii) The controls required by (e)(ii) of this subsection shall be established in such a way that no individual will be prevented from leaving a high radiation area.

(iv) In the case of a high radiation area established for a period of thirty days or less, direct surveillance to prevent unauthorized entry may be substituted for the controls required by (e)(ii) of this subsection. Direct surveillance requires the continuous physical presence of an individual capable of taking all necessary precautions to prevent unwarranted exposure of individuals.

(v) Any licensee or registrant may apply to the department for approval of methods not included in (e)(ii) and (iv) of this subsection for controlling access to high radiation areas. The department will approve the proposed alternatives if the licensee or registrant demonstrates that the alternative methods of control will prevent unauthorized entry into a high radiation area, and that the requirement of (e)(ii) of this subsection is met.

**(vi) Very high radiation areas:**

(A) Each area in which there may exist radiation levels in excess of five hundred rems in one hour at one meter from a sealed radioactive source<sup>7</sup> that is used to irradiate materials shall:

(I) Have each entrance or access point equipped with entry control devices which shall function automatically to prevent any individual from inadvertently entering the area when such radiation levels exist; permit deliberate entry into the area only after a control device is actuated

that shall cause the radiation level within the area, from the sealed source, to be reduced below that at which it would be impossible for an individual to receive a dose in excess of one hundred mrem in one hour; and prevent operation of the source if the source would produce radiation levels in the area that could result in a dose to an individual in excess of one hundred mrem in one hour. The entry control devices required by (e)(vi)(A) of this subsection shall be established in such a way that no individual will be prevented from leaving the area.

(II) Be equipped with additional control devices such that upon failure of the entry control devices to function as required by (e)(vi)(A)(I) of this subsection the radiation level within the area, from the sealed source, shall be reduced below that at which it would be possible for an individual to receive a dose in excess of one hundred mrem in one hour; and visible and audible alarm signals shall be generated to make an individual attempting to enter the area aware of the hazard and the licensee or at least one other individual who is familiar with the activity and prepared to render or summon assistance, aware of such failure of the entry control devices;

(III) Be equipped with control devices such that upon failure or removal of physical radiation barriers other than the source's shielded storage container the radiation level from the source shall be reduced below that at which it would be possible for an individual to receive a dose in excess of one hundred mrem in one hour; and visible and audible alarm signals shall be generated to make potentially affected individuals aware of the hazard and the licensee or at least one other individual, who is familiar with the activity and prepared to render or summon assistance, aware of the failure or removal of the physical barrier. When the shield for the stored source is a liquid, means shall be provided to monitor the integrity of the shield and to signal, automatically, loss of adequate shielding. Physical radiation barriers that comprise permanent structural components, such as walls, that have no credible probability of failure or removal in ordinary circumstances need not meet the requirements of (e)(vi)(A)(III) of this subsection;

(IV) Be equipped with devices that will automatically generate visible and audible alarm signals to alert personnel in the area before the source can be put into operation and in sufficient time for any individual in the area to operate a clearly identified control device which shall be installed in the area and which can prevent the source from being put into operation;

(V) Be controlled by use of such administrative procedure and such devices as are necessary to assure that the area is cleared of personnel prior to each use of the source preceding which use it might have been possible for an individual to have entered the area;

(VI) Be checked by a physical radiation measurement to assure that prior to the first individual's entry into the area after any use of the source, the radiation level from the source in the area is below that at which it would be possible for an individual to receive a dose in excess of one hundred mrem in one hour;

(VII) Have entry control devices required in (e)(vi)(A)(I) of this subsection which have been tested

for proper functioning prior to initial operation with such source of radiation on any day that operations are not uninterruptedly continued from the previous day or before resuming operations after any unintended interruption, and for which records are kept of the dates, times, and results of such tests of function. No operations other than those necessary to place the source in safe condition or to effect repairs on controls shall be conducted with such source unless control devices are functioning properly. The licensee shall submit an acceptable schedule for more complete periodic tests of the entry control and warning systems to be established and adhered to as a condition of the license;

(VIII) Have those entry and exit portals that are used in transporting materials to and from the irradiation area, and that are not intended for use by individuals, controlled by such devices and administrative procedures as are necessary to physically protect and warn against inadvertent entry by any individual through such portals. Exit portals for processed materials shall be equipped to detect and signal the presence of loose radiation sources that are carried toward such an exit and to automatically prevent such loose sources from being carried out of the area.

(B) Licensees with, or applicants for, licenses for radiation sources that are within the purview of (e)(vi)(A) of this subsection, and that must be used in a variety of positions or in peculiar locations, such as open fields or forests, that make it impracticable to comply with certain requirements of (e)(vi)(A) of this subsection, such as those for the automatic control of radiation levels, may apply to the department for approval, prior to use of safety measures that are alternative to those specified in (e)(vi)(C) of this subsection, and that will provide at least an equivalent degree of personnel protection in the use of such sources. At least one of the alternative measures must include an entry-preventing interlock control based on a physical measurement of radiation that assures the absence of high radiation levels before an individual can gain access to an area where such sources are used.

(f) *Airborne radioactivity areas.* Each airborne radioactivity area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION\* - AIRBORNE RADIOACTIVITY AREA.

(g) *Additional requirements.*

(i) Each area or room in which any radioactive material, other than natural uranium or thorium, is used or stored in an amount exceeding 10 times the quantity of radioactive material specified in Appendix B of this part shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION\* - RADIOACTIVE MATERIAL.

(ii) Each area or room in which natural uranium or thorium is used or stored in an amount exceeding one hundred times the quantity specified in Appendix B of this part shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION\* - RADIOACTIVE MATERIAL.

(h) *Containers and articles.*

(i) Except as provided in this section, each container of radioactive material shall bear a durable, clearly visible label identifying the radioactive contents.

(ii) A label required pursuant to (h)(i) of this subsection shall bear the radiation caution symbol and the words: CAUTION\* - RADIOACTIVE MATERIAL. It shall also provide sufficient information to permit individuals handling or using the containers, or working in the vicinity thereof, to take precautions to avoid or minimize exposures.

As appropriate, the information will include radiation levels, kinds of material, estimate of activity, date for which activity is estimated.

(i) Where containers are used for storage, the labels required in this subdivision shall state also the quantities and kinds of radioactive materials in the containers and the date of measurement of the quantities.

(j) All radiation machines shall be labeled in a manner which cautions individuals that radiation is produced when the machine is being operated.

**(2) Notwithstanding the provisions of subsection (1)(h), (i) of this section labeling is not required:**

(a) For laboratory containers, such as beakers, flasks, and test tubes, used transiently in laboratory procedures when the person using such containers is present. For such containers a label identifying the radioactive contents is not required.

(b) For containers that do not contain radioactive material in quantities greater than the applicable quantities listed in WAC 246-221-300, Appendix B.

(c) For containers containing only natural uranium or thorium in quantities no greater than ten times the applicable quantities listed in WAC 246-221-300, Appendix B.

(d) For containers that do not contain radioactive material in concentrations greater than the applicable concentrations listed in WAC 246-221-290, Column 2, Table I, Appendix A.

(e) For containers when they are attended by an individual who takes the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established by the regulations in this part;

(f) For containers when they are in transport and packaged and labeled in accordance with regulations published by the United States Department of Transportation;

(g) For containers which are accessible only to individuals authorized to handle or use them\* or to work in the vicinity thereof, provided that the contents are identified to such individuals by a readily available written record;

Note: \*For example, containers in locations such as water-filled canals, storage vaults, or hot cells.

(h) For manufacturing and process equipment such as piping and tanks.

(3) Each licensee, prior to disposal of an empty container which previously held radioactive material shall properly survey for contamination and remove or deface

the radioactive material label or otherwise clearly indicate that the container no longer contains radioactive materials.

<sup>7</sup>This paragraph does not apply to radioactive sources that are used in teletherapy, in radiography, or in completely self-shielded irradiators in which the source is both stored and operated within the same shielding radiation barrier and, in the designed configuration of the irradiator, is always physically inaccessible to any individual and cannot create high levels of radiation in an area that is accessible to any individual. This paragraph also does not apply to sources from which the radiation is incidental to some other use nor to nuclear reactor generated radiation other than radiation from byproduct, source, or special nuclear materials that are used in sealed sources in nonself-shielded irradiators.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-112 (Order 184), § 246-221-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as 246-221-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-24-090, filed 12/11/86. Statutory Authority: RCW 70.98.050, 81-01-011 (Order 1570), § 402-24-090, filed 12/8/80; Order 1095, § 402-24-090, filed 2/6/76; Order 1, § 402-24-090, filed 1/8/69; Rules (part), filed 10/26/66.]

**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 246-221-130 Exceptions from posting and labeling requirements.** (1) A room or area is not required to be posted with a caution sign because of the presence of a sealed source, provided the radiation level 30.5 centimeters from the surface of the source container or housing does not exceed five millirem per hour.

(2) Rooms or other areas in hospitals are not required to be posted with caution signs, and control of entrance or access thereto pursuant to WAC 246-221-120 (1)(c) is not required, because of the presence of patients containing less than 30 millicuries of radioactive material provided that there are personnel in attendance who will take the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established in the regulations in this chapter.

(3) Caution signs are not required to be posted in areas or rooms containing radioactive material for periods of less than eight hours provided that:

(a) The material is constantly attended during such periods by an individual who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established in this part; and

(b) Such area or room is subject to the licensee's or registrant's control.

(4) A room or other area is not required to be posted with a caution sign, and control is not required for each entrance or access point to a room or other area which is used solely for the storage of radioactive material prepared for transport and packaged and labeled in accordance with regulations of the United States Department of Transportation.

(5) Rooms with x-ray equipment may not be required to be posted with caution signs provided that access is controlled.

(6) The interior of a teletherapy room is not required to be posted with caution signs provided such posting is conspicuously placed at the entrance(s) to the rooms.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-095, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-095, filed 12/8/80; Order 1095, § 402-24-095, filed 2/6/76.]

**WAC 246-221-140 Instruction of personnel.** Instructions required for individuals working in or frequenting any portion of a restricted area are specified in WAC 246-222-020, 246-222-030, and 246-222-040.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-140, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-110, filed 9/16/83; Order 1095, § 402-24-110, filed 2/6/76; Order 708, § 402-24-110, filed 8/24/72; Order 1, § 402-24-110, filed 7/2/71; Order 1, § 402-24-110, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-160 Procedures for picking up, receiving, and opening packages.** (1)(a) Each licensee or registrant who expects to receive a package containing quantities of radioactive material in excess of the Type A<sub>1</sub> or A<sub>2</sub> quantities specified in WAC 246-220-110 shall:

(i) If the package is to be delivered to the licensee's or registrant's facility by the carrier, make arrangements to receive the package when it is offered for delivery by the carrier; or

(ii) If the package is to be picked up by the licensee or registrant at the carrier's terminal, make arrangements to receive immediate notification from the carrier of the arrival of the package.

(b) Each licensee or registrant who picks up a package of radioactive material from a carrier's terminal shall pick up the package expeditiously upon receipt of notification from the carrier of its arrival.

(2)(a) Each licensee or registrant, upon receipt of a package of radioactive material, shall monitor the external surfaces of the package for radioactive contamination caused by leakage of the radioactive contents, except:

(i) Packages containing less than one hundred times the quantity of nuclide(s) specified in WAC 246-232-120, Schedule B;

(ii) Packages containing no more than 10 millicuries of radioactive material consisting solely of tritium, carbon-14, sulfur-35, or iodine-125;

(iii) Packages containing only radioactive material as gases or in special form;

(iv) Packages containing only radioactive material in other than liquid form (including Mo-99/Tc-99m generators) and not exceeding the Type A<sub>1</sub> or A<sub>2</sub> quantity limit specified in WAC 246-220-110; and

(v) Packages containing only radionuclides with half-lives of less than 30 days and a total quantity of no more than 100 millicuries.

The monitoring shall be performed as soon as practicable after receipt, but no later than three hours after the package is received at the licensee's facility if received during the licensee's normal working hours, or no later than three hours from the beginning of the next working day if received after normal working hours.

(b) If removable radioactive contamination in excess of 0.01 microcurie (22,200 transformations per minute) per one hundred square centimeters of package surface is found on the external surfaces of the package, the licensee shall immediately notify by telephone, telegraph, mailgram or facsimile, the final delivering carrier, shipper and the department.

(3)(a) Each licensee or registrant, upon receipt of a package containing quantities of radioactive material in excess of the Type A<sub>1</sub> or A<sub>2</sub> quantities specified in WAC 246-220-110, other than those transported by exclusive use vehicle, shall monitor the radiation levels external to the package. The package shall be monitored as soon as practicable after receipt, but no later than three hours after the package is received at the licensee's facility if received during the licensee's normal working hours, and no later than three hours from the beginning of the next working day if received after normal working hours.

(b) If radiation levels are found on the external surface of the package in excess of two hundred millirem per hour, or at one meter from the external surface of the package in excess of ten millirem per hour, the licensee or registrant shall immediately notify, by telephone, telegraph, mailgram or facsimile, the shipper, the final delivering carrier and the department.

(4) Each licensee or registrant shall establish and maintain procedures for safely opening packages in which radioactive material is received, and shall assure that such procedures are followed and that due consideration is given to instructions for the type of package being opened and the monitoring of potentially contaminated packaging material (including packages containing radioactive material in gaseous form) to assure that only background levels of radiation are present prior to disposal of such material as nonradioactive waste. In addition, this shall include a wipe sample of the outside of any inner package which contains a liquid or dispersible radionuclide (radioactive wastes shall be exempted). Copies of such written procedures shall be retained for inspection by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-125, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-125, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-125, filed 12/8/80; Order 1095, § 402-24-125, filed 2/6/76.]

**WAC 246-221-170 Waste disposal, general requirement.** No licensee shall dispose of any radioactive material except:

(1) By transfer to an authorized recipient as provided in WAC 246-232-080, or

(2) As authorized pursuant to WAC 246-221-070, 246-221-180, 246-221-190, or 246-221-200.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-170, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-130, filed 12/8/80; Order 1095, § 402-24-130, filed 2/6/76; Order 1, § 402-24-130, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-190 Disposal by release into sanitary sewerage systems.** No licensee shall discharge radioactive material into a sanitary sewerage system unless:

(1) It is readily soluble or dispersible in water;  
 (2) The quantity of any radioactive material released into the system by the licensee in any one day does not exceed the larger of:

(a) The quantity which, if diluted by the average daily quantity of sewage released into the sewer by the licensee, will result in an average concentration not greater than the limits specified in WAC 246-221-290, Appendix A, Table I, Column 2; or

(b) Ten times the quantity of such material specified in WAC 246-221-300, Appendix B of this part;

(3) The quantity of any radioactive material released in any one month, if diluted by the average monthly quantity of water released by the licensee, will not result in an average concentration exceeding the limits specified in WAC 246-221-290, Appendix A, Table I, Column 2; and

(4) The gross quantity of all radioactive material except hydrogen-3 and carbon-14 released into the sewerage system by the licensee does not exceed one curie (1Ci) per year. The amount released into the sewerage system for hydrogen-3 shall not exceed 5 curies per year and for carbon-14 shall not exceed 1 curie per year.

Excreta from individuals undergoing medical diagnosis or therapy with radioactive material shall be exempt from any limitations contained in this section: *Provided*, That the licensee provides for appropriate radiological monitoring whenever any waste line in the licensee's installation which may carry such excreta is opened.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-190, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-140, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-140, filed 12/8/80; Order 1095, § 402-24-140, filed 2/6/76; Order 1, § 402-24-140, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-200 Disposal by burial in soil.** No licensee shall dispose of radioactive material by burial in soil except as specifically approved by the department pursuant to WAC 246-221-180.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-200, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-150, filed 12/8/80; Order 1095, § 402-24-150, filed 2/6/76; Order 1, § 402-24-150, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-210 Disposal by incineration.** No licensee shall incinerate radioactive material for the purpose of disposal or preparation for disposal except as specifically approved by the department pursuant to WAC 246-221-070 and 246-221-180.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-210, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-210, filed 12/27/90, effective 1/31/91; Order 1095, § 402-24-160, filed 2/6/76; Order 1, § 402-24-160, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-220 Disposal of specific wastes.** Any licensee may dispose of the following licensed material without regard to its radioactivity:

(1) 0.05 microcuries or less of hydrogen-3 or carbon-14, per gram of medium, used for liquid scintillation counting; and

(2) 0.05 microcuries or less of hydrogen-3 or carbon-14, per gram of animal tissue averaged over the weight of the entire animal: *Provided however*, Tissue may not be disposed under this section in a manner that would permit its use either as food for humans or as animal feed; and

(3) Nothing in this section, however, relieves the licensee of maintaining records showing the receipt, transfer and disposal of such byproduct material as specified in WAC 246-220-020; and

(4) Nothing in this section relieves the licensee from complying with other applicable federal, state and local regulations governing any other toxic or hazardous property of these materials.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-220, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-165, filed 9/16/83.]

**WAC 246-221-230 Records of surveys, radiation monitoring, and disposal.** (1) Each licensee or registrant shall maintain records showing the radiation exposures of all individuals for whom personnel monitoring is required under WAC 246-221-090. Such records shall be kept on state of Washington current occupational external radiation exposure (Form RHF-5), in accordance with the instructions contained in that form, or on clear and legible records containing all the information required by Form RHF-5. The doses entered on the forms or records shall be for periods of time not exceeding one calendar quarter.

(2) Each licensee or registrant shall maintain records in the same units used in this part, showing the results of surveys required by WAC 246-221-110 monitoring required by WAC 246-221-160, and disposals made under WAC 246-221-180, 246-221-190, 246-221-200, 246-221-210, and 246-221-220.

(3)(a) Records of individual exposure to radiation and to radioactive material which must be maintained pursuant to the provisions of subsection (1) of this section and records of bioassays, including results of whole body counting examinations made pursuant to WAC 246-

221-100, shall be preserved indefinitely or until the department authorizes their disposal.

(b) Records of the results of surveys and monitoring which must be maintained pursuant to subsection (2) of this section shall be preserved for two years after completion of the survey except that the following records shall be maintained until the department authorizes their disposition:

(i) Records of the results of surveys to determine compliance with WAC 246-221-040;

(ii) In the absence of personnel monitoring data, records of the results of surveys to determine external radiation dose;

(iii) Records of the results of surveys used to evaluate the release of radioactive effluents to the environment.

(4) Records of disposal of licensed material made pursuant to WAC 246-221-180, 246-221-190, 246-221-200, 246-221-210, or 246-221-220 shall be maintained until the department authorizes their disposition.

(5) Records which must be maintained pursuant to this part may be the original or a reproduced copy or microform if such reproduced copy or microform is duly authenticated by authorized personnel and the microform is capable of producing a clear and legible copy after storage for the period specified by department regulations.

(6) If there is a conflict between the department's regulations in this part, license condition, or other written department approval or authorization pertaining to the retention period for the same type of record, the retention period specified in the regulations in this part for such records shall apply unless the department, pursuant to WAC 246-220-050, has granted a specific exemption from the record retention requirements specified in the regulations in this part.

(7) The discontinuance or curtailment of activities does not relieve the licensee or registrant of responsibility for retaining all records required by this section. A licensee or registrant may, however, request the department to accept such records. The acceptance of the records by the department relieves the licensee or registrant of subsequent responsibility only in respect to their preservation as required in this section.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-230, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-170, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-170, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-170, filed 12/8/80; Order 1095, § 402-24-170, filed 2/6/76; Order 708, § 402-24-170, filed 8/24/72; Order 1, § 402-24-170, filed 7/2/71; Order 1, § 402-24-170, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-240 Reports of theft or loss of radiation sources.** Each licensee and/or registrant shall report immediately by telephone, 206/682-5327) and confirm promptly by letter to the State Department of Health, Division of Radiation Protection, Mailstop LE-13, Olympia, Washington 98504, the actual or attempted theft or loss as soon as such theft or loss becomes known to the licensee and/or registrant of:

(1) Any radiation-producing machine; or

(2) Any quantity of radioactive material in excess of a quantity exempted under WAC 246-221-300, Appendix B, or any item not exempted in chapter 246-232 WAC.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-240, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-180, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-180, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-180, filed 12/8/80; Order 1095, § 402-24-180, filed 2/6/76; Order 708, § 402-24-180, filed 8/24/72; Order 1, § 402-24-180, filed 7/2/71; Order 1, § 402-24-180, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-250 Notification of incidents. (1) Immediate notification.** Each licensee and/or registrant shall immediately notify the State Department of Health, Division of Radiation Protection, Mailstop LE-13, Olympia, Washington 98504, by telephone 206/682-5327) and confirming letter of any incident involving any radiation source which may have caused or threatens to cause:

(a) A dose to the whole body of any individual, or any dosimetry device assigned to any individual, of twenty-five rems or more of radiation; a dose to the skin of the whole body of any individual or any dosimetry device assigned to any individual of one hundred fifty rems or more of radiation; or a dose to the feet, ankles, hands, or forearms of any individual, or any dosimetry device assigned to any individual, of three hundred seventy-five rems or more of radiation; or

(b) The release of radioactive material in concentrations which, if averaged over a period of twenty-four hours, would exceed five thousand times the limits specified for such materials in WAC 246-221-290, Appendix A, Table II.

(2) **Twenty-four hour notification.** Each licensee and/or registrant shall within twenty-four hours notify the State Department of Health, Division of Radiation Protection, Mailstop LE-13, Olympia, Washington 98504, by telephone 206/682-5327) and confirming letter of any incident involving any radiation source possessed which may have caused or threatens to cause:

(a) A dose to the whole body of any individual, or any dosimetry device assigned to any individual, of five rems or more of radiation; a dose to the skin of the whole body of any individual or any dosimetry device assigned to any individual of thirty rems or more of radiation; or a dose to the feet, ankles, hands, or forearms or any dosimetry device assigned to any individual, of seventy-five rems or more of radiation; or

(b) The release of radioactive material in concentrations which, if averaged over a period of twenty-four hours, would exceed five hundred times the limits specified for such materials in WAC 246-221-290, Appendix A, Table II.

(3) For each occurrence, requiring notification pursuant to this section, a prompt investigation of the situation shall be initiated by the licensee/registrant. A written report of the findings of the investigation shall be sent to the department within thirty days.

Any report filed with the department pursuant to this section shall be prepared in the manner described in WAC 246-221-260(2). Telephone notifications that do not involve immediate or twenty-four hour notification shall not be made to the emergency number (Seattle 206/682-5327). Routine calls should be made to the Olympia office (206/753-3468).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-250, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-190, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-190, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-190, filed 12/8/80; Order 1095, § 402-24-190, filed 2/6/76; Order 708, § 402-24-190, filed 8/24/72; Order 1, § 402-24-190, filed 7/2/71; Order 1, § 402-24-190, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-260 Reports of overexposures and excessive levels and concentrations.** (1) In addition to any notification required by WAC 246-221-250, each licensee or registrant shall make a report in writing within 30 days to the department of each exposure of an individual to radiation level or concentrations of radioactive material in excess of any applicable limit as set forth in this part or as otherwise approved by the department.

(2) Each report required by subsection (1) of this section shall describe:

(a) The extent of exposure of individuals to radiation or to radioactive material, including estimates of each individual's dose as required by subsection (3) of this section;

(b) Levels of radiation and concentrations of radioactive material involved;

(c) The cause of exposure, levels or concentrations; and

(d) Corrective steps taken or planned to assure against a recurrence.

(3) Any report filed with the department pursuant to this section shall include for each individual exposed the name, social security number, and date of birth, and an estimate of the individual's dose. The report shall be prepared so that this information is stated in a separate part of the report.

(4) Individuals shall be notified of reports in accordance with the requirements of WAC 246-222-040.

(5) In addition to any notification required by WAC 246-221-250, each licensee shall make a report in writing within 30 days to the department of levels of radiation or releases of radioactive material in excess of limits specified by 40 CFR Part 190, "Environmental radiation protection standards for nuclear power operations," or in excess of license conditions related to compliance with 40 CFR Part 190. Each report required under this paragraph shall describe the extent of exposure of individuals to radiation or to radioactive material; levels of radiation and concentrations of radioactive material involved; the cause of the exposure, levels of concentrations; and corrective steps taken or planned to assure against a recurrence.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-260, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-200, filed 12/8/80; Order 1095, § 402-24-200, filed 2/6/76; Order 708, § 402-24-200, filed 8/24/72; Order 1, § 402-24-200, filed 7/2/71; Order 1, § 402-24-200, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-221-280 Notifications and reports to individuals.** (1) Requirements for notification and reports to individuals of exposure to radiation or radioactive material are specified in WAC 246-222-040.

(2) When a licensee or registrant is required pursuant to WAC 246-221-260 to report to the department any exposure of an individual or dosimetry device assigned to any individual to radiation from any source, the licensee or registrant shall also notify the individual. Such notice shall be transmitted at a time not later than the transmittal to the department, and shall comply with the provisions of WAC 246-222-040(1).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-280, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-215, filed 12/11/86; Order 1095, § 402-24-215, filed 2/6/76.]

**WAC 246-221-300 Appendix B—Quantities exempt from labeling.**

| Material      | Microcuries |
|---------------|-------------|
| Americium-241 | 0.01        |
| Antimony-122  | 100         |
| Antimony-124  | 10          |
| Antimony-125  | 10          |
| Arsenic-73    | 100         |
| Arsenic-74    | 10          |
| Arsenic-76    | 10          |
| Arsenic-77    | 100         |
| Barium-133    | 10          |
| Barium-140    | 10          |
| Bismuth-210   | 1           |
| Bromine-82    | 10          |
| Cadmium-109   | 10          |
| Cadmium-115m  | 10          |
| Cadmium-115   | 100         |
| Calcium-45    | 10          |
| Calcium-47    | 10          |
| Carbon-14     | 100         |
| Cerium-141    | 100         |
| Cerium-143    | 100         |
| Cerium-144    | 1           |
| Cesium-131    | 1,000       |
| Cesium-134m   | 100         |
| Cesium-134    | 1           |
| Cesium-135    | 10          |
| Cesium-136    | 10          |
| Cesium-137    | 10          |
| Chlorine-36   | 10          |
| Chlorine-38   | 10          |
| Chromium-51   | 1,000       |
| Cobalt-58m    | 10          |



| Material             | Microcuries | Material         | Microcuries |
|----------------------|-------------|------------------|-------------|
| Cobalt-58            | 10          | Osmium-193       | 100         |
| Cobalt-60            | 1           | Palladium-103    | 100         |
| Copper-64            | 100         | Palladium-109    | 100         |
| Dysprosium-165       | 10          | Phosphorus-32    | 10          |
| Dysprosium-166       | 100         | Platinum-191     | 100         |
| Erbium-169           | 100         | Platinum-193m    | 100         |
| Erbium-171           | 100         | Platinum-193     | 100         |
| Europium-152 (9.2 h) | 100         | Platinum-197m    | 100         |
| Europium-152 (13 yr) | 1           | Platinum-197     | 100         |
| Europium-154         | 1           | Plutonium-239    | 0.01        |
| Europium-155         | 10          | Polonium-210     | 0.1         |
| Fluorine-18          | 1,000       | Potassium-42     | 10          |
| Gadolinium-153       | 10          | Praseodymium-142 | 100         |
| Gadolinium-159       | 100         | Praseodymium-143 | 100         |
| Gallium-72           | 10          | Promethium-147   | 10          |
| Germanium-71         | 100         | Promethium-149   | 10          |
| Gold-198             | 100         | Radium-226       | 0.01        |
| Gold-199             | 100         | Rhenium-186      | 100         |
| Hafnium-181          | 10          | Rhenium-188      | 100         |
| Holmium-166          | 100         | Rhodium-103m     | 100         |
| Hydrogen-3           | 1,000       | Rhodium-105      | 100         |
| Indium-113m          | 100         | Rubidium-86      | 10          |
| Indium-114m          | 10          | Rubidium-87      | 10          |
| Indium-115m          | 100         | Ruthenium-97     | 100         |
| Indium-115           | 10          | Ruthenium-103    | 10          |
| Iodine-125           | 1           | Ruthenium-105    | 10          |
| Iodine-126           | 1           | Ruthenium-106    | 1           |
| Iodine-129           | 0.1         | Samarium-151     | 10          |
| Iodine-131           | 1           | Samarium-153     | 100         |
| Iodine-132           | 10          | Scandium-46      | 10          |
| Iodine-133           | 1           | Scandium-47      | 100         |
| Iodine-134           | 10          | Scandium-48      | 10          |
| Iodine-135           | 10          | Selenium-75      | 10          |
| Iridium-192          | 10          | Silicon-31       | 100         |
| Iridium-194          | 100         | Silver-105       | 10          |
| Iron-55              | 100         | Silver-110m      | 1           |
| Iron-59              | 10          | Silver-111       | 100         |
| Krypton-85           | 100         | Sodium-22        | 10          |
| Krypton-87           | 10          | Sodium-24        | 10          |
| Lanthanum-140        | 10          | Strontium-85     | 10          |
| Lutetium-177         | 100         | Strontium-89     | 1           |
| Manganese-52         | 10          | Strontium-90     | 0.1         |
| Manganese-54         | 10          | Strontium-91     | 10          |
| Manganese-56         | 10          | Strontium-92     | 10          |
| Mercury-197m         | 100         | Sulphur-35       | 100         |
| Mercury-197          | 100         | Tantalum-182     | 10          |
| Mercury-203          | 10          | Technetium-96    | 10          |
| Molybdenum-99        | 100         | Technetium-97m   | 100         |
| Neodymium-147        | 100         | Technetium-97    | 100         |
| Neodymium-149        | 100         | Technetium-99m   | 100         |
| Nickel-59            | 100         | Technetium-99    | 10          |
| Nickel-63            | 10          | Tellurium-125m   | 10          |
| Nickel-65            | 100         | Tellurium-127m   | 10          |
| Niobium-93m          | 10          | Tellurium-127    | 100         |
| Niobium-95           | 10          | Tellurium-129m   | 10          |
| Niobium-97           | 10          | Tellurium-129    | 100         |
| Osmium-185           | 10          | Tellurium-131m   | 10          |
| Osmium-191m          | 100         | Tellurium-132    | 10          |
| Osmium-191           | 100         | Terbium-160      | 10          |

| Material                       | Microcuries |
|--------------------------------|-------------|
| Thallium-200                   | 100         |
| Thallium-201                   | 100         |
| Thallium-202                   | 100         |
| Thallium-204                   | 10          |
| Thorium (natural) <sup>1</sup> | 100         |
| Thulium-170                    | 10          |
| Thulium-171                    | 10          |
| Tin-113                        | 10          |
| Tin-125                        | 10          |
| Tungsten-181                   | 10          |
| Tungsten-185                   | 10          |
| Tungsten-187                   | 100         |
| Uranium (natural) <sup>2</sup> | 100         |
| Uranium-233                    | 0.01        |
| Uranium-234 -<br>Uranium-235   | 0.01        |
| Vanadium-48                    | 10          |
| Xenon-131m                     | 1,000       |
| Xenon-133                      | 100         |
| Xenon-135                      | 100         |
| Ytterbium-169                  | 10          |
| Ytterbium-175                  | 100         |
| Yttrium-90                     | 10          |
| Yttrium-91                     | 10          |
| Yttrium-92                     | 100         |
| Yttrium-93                     | 100         |
| Zinc-65                        | 10          |
| Zinc-69m                       | 100         |
| Zinc-69                        | 1,000       |
| Zirconium-93                   | 10          |
| Zirconium-95                   | 10          |
| Zirconium-97                   | 10          |

Notes: <sup>1</sup>Based on alpha disintegration rate of Th-232, Th-230 and their daughter products.  
<sup>2</sup>Based on alpha disintegration rate of U-238, U-234, and U-235.

| Material   | Microcuries |
|--|-------------|
| Any alpha emitting radionuclide not listed above or mixtures of alpha emitters of unknown composition                          | 0.01        |
| Any radionuclide other than alpha emitting radionuclides, not listed above or mixtures of beta emitters of unknown composition | 0.1         |

Note: For purposes of WAC 246-221-120 and 246-221-190, where there is involved a combination of isotopes in known amounts, the limit for the combination should be derived as follows: Determine, for each isotope in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific isotope when not in combination. The sum of such ratios for all the isotopes in the combination may not exceed "1" (i.e., "unity"). Example: For purposes of WAC 246-221-120 (1)(g), if a particular batch, room, or area contains 200 µCi of Au-198 and 500 µCi of C-14, it may also contain not more than 3 µCi of I-131 and remain unposted. This limit was determined as follows:

200 µCi Au-198/1,000 µCi + 500 µCi C-14/1,000 µCi + 3 µCi I-131/10 µCi = 1  
 The denominator in each of the above ratios was obtained by multiplying the figure in the table by 10 as provided in WAC 246-221-120 (1)(g).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-300, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as 246-221-300, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-230, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-230, filed 12/8/80; Order 1095, § 402-24-230, filed 2/6/76; Order 708, § 402-24-230, filed 8/24/72; Order 1, § 402-24-230, filed 7/2/71; Order 1, § 402-24-230, filed 1/8/69; Rules (part), filed 10/26/66.]

**Chapter 246-222 WAC  
 RADIATION PROTECTION--WORKER RIGHTS**

| WAC         | Purpose and scope.   |
|-------------|--|
| 246-222-001 | Purpose and scope.   |
| 246-222-020 | Posting of notices to workers.   |
| 246-222-030 | Instructions to workers.   |
| 246-222-040 | Notifications and reports to individuals.  |
| 246-222-050 | Presence of representatives of licensees or registrants and workers during inspection. |
| 246-222-060 | Consultation with workers during inspections.  |
| 246-222-070 | Requests by workers for inspections.   |
| 246-222-080 | Inspections not warranted—Informal review.   |

**WAC 246-222-001 Purpose and scope.** This chapter establishes requirements for notices, instructions and reports by licensees or registrants to individuals engaged in work under a license or registration and options available to such individuals in connection with department inspections of licensees or registrants to ascertain compliance with the provisions of the act and regulations, orders and licenses issued thereunder regarding radiological working conditions. The regulations in this chapter apply to all persons who receive, possess, use, own or transfer a source of radiation licensed by or registered with the department pursuant to the regulations in chapters 246-224, 246-232, and 246-235 WAC. The definitions contained in WAC 246-220-010 also apply to this chapter.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-010, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-010, filed 12/8/80; Order 1084, § 402-48-010, filed 1/14/76.]

**WAC 246-222-020 Posting of notices to workers.**  
 (1) Each licensee or registrant shall post current copies of the following documents:  
 (a) The regulations in this chapter and in chapter 246-221 WAC;  
 (b) The license, certificate of registration, conditions or documents incorporated into the license by reference and amendments thereto;  
 (c) The operating procedures applicable to work under the license or registration;

(d) Any notice of noncompliance involving radiological working conditions, proposed imposition of civil penalty, order issued pursuant to chapter 246-220 WAC, or any response from the licensee or registrant.

(2) If posting of a document specified in subsection (1)(a), (b), or (c) of this section is not practicable, the licensee or registrant may post a notice which describes the document and states where it may be examined.

(3) Each licensee or registrant shall conspicuously post pertinent emergency procedures when emergency procedures are required by the department.

(4) Properly completed department Form RHF-3 "Notice to employees," shall be posted by each licensee or registrant wherever individuals work in or frequent any portion of a restricted area.

(5) Documents, notices or forms posted pursuant to this section shall appear in a sufficient number of places to permit individuals engaged in work under the license or registration to observe them on the way to or from any particular work location to which the document applies, shall be conspicuous, and shall be replaced if defaced or altered.

(6) Department documents posted pursuant to subsection (1)(d) of this section shall be posted as specified by subsection (5) of this section within five working days after receipt of the documents from the department; the licensee's or registrant's response, if any, shall be posted for a minimum of five working days after dispatch from the licensee or registrant. Such documents shall remain posted for a minimum of five working days or until action correcting the item(s) of noncompliance has been completed, whichever is later.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-020, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-020, filed 12/8/80; Order 1084, § 402-48-020, filed 1/14/76.]

**WAC 246-222-030 Instructions to workers.** (1) All individuals working in or frequenting any portion of a restricted area:

(a) Shall be kept informed of the storage, transfer, or use of sources of radiation in such portions of the restricted area;

(b) Shall be instructed in the health protection considerations associated with exposure to radiation or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed;

(c) Shall be instructed in, and instructed to observe, to the extent within the worker's control, the applicable provisions of these regulations, department form RHF-3 "Notice to employees," and license conditions for the protection of personnel from exposures to radiation or radioactive material occurring in such areas;

(d) Shall be instructed that any worker or representative of workers who believes that a violation of the regulations, license conditions, or unnecessary exposure to radiation exists or occurred, may request an inspection

by the department by oral or written notification. The notification shall set forth specific grounds for the complaint. Any such notification to the department is confidential;

(e) Shall be instructed of their right to notify the department if the individual suspects improper actions by a licensee/registrant, or conditions which may lead to a violation of these regulations, the license/registration, or unnecessary exposure to radiation or radioactive materials;

(f) Shall be instructed that employment discrimination by a licensee/registrant against an employee because of actions described in this chapter is prohibited;

(g) Shall be instructed as to their responsibility to report promptly to the licensee or registrant any condition which may lead to or cause a violation of the act, these regulations, and licenses or unnecessary exposure to radiation or radioactive material;

(h) Shall be instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation or radioactive material; and

(i) Shall be advised as to the radiation exposure reports which workers shall be furnished pursuant to WAC 246-222-040.

(2) By July 1, 1984, records of these instructions described in subsection (1) of this section, for all individuals working in, or frequenting any portion of a restricted area shall be maintained for inspection by the department until further notice. These records shall include a copy of this section, or all the information contained in this section, along with a dated verification signature by the employee stating that the individual is satisfied with the explanation of the instructions contained in this section.

(3) The extent of these instructions shall be commensurate with potential radiological health protection considerations in the restricted area.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-48-030, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-030, filed 12/8/80; Order 1084, § 402-48-030, filed 1/14/76.]

**WAC 246-222-040 Notifications and reports to individuals.** (1) Radiation exposure data for an individual and the results of any measurements, analyses, and calculations of radioactive material deposited or retained in the body of an individual shall be reported to the individual as specified in this section. The information reported shall include data and results obtained pursuant to these regulations, orders, and license conditions, as shown in records maintained by the licensee or registrant pursuant to these regulations. Each notification and report shall:

(a) Be in writing;

(b) Include appropriate identifying data such as the name of the licensee or registrant, the name of the individual, and the individual's Social Security number;

- (c) Include the individual's exposure information; and  
 (d) Contain the following statement:

"This report is furnished to you under the provisions of the Washington state department of health, division of radiation protection, rules and regulations for radiation protection. You should preserve this report for further reference."

(2) Upon request of the worker, each licensee or registrant shall advise each worker annually of the worker's current and accumulated exposure to radiation or radioactive material as shown in records maintained by the licensee or registrant pursuant to WAC 246-221-230 (1) and (3).

(3) At the request of a worker formerly engaged in work controlled by the licensee or the registrant, each licensee or registrant shall furnish to each worker or former worker a report of the worker's exposure to radiation or radioactive material upon termination. For the purposes of this section, termination means the end of employment with the licensee or the end of a work assignment in the licensee's restricted area(s) in a given calendar quarter without expectation, or specific scheduling, of reentry into such restricted area(s) during the remainder of that calendar quarter. Such report shall be furnished within thirty days from the time the request is made, or within thirty days after the exposure of the individual has been determined by the licensee or registrant, whichever is later; shall cover, within the period of time specified in the request, each calendar quarter in which the worker's activities involved exposure to radiation from radioactive material licensed by, or radiation machines registered with the department; and shall include the dates and locations of work under the license or registration in which the worker participated during this period.

(4) When a licensee or registrant is required pursuant to WAC 246-221-260 to report to the department any exposure of an individual to radiation or radioactive material, the licensee or the registrant shall also provide the individual a written report on the individual's exposure data included therein. Such reports shall be transmitted at a time not later than the transmittal to the department.

(5) In addition to the requirements of subsection (3) of this section, at the request of a worker who is terminating employment in a given calendar quarter with the licensee or registrant in work involving radiation exposure, or of a worker who, while employed by another person, is terminating assignment to work involving radiation exposure in the licensee's facility in that calendar quarter, each licensee or registrant shall provide to each such worker, or to the worker's designee, at termination, a written report regarding the radiation dose received by that worker from operations of the licensee or registrant during that specifically identified calendar quarter or fraction thereof, or provide a written statement of that dose if the finally determined personnel monitoring results are not available at that time. Estimated doses shall be clearly indicated as such.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-040, filed 12/11/86; 83-19-050 (Order 2026), § 402-48-040, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-040, filed 12/8/80; Order 1084, § 402-48-040, filed 1/14/76.]

**WAC 246-222-050 Presence of representatives of licensees or registrants and workers during inspection.**

(1) Each licensee or registrant shall afford to the department at all reasonable times opportunity to inspect materials, machines, activities, facilities, premises, and records pursuant to these regulations.

(2) During an inspection, department inspectors may consult privately with workers as specified in WAC 246-222-060. The licensee or registrant may accompany department inspectors during other phases of an inspection.

(3) If, at the time of inspection, an individual has been authorized by the workers to represent them during department inspections, the licensee or registrant shall notify the inspectors of such authorization and shall give the workers' representative an opportunity to accompany the inspectors during the inspection of physical working conditions.

(4) Each workers' representative shall be routinely engaged in work under control of the licensee or registrant and shall have received instructions as specified in WAC 246-222-030.

(5) Different representatives of licensees or registrants and workers may accompany the inspectors during different phases of an inspection if there is no resulting interference with the conduct of the inspection. However, only one workers' representative at a time may accompany the inspectors.

(6) With the approval of the licensee or registrant and the workers' representative an individual who is not routinely engaged in work under control of the licensee or registrant, for example, a consultant to the licensee or registrant or to the workers' representative, shall be afforded the opportunity to accompany department inspectors during the inspection of physical working conditions.

(7) Notwithstanding the other provisions of this section, department inspectors are authorized to refuse to permit accompaniment by any individual who deliberately interferes with a fair and orderly inspection. With regard to any area containing proprietary information, the workers' representative for that area shall be an individual previously authorized by the licensee or registrant to enter that area.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-050, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-050, filed 12/27/90, effective 1/31/91; Order 1084, § 402-48-050, filed 1/14/76.]

**WAC 246-222-060 Consultation with workers during inspections.** (1) Department inspectors may consult

privately with workers concerning matters of occupational radiation protection and other matters related to applicable provisions of department regulations and licenses to the extent the inspectors deem necessary for the conduct of an effective and thorough inspection.

(2) During the course of an inspection any worker may bring privately to the attention of the inspectors, either orally or in writing, any past or present condition which the worker has reason to believe may have contributed to or caused any violation of the act, these regulations, or license condition, or any unnecessary exposure of an individual to radiation from licensed radioactive material or a registered radiation machine under the licensee's or registrant's control. Any such notice in writing shall comply with the requirements of WAC 246-222-070(1).

(3) The provisions of subsection (2) of this section shall not be interpreted as authorization to disregard instructions pursuant to WAC 246-222-030.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-060, filed 12/27/90, effective 1/31/91; Order 1084, § 402-48-060, filed 1/14/76.]

**WAC 246-222-070 Requests by workers for inspections.** (1) Any worker or representative of workers who believes that a violation of the act, of these regulations, or of license conditions exists or has occurred in work under a license or registration with regard to radiological working conditions in which the worker is engaged, may request an inspection by giving notice of the alleged violation to the Washington state department of health, division of radiation protection. Any such notice shall be in writing, shall set forth the specific grounds for the notice, and shall be signed by the worker or representative of the workers. A copy shall be provided to the licensee or registrant by the office of radiation protection no later than at the time of inspection except that, upon the request of the worker giving such notice, his or her name and the name of individuals referred to therein shall not appear in such copy or on any record published, released, or made available by the department, except for good cause shown.

(2) If, upon receipt of such notice, the inspector for the office of radiation protection determines that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation exists or has occurred, the inspector shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists or has occurred. Inspections pursuant to this section need not be limited to matters referred to in the complaint.

(3) No licensee or registrant shall discharge or in any manner discriminate against any worker because such worker has filed any complaint or instituted or caused to be instituted any proceeding under these regulations or has testified or is about to testify in any such proceeding or because of the exercise by such worker on behalf of the worker or other workers of any option afforded by this chapter.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-070, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-070, filed 12/11/86; Order 1084, § 402-48-070, filed 1/14/76.]

**WAC 246-222-080 Inspections not warranted--Informal review.** (1) If the department of health, division of radiation protection determines, with respect to a complaint under WAC 246-222-070 that an inspection is not warranted because there are no reasonable grounds to believe that a violation exists or has occurred, the office of radiation protection shall notify the complainant in writing of such determination.

(a) If the complaint resulted from activities concerning naturally occurring or accelerator produced radioactive materials and/or radiation producing machines: The complainant may obtain review of such determination by submitting a written statement of position to the Assistant Director, Division of Industrial Safety and Health, Mailstop HC-402, Olympia, Washington 98504. Such request for informal review will be processed according to the provisions of WAC 296-350-460 and the provisions of the interagency agreement between the department of labor and industries and the department of health, division of radiation protection, if any.

(b) If the complaint resulted from activities concerning byproduct material, source material, and/or special nuclear material: The complainant may obtain review of such determination by submitting a written statement of position with the Department of Health, Division of Radiation Protection, Mailstop LE-13, Olympia, Washington 98504 (206/753-3468), who will provide the licensee or registrant with a copy of such statement by certified mail, excluding, at the request of the complainant, the name of the complainant. The licensee or registrant may submit an opposing written statement of position with the department of health, division of radiation protection, who will provide the complainant with a copy of such statement by certified mail. Upon the request of the complainant, the department of health may hold an informal conference in which the complainant and the licensee or registrant may orally present their views. An informal conference may also be held at the request of the licensee or registrant, but disclosure of the identity of the complainant will be made only following receipt of written authorization from the complainant. After considering all written or oral views presented, the department of health shall affirm, modify, or reverse the determination of the division of radiation protection and furnish the complainant and the licensee or registrant a written notification of the decision and the reason therefor.

(2) If the division of radiation protection determines that an inspection is not warranted because the requirements of WAC 246-222-070(1) have not been met, it shall notify the complainant in writing of such determination. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of WAC 246-222-070(1).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-080, filed 12/11/86; Order 1084, § 402-48-080, filed 1/14/76.]

**Chapter 246-224 WAC**  
**RADIATION PROTECTION—MACHINE**  
**ASSEMBLY AND REGISTRATION**

## WAC

|             |   |
|-------------|---|
| 246-224-001 | Purpose and scope.  |
| 246-224-020 | Application for registration of radiation machine facilities. |
| 246-224-030 | Issuance of certificate of registration.                      |
| 246-224-040 | Expiration of certificate of registration.                    |
| 246-224-050 | Renewal of certificate of registration.                       |
| 246-224-060 | Separate locations.   |
| 246-224-070 | Report of changes.  |
| 246-224-080 | Approval not implied.   |
| 246-224-090 | Repair person, assembler, or installer obligation.            |
| 246-224-100 | Out-of-state radiation machines.                              |

**WAC 246-224-001 Purpose and scope.** (1) This chapter provides for the registration of radiation machine facilities.

(2) For purposes of chapter 246-224 WAC of these regulations, "facility" means the location at which one or more radiation machines are installed, manufactured, tested, and/or located within one building, vehicle, or in one physical complex.

(3) In addition to the requirements of this chapter, all registrants are subject to the applicable provisions of other parts of these regulations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-001, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-210, filed 12/8/80; Order 1084, § 402-16-210, filed 1/14/76. Formerly WAC 402-16-010.]

**WAC 246-224-020 Application for registration of radiation machine facilities.** Each person having a radiation machine facility shall apply for registration of such facility with the department within fifteen calendar days after the initial operations of a radiation machine facility. Application for registration shall be completed on forms furnished by the department or on similar forms and containing all the information required by the department form and accompanying instructions. Each application shall be accompanied by fees in accordance with WAC 246-254-053.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-020, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-230, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-230, filed 12/8/80; Order 1084, § 402-16-230, filed 1/14/76. Formerly WAC 402-16-020 and 402-16-040.]

**WAC 246-224-030 Issuance of certificate of registration.** Upon a determination that an application meets WAC 246-224-020 of the registration regulations, and

requirements of WAC 246-254-053, "Radiation machine facility registration fees," the department shall issue a notice of registration.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-232, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-232, filed 12/8/80.]

**WAC 246-224-040 Expiration of certificate of registration.** Except as provided by WAC 246-224-050(2) each certificate of registration shall expire at the end of the day on the date stated therein.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-040, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-234, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-234, filed 12/8/80.]

**WAC 246-224-050 Renewal of certificate of registration.** (1) Application for renewal of registration shall be filed in accordance with WAC 246-224-020 and 246-254-053 at least thirty days prior to the expiration date.

(2) In any case in which a registrant not less than thirty days prior to the expiration of his existing certificate of registration has filed an application in proper form for renewal, such existing certificate of registration shall not expire until the application status has been determined by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-238, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-238, filed 12/8/80.]

**WAC 246-224-060 Separate locations.** Geographically separate facilities must be registered separately and pay full fees as described under WAC 246-254-053, even if these geographically separate facilities are under one administrative control. Where, as a routine part of the normal conduct of business, registrable items are moved between or among such locations, the registrant will so indicate at the time of registration. Each registrant shall name one or more designated persons, preferably one for each location where the registrant is not normally present, who may be contacted by the department with respect to the requirements for registration.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-060, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-240, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-240, filed 12/8/80; Order 1084, § 402-16-240, filed 1/14/76. Formerly WAC 402-16-050.]

**WAC 246-224-070 Report of changes.** The registrant shall notify the department in writing when making any change which would render the information contained in the application for registration and/or certificate of registration no longer accurate. Notifications shall be sent to X-Ray Control Section, Department of Health, Mailstop LE-13, Olympia, WA 98504. Notification shall be sent no later than thirty days after such change in the registration information.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-070, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-250, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-250, filed 12/8/80; Order 1084, § 402-16-250, filed 1/14/76. Formerly WAC 402-16-060.]

**WAC 246-224-080 Approval not implied.** A person shall neither refer, in any advertisement, to the fact that a facility is registered with the department pursuant to the provisions of WAC 246-224-020, nor imply that any activity under such registration has been approved by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-080, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-080, filed 12/27/90, effective 1/31/91; Order 1084, § 402-16-260, filed 1/14/76. Formerly WAC 402-16-070.]

**WAC 246-224-090 Repair person, assembler, or installer obligation.** (1) Any person who sells, leases, transfers, lends, disposes, assembles, or installs radiation machines in this state shall notify the department within fifteen calendar days of:

(a) The name and address of persons who have received these machines;

(b) The manufacturer, model, and serial number of the master control of each radiation machine transferred; and

(c) The date of transfer of each radiation machine.

(2) No person shall make or install radiation machines, accessories used in connection with such machines or any components of such machines unless:

(a) Such machines, accessories, or components meet the requirements of these regulations.

(b) The registrant or transferee using such machines, accessories, or components has met the requirements of WAC 246-225-030, when applicable, prior to the date of transfer.

(c) Shielding and/or construction requirements, as determined pursuant to WAC 246-225-030 when applicable, have been completed prior to the date of transfer of such machines, accessories, or components.

(3) When requested by the registrant to make repair on an x-ray system that has malfunctioned in such a manner to have caused, or possibly caused an unintentional radiation exposure to patients, operator or member of the public, the assembler, transferor or installer, is required to notify the department of such work within twenty-four hours, or before repair is effected, whichever comes first. See WAC 246-225-010 for definition

of accidental radiation exposure and electronic product defect.

(4) Certified x-ray systems (21 CFR, subchapter J) shall be assembled in such a manner that manufacturer's specifications and intended performance designs are met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-090, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-270, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-270, filed 12/8/80; Order 1084, § 402-16-270, filed 1/14/76. Formerly WAC 402-16-090.]

**WAC 246-224-100 Out-of-state radiation machines.** (1) Whenever any radiation machine is to be brought into the state, for any temporary use, the person proposing to bring such machine into the state shall give written notice to the department at least three working days before such machine is to be used in the state. The notice shall include the type of radiation machine; the nature, duration, and scope of use; and the exact location(s) where the radiation machine is to be used. If for a specific case the three working-day period would impose an undue hardship, the person may, upon application to the department, obtain permission to proceed sooner.

(2) In addition the out-of-state person shall:

(a) Comply with all applicable regulations of the department.

(b) Supply the department such other information as the department may reasonably request.

(3) X-ray machines not intended for patient diagnosis and treatment may operate within the state without registration and fee payment if such operation is less than or equal to sixty days per calendar year. If operation in excess of sixty calendar days is desired, standard registration and fee procedures are required (see WAC 246-224-020 and 246-254-053).

(4) Standard registration and fee payment are required for all medical and dental x-ray machine operation within the state regardless of number of days of such operation.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-100, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-280, filed 12/8/80; Order 1084, § 402-16-280, filed 1/14/76. Formerly WAC 402-16-110.]

## Chapter 246-225 WAC

### RADIATION PROTECTION--X-RAYS IN THE HEALING ARTS

#### WAC

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**WAC 246-225-010 Definitions.** As used in this chapter, the following definitions apply:

(1) "Accessible surface" means the external surface of the enclosure or housing provided by the manufacturer.

(2) "Accidental radiation exposure incident" means an exposure to a patient, an operator, or a member of the public that was unintentional.

(3) "Added filter" means the filter added to the inherent filtration.

(4) "Aluminum equivalent" means the thickness of aluminum (type 1100 alloy) affording the same attenuation, under specified conditions, as the material in question. (The nominal chemical composition of type 1100 aluminum alloy is 99.00 percent minimum aluminum, 0.12 percent copper.)

(5) "Assembler" means any person engaged in the business of assembling, replacing, or installing one or more components into an x-ray system or subsystem. An assembler may be the practitioner, his/her employee, an outside contractor, or an employee of an outside firm.

(6) "Attenuation block" means a block or stack, having dimensions 20 cm by 20 cm by 3.8 cm, of type 1100 aluminum alloy or other aluminum alloys having equivalent attenuation.

(7) "Automatic exposure control" means a device which automatically controls one or more technique factors in order to obtain at a preselected location(s) a required quantity of radiation (see also "phototimer").

(8) "Barrier" (see "protective barrier").

(9) "Beam axis" means a line from the source through the centers of the x-ray fields.

(10) "Beam-limiting device" means a device which provides a means to restrict the dimensions of the x-ray field.

(11) "Beam monitoring system" means a system designed to detect and measure the radiation present in the useful beam.

(12) "C-arm x-ray system" means an x-ray system in which the image receptor and x-ray tube housing assembly are connected by a common mechanical support system in order to maintain a desired spatial relationship. This system is designed to allow a change in the projection of the beam through the patient without a change in the position of the patient.

(13) "Cephalometric device" means a device intended for the radiographic visualization and measurement of the dimensions of the human head.

(14) "Certified components" means components of x-ray systems which have been certified by the manufacturer as meeting the requirements of the federal performance standard for x-ray equipment.

(15) "Certified system" means any x-ray system which has one or more certified component(s).

(16) "Changeable filters" means any filter, exclusive of inherent filtration, which can be removed from the useful beam through any electronic, mechanical or physical process.

(17) "Coefficient of variation (C)" means the ratio of the standard deviation to the mean value of a population of observations. It is estimated using the following equation:

$$C = \frac{s}{\bar{X}} = \frac{1}{\bar{X}} \left[ \sum_{i=1}^n \frac{(X_i - \bar{X})^2}{n-1} \right]^{1/2}$$

where

s = Estimated standard deviation of the population.

$\bar{X}$  = Mean value of observations in sample.

$X(i)$  =  $i^{\text{th}}$  observation sampled.

n = Number of observations in sample.

(18) "Contact therapy system" means an x-ray system wherein the x-ray tube port is put in contact with or within 5 centimeters of, the surface being treated.

(19) "Control panel" means that part of the x-ray control upon which are mounted the switches, knobs, pushbuttons, and other hardware necessary for manually setting the technique factors.

(20) "Cooling curve" means the graphical relationship between heat units stored and cooling time.

(21) "Date of transfer." See installation date.

(22) "Dead-man switch" means a switch so constructed that a circuit closing contact can be maintained only by continuous pressure on the switch by the operator.

(23) "Department" means the department of health which has been designated as the state radiation control agency.

(24) "Detector" (see "radiation detector").

(25) "Diagnostic source assembly" means the tube housing assembly with a beam-limiting device attached.

(26) "Diagnostic x-ray system" means an x-ray system designed for irradiation of any part of the human or animal body for the purpose of recording or visualization for diagnostic purposes.

(27) "Direct scattered radiation" means that scattered radiation which has been deviated in direction only by materials irradiated by the useful beam (see also "scattered radiation").

(28) "Electronic product defect" means an error in design, manufacture, or performance of an x-ray system such that unintentional radiation exposure to a patient, an operator, or a member of the public has occurred.



(29) "Entrance exposure rate" means the exposure measured free-in-air per unit time where the useful beam enters the patient.

(30) "Equipment" (see "x-ray equipment").

(31) \*"Exposure" means the quotient of  $dQ$  divided by  $dm$  where  $dQ$  is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass  $dm$  are completely stopped in air. (The special unit of exposure is the roentgen.)

Note: \*When the word, exposure, is used in this part to mean one or more irradiations of a person for a healing arts purpose, or in a more general sense, it will not be underlined [italicized].

(32) "Field emission equipment" means equipment which uses an x-ray tube in which electron emission from the cathode is due solely to the action of an electric field.

(33) "Filter" means material placed in the useful beam to absorb preferentially selected radiations.

(34) "Fluoroscopic imaging assembly" means a component which comprises a reception system in which x-ray photons produce a fluoroscopic image. It includes equipment housings, electrical interlocks if any, the primary protective barrier, and structural material providing linkage between the image receptor and the diagnostic source assembly.

(35) "Focal spot" means the area on the anode of the x-ray tube bombarded by the electrons accelerated from the cathode, and from which the useful beam originates.

(36) "Full beam detector" means a radiation detector of such size that the total cross section of the maximum size useful beam is intercepted.

(37) "General purpose radiographic x-ray system" means any radiographic x-ray system which, by design, is not limited to radiographic examination of specific anatomical regions.

(38) "Gonad shield" means a protective barrier for the testes or ovaries.

(39) "Half-value layer (HVL)" means the thickness of specified material which attenuates the beam of radiation to an extent such that the exposure rate is reduced to one-half of its original value. In this definition the contribution of all scattered radiation, other than any which might be present initially in the beam concerned, is deemed to be excluded.

(40) "Healing arts screening" means the testing of an asymptomatic population using x-ray machines for the detection or evaluation of health indications when such tests are not specifically and individually ordered by a licensed practitioner of the healing arts legally authorized to prescribe such x-ray tests for the purpose of diagnosis or treatment.

(41) "Heat unit" means a unit of energy equal to the product of the peak kilovoltage, milliamperes, and seconds, i.e.,  $kVp \times mA \times second$ .

(42) "Image intensifier" means a device consisting of an image intensifier tube installed in its housing which instantaneously converts an x-ray pattern into a light image of higher energy density.

(43) "Image receptor" means any device, such as a fluorescent screen or radiographic film, which transforms incident x-ray photons either into a visible image or into another form which can be made into a visible image by further transformations.

(44) "Image receptor support" means that part of a mammographic system designed to support the image receptor in a plane perpendicular to the x-ray beam during mammography.

(45) "Inherent filtration" means the filtration of the useful beam provided by the permanently installed components of the tube housing assembly.

(46) "Installation date" means the earliest date that a machine, accessory, or component is able to be used by a registrant or transferee but no later than the date of the first human exposure made using the machine, accessory, or component that has been installed.

(47) "Interlock" means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

(48) "Irradiation" means the exposure of matter to ionizing radiation.

(49) "Kilovolts peak (kVp)" (see "peak tube potential").

(50) "kV" means kilovolts.

(51) "kWs" means kilowatt second which is equal to the product of peak kilovolts, amperes, and seconds or  $10^{-3} \times kV \times mA \times sec$ .

(52) "Lead equivalent" means the thickness of lead affording the same attenuation, under specified conditions, as the material in question.

(53) "Leakage radiation" means radiation emanating from the diagnostic or therapeutic source assembly except for:

(a) The useful beam and

(b) Radiation produced when the exposure switch or timer is not activated.

(54) "Leakage technique factors" means the technique factors associated with the tube housing assembly which are used in measuring leakage radiation. They are defined as follows:

(a) For capacitor energy storage equipment, the maximum rated peak tube potential and the maximum rated number of exposures in an hour for operation at the maximum rated peak tube potential with the quantity of charge per exposure being 10 milliamperes seconds, or the minimum obtainable from the unit, whichever is larger.

(b) For field emission equipment rated for pulsed operation, the maximum rated peak tube potential and the maximum rated number of x-ray pulses in an hour for operation at the maximum rated peak tube potential.

(c) For all other equipment, the maximum rated peak tube potential and the maximum rated continuous tube current for the maximum rated peak tube potential.

(55) "Light field" means that area of the intersection of the light beam from the beam-limiting device and one of the set of planes parallel to and including the plane of the image receptor, whose perimeter is the locus of

points at which the illumination is one-fourth of the maximum in the intersection.

(56) "Line-voltage regulation" means the difference between the no-load and the load line potentials expressed as a percent of the load line potential; that is,

$$\text{Percent line-voltage regulation} = 100 (V_n - V_l) / V_l$$

where:

$$V_{(n)} = \text{No-load line potential}$$

$$V_{(l)} = \text{Load line potential}$$

(57) "mA" means tube current in milliamperes.

(58) "mAs" means milliamperere second or the product of the tube current in milliamperes and the time of exposure in seconds.

(59) "Maximum line current" means the root mean squared current in the supply line of an x-ray machine operating at its maximum rating.

(60) "Mobile equipment" (see "x-ray equipment").

(61) "Modified installation" means a room, building, office, or facility in which structural parameters which affect radiation safety are being changed; these parameters include such things as reconstruction or moving of walls, replacement of the x-ray machine with one of higher kVp or mA, a change in the direction of the beam, replacement of the control panel so that operator protection is adversely affected, a change in occupancy of adjacent areas, workload changes, etc.

(62) "New installation" means a room, building, office, or facility newly built, or in which previously there has been no radiation machine.

(63) "Peak tube potential" means the maximum value of the potential difference across the x-ray tube during an exposure.

(64) "Phantom" means a volume of material similar to tissue with respect to attenuation and scattering of x-ray photons. This requires that the atomic number (Z) and the density of the material be similar to those of tissue.

(65) "Phototimer" - means a device which controls radiation exposure to the image receptor by detecting the total amount of radiation reaching the device. The radiation monitoring device(s) is part of an electronic circuit which controls the time the tube is activated (see also "automatic exposure control").

(66) "Portable equipment" (see "x-ray equipment").

(67) "Position indicating device (PID)" means a device, on dental x-ray equipment which indicate the beam position and establishes a definite source-surface (skin) distance. The device may or may not incorporate or serve as a beam-limiting device.

(68) "Positive beam limitation" means the automatic or semi-automatic adjustment of an x-ray beam to the selected image receptor size, whereby exposures cannot be made without such adjustment.

(69) "Primary protective barrier" (see "protective barrier").

(70) "Protected area" means a shielded area in which attenuation of x-radiation is sufficient to meet the exposure limits of WAC 246-221-010 and the principles of

WAC 246-220-007 and "ALARA" for individuals in that area.

(71) "Protective apron" means an apron made of radiation absorbing materials, used to reduce radiation exposure.

(72) "Protective barrier" means a barrier of radiation absorbing material(s) used to reduce radiation exposure.

(a) "Primary protective barrier" means the material, excluding filters, placed in the useful beam, to protect anyone other than the patient from radiation exposure.

(b) "Secondary protective barrier" means a barrier sufficient to attenuate the stray radiation to the required degree.

(73) "Protective glove" means a glove made of radiation absorbing materials used to reduce radiation exposure.

(74) "Quality assurance" is a program designed to produce high quality radiographs at minimal cost and minimal patient exposure.

(75) "Quality control" is the routine measurement of the performance of the diagnostic x-ray imaging system, from x-ray beam output to the viewing of radiographs, and the continual adjustment of that performance to an optimal and consistent level.

(76) "Radiation detector" means a device which in the presence of radiation provides by either direct or indirect means, a signal or other information suitable for use in measuring one or more quantities of incident radiation.

(77) "Radiation safety" means efforts directed at occupational exposure reduction, patient exposure reduction, image quality improvement, diagnostic imaging system quality assurance, radiation measurements, dose evaluations, compliance with state and federal regulations, and related issues.

(78) "Radiation therapy simulation system" means a fluoroscopic or radiographic x-ray system intended for localizing the volume to be exposed during radiation therapy and confirming the position and size of the therapeutic irradiation field.

(79) "Radiograph" means an image receptor on which the image is created directly or indirectly by an x-ray pattern and results in a permanent record.

(80) "Radiographic imaging system" means any system whereby a permanent or temporary image is recorded on an image receptor by the action of ionizing radiation.

(81) "Rating" means the operating limits of an x-ray system or subsystem as specified by the component manufacturer.

(82) "Recording" means producing a permanent form of an image resulting from x-ray photons (e.g., film, video tape).

(83) "Response time" means the time required for an instrument system to reach 90 percent of its final reading when the radiation-sensitive volume of the instrument system is exposed to a step change in radiation flux from zero sufficient to provide a steady state midscale reading.

(84) "Scattered radiation" means radiation that, during passage through matter, has been deviated in direction (see also "direct scattered radiation").

(85) "Secondary protective barrier" (see "protective barrier").

(86) "Shutter" means a device attached to the tube housing assembly which can totally intercept the entire cross sectional area of the useful beam and which has a lead equivalency at least that of the tube housing assembly.

(87) "SID" (see "source-image receptor distance").

(88) "Source" means the focal spot of the x-ray tube.

(89) "Source-image receptor distance (SID)" means the distance from the source to the center of the input surface of the image receptor.

(90) "Source-to-skin-distance (SSD)" means the distance between the source and the skin entrance plane of the patient.

(91) "Special purpose x-ray equipment" means that which is designed for radiographic examination of one specific area of the body.

(92) "Spot check" means an abbreviated calibration procedure which is performed to assure that a previous calibration continues to be valid.

(93) "Spot film device" means a device intended to transport and/or position a radiographic image receptor between the x-ray source and fluoroscopic image receptor, including a device intended to hold a cassette over the input end of an image intensifier for the purpose of making a radiograph.

(94) "Spot film" means a radiograph which is made during a fluoroscopic examination to record permanently conditions which exist during that fluoroscopic procedure.

(95) "Stationary equipment" (see "x-ray equipment").

(96) "Stray radiation" means the sum of leakage and scattered radiation.

(97) "Technique factors" means the conditions of operation. They are specified as follows:

(a) For capacitor energy storage equipment, peak tube potential in kV and quantity of charge in mAs.

(b) For field emission equipment rated for pulsed operation, peak tube potential in kV and number of x-ray pulses.

(c) For all other equipment, peak tube potential in kV and:

(i) Either tube current in mA and exposure time in seconds,

(ii) Or the product of tube current and exposure time in mAs.

(98) "Transmission detector" means a radiation detector through which the useful beam or part of the useful beam passes.

(99) "Treatment volume" means the region, in the patient, to which a specified dose is to be delivered.

(100) "Tube" means an x-ray tube, unless otherwise specified.

(101) "Tube housing assembly" means the tube housing with tube installed. It includes high-voltage and/or

filament transformers and other appropriate elements when they are contained within the tube housing.

(102) "Tube rating chart" means the set of curves which specify the rated limits of operation of the tube in terms of the technique factors.

(103) "Useful beam" means the radiation which passes through the tube housing port and the aperture of the beam-limiting device when the exposure switch or timer is activated.

(104) "Variable-aperture beam-limiting device" means a beam-limiting device which has capacity for stepless adjustment of the x-ray field size.

(105) "Visible area" means that portion of the input surface of the image receptor over which incident x-ray photons produce a visible image.

(106) "Wedge filter" means an added filter with changing radio-opacities used to achieve more uniform optical densities on the image receptor when a body part of varying absorption characteristics is radiographed.

(107) "X-ray control" means a device which controls input power to the x-ray high-voltage generator and/or the x-ray tube. It includes equipment which controls the technique factors of an x-ray exposure.

(108) "X-ray equipment" means an x-ray system, subsystem, or component thereof. Types of x-ray equipment are as follows:

(a) 'Mobile' means x-ray equipment mounted on a permanent base with wheels and/or casters for moving while completely assembled.

(b) 'Portable' means x-ray equipment designed to be hand-carried.

(c) 'Stationary' means x-ray equipment which is installed in a fixed location.

(109) "X-ray field" means that area of the intersection of the useful beam and any one of the set of planes parallel to and including the plane of the image receptor, whose perimeter is the locus of points at which the exposure rate is one-fourth of the maximum in the intersection.

(110) "X-ray high-voltage generator" means a device which transforms electrical energy from the potential supplied by the x-ray control to the tube operating potential. The device may also include means for transforming alternating current to direct current, filament transformers for the x-ray tube(s), high-voltage switches, electrical protective devices, and other appropriate elements.

(111) "X-ray system" means an assemblage of components for the controlled production of x-rays. It includes minimally an x-ray high-voltage generator, an x-ray control, a tube housing assembly, a beam-limiting device, and the necessary supporting structures. Additional components which function with the system are considered integral parts of the system.

(112) "X-ray subsystem" means any combination of two or more components of an x-ray system for which there are requirements specified in this part.

(113) "X-ray tube" means any electron tube which is designed to be used primarily for the production of x-rays.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-010, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-020, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-020, filed 12/8/80; Order 1084, § 402-28-020, filed 1/14/76; Order 1, § 402-28-020, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-225-020 General requirements—Administrative controls.** (1) No person shall make, sell, lease, transfer, lend, or install x-ray equipment or the accessories used in connection with such equipment unless such accessories and equipment, when properly placed in operation and properly used, shall meet the requirements of this chapter.

(2) The registrant in control of the x-ray machines shall be responsible for directing the operation of the x-ray machines. The registrant or registrant's agent shall assure the following provisions are met in the operation of the x-ray machine or machines:

(a) The registrant shall not operate an x-ray machine for diagnostic or therapeutic purposes when the x-ray machine:

- (i) Does not meet the provisions of this chapter; or
- (ii) Is malfunctioning and threatens the health or safety of the patient, operator, or general public.

(b) Individuals operating the x-ray equipment shall be adequately instructed in safe operating procedures and shall be able to demonstrate competence, upon request from the department, in the correct use of the equipment. Required areas of competence are listed in Appendix II. The department may determine compliance with subsection (2)(b) of this section by observation, interview, or testing;

(c) At each x-ray system's control panel, a chart shall be provided which specifies for the examinations performed by that system the following information:

- (i) Patient's anatomical size versus technique factors utilized;
- (ii) Source to image receptor distance used;
- (iii) Type and placement of patient shielding used, for example, gonad, thyroid, lap apron;
- (iv) If applicable, settings for automatic exposure devices; and
- (v) Type and size of film or screen-film combination to be used.

(d) When required by the department, a registrant shall create and provide to operators of the x-ray system, radiation safety procedures which address patient and occupationally-exposed personnel safety. These procedures shall define restrictions of the operating technique required for safe operation of the particular x-ray system;

(e) Except for patients who cannot be moved out of the room and the patient being examined, only the staff and ancillary personnel required for the medical procedure or training shall be present in the room during the radiographic exposure. Other than the patient being examined:

- (i) All individuals shall be positioned such that no part of the body including the extremities not protected

by 0.5 mm lead equivalent will be struck by the useful beam;

(ii) The x-ray operator, other staff and ancillary personnel shall be protected from the direct scatter radiation by protective aprons or whole body protective barriers of not less than 0.25 mm lead equivalent;

(iii) Patients who cannot be removed from the room shall be:

(A) Protected from the direct scatter radiation by whole body protective barriers of not less than 0.25 mm lead equivalent; or

(B) Positioned so the nearest portion of the body is at least 2 meters from both the tube head and the nearest edge of the image receptor.

(iv) The department may require additional protective devices when a portion of the body of staff or ancillary personnel is potentially subjected to stray radiation which may result in that individual receiving one quarter of the maximum permissible dose defined under WAC 246-221-010.

(f) Gonad shielding of not less than 0.5 mm lead equivalent shall be used for patients of reproductive age during radiographic procedures in which the gonads are in the direct (useful) beam, except for cases when gonad shielding may interfere with the diagnostic procedure;

(g) Persons shall not be exposed to the useful beam except for healing arts purposes. Only a licensed practitioner of the healing arts shall authorize an exposure to the useful beam. This requirement prohibits deliberate exposure for the following purposes:

(i) Exposure of an individual for training, demonstration, or other purposes unless there are also healing arts requirements and proper prescription is provided;

(ii) Except for mammography performed by registered facilities on self-referred patients, the exposure of an individual for the purpose of healing arts screening without prior written approval of the state health officer; and

(iii) Exposure of an individual for the sole purpose of satisfying a third party's prerequisite for reimbursement under any health care plan, except for exposure required under Medicare provisions.

(h) When a patient or film must be provided with auxiliary support during a radiation exposure:

(i) Mechanical holding devices shall be used when the technique permits. The safety rules, when required under subdivision (d) of this subsection, shall list individual projections where holding devices cannot be utilized;

(ii) Written safety procedures, when required under subdivision (d) of this subsection, shall indicate the requirements for selecting a holder and the procedure the holder shall follow;

(iii) The human holder shall be protected as required under subdivision (e)(i) of this subsection. The holder occupationally exposed to radiation shall be provided with a personnel monitoring device, worn at the collar outside the lead apron, and records of exposures shall be maintained;

(iv) No person shall be used routinely to hold film or patients;

(v) When the patient must hold the film, the portion of the body other than the area of clinical interest struck by the useful beam shall be protected by not less than 0.5 mm lead equivalent material;

(vi) Holding the film or the patient shall be permitted only in very unusual and rare situations; and

(vii) When a holder is occupationally exposed to radiation, a record shall be made of the examination and shall include:

- (A) Patient identification;
- (B) Name of the human holder;
- (C) Date of the examination;
- (D) Number of exposures; and
- (E) Technique factors utilized for the exposures.

(i) Personnel dosimetry. All persons associated with the operation of an x-ray system are subject to both the occupational exposure limits and the requirements for the determination of the doses stated under WAC 246-221-020. In addition, when protective clothing or devices are worn on portions of the body and a dosimeter is required, at least one such dosimeter shall be utilized as follows:

(i) When an apron is worn, the monitoring device shall be worn at the collar outside of the apron; and

(ii) The dose to the whole body based on the maximum dose attributed to the most critical organ shall be recorded on the reports required under WAC 246-221-230. If more than one device is used or a record is made of the data, each dose shall be identified with the area where the device was worn on the body.

(iii) Personnel monitoring of an operator shall be required where:

(A) Exposure switch cords are utilized that allow the operator to stand in an unprotected area during exposures; and

(B) Worst-case measurements by the department show twenty-five percent of the exposure limits as specified under WAC 246-221-010 may be exceeded.

(iv) All persons involved in the operation of a fluoroscope and working within the fluoroscopy room during its operation shall wear a personnel dosimeter required under WAC 246-221-090 and subsection (2)(i)(i) of this section. If extremities are in or near the primary beam, extremity dosimeters are also required;

(j) Healing arts screening utilizing radiation. Any person proposing to conduct a healing arts screening program, with the exception of a mammography program, shall not initiate such a program without prior approval of the state health officer. When requesting such approval, that person shall submit the information outlined under Appendix III of this part. If information submitted becomes invalid or outdated, the state health officer shall be notified immediately;

(k) When using scatter suppressing grids, the grids shall be:

(i) Clearly labelled with the focal distance for which they are designed to be used; and

(ii) Of the proper focal distance for the source-to-image distances used.

(l) Procedures and auxiliary equipment designed to minimize patient and personnel exposure commensurate with the needed diagnostic information shall be utilized.

(i) Film cassettes without intensifying screens shall not be used for any routine diagnostic radiological imaging.

(ii) Portable or mobile x-ray equipment shall be used only for examinations where it is impractical to transfer the patient(s) to a stationary x-ray installation.

(m) Patient log. Each facility shall keep a patient log and indicate the following information as a minimum:

(i) Identification of the patient, including name, age, and sex;

(ii) Date of x-ray examination;

(iii) Examination or treatment given, technique factors used, and number of exposures. Where fluoroscopy is involved, the total fluoroscopic on-time shall also be recorded;

(iv) Any deviation from the standard procedure or technique (including repeat exposures) as denoted in the technique chart required under subdivision (c) of this subsection;

(v) When applicable, the x-ray system used; and

(vi) Name or cross index of individuals who performed the exam.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-020, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-031, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-031, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-031, filed 12/8/80; Order 1084, § 402-28-031, filed 1/14/76. Formerly WAC 402-28-030 (part).]

**WAC 246-225-030 General requirements—Plan review.** (1) Before construction, the floor plans and equipment arrangement of medical installations (new or modifications of existing installations) utilizing x-rays for diagnostic or therapeutic purposes shall be submitted to:

(a) A qualified expert for determination of shielding requirements using National Council on Radiation Protection and Measurements Report No. 49, or equivalent; and

(b) The department for subsequent review. Review shall not imply approval.

(2) The review of such plans shall not preclude the requirement of additional modifications should a subsequent analysis of operating conditions indicate the possibility of an individual receiving a dose in excess of the limits required under WAC 246-221-010, 246-221-050, and 246-221-060.

(3) Diagnostic veterinary, podiatric, and dental facilities shall be exempt from submitting shielding calculations and floor plans.

(4) In order for the department to provide an evaluation, technical advice, and official review of the shielding requirements for a medical radiation installation, a floor plan drawn to scale and the following data are required:

(a) The normal location of the x-ray tube, along with an indication of anode-cathode orientation to the cassette holders;

(b) The limits of the tube travel;

(c) The directions in which the tube is pointed;

(d) Window locations;

(e) The location of the control booth or operator's position;

(f) The exposure switch location;

(g) The position of the viewing window, if any;

(h) The composition and thickness of the walls;

(i) If more than one story, the height floor-to-floor;

(j) If more than one story, the composition and thickness of materials in the ceiling or floor;

(k) The make and model of the x-ray machine;

(l) The maximum kVp and mA;

(m) The types of examinations or treatments (for example, chest, cephalometric, general x-ray, or therapy);

(n) The identification and occupancy of areas adjacent to the x-ray room;

(o) The anticipated x-ray workload expressed in number of patients and exposures per week including:

(i) Technique factors used, or milliampere-seconds or milliampere-minutes per week; and

(ii) Estimates of the percentage of the workload expected to occur for a particular beam direction.

(5) For new and modified installations only, the following are minimum design requirements for medical x-ray machine operator booths. These requirements do not apply to dental, podiatry, and veterinary installations. See subsection (7) of this section for dental panoramic and cephalometric.

(a) The operator shall be allotted 7.5 square feet or more of unobstructed floor space in the x-ray booths.

(i) The 7.5 square feet of minimum space specified under subsection (5)(a) of this section shall be a geometric configuration where no dimension is less than two feet.

(ii) The allotted space shall exclude an encumbrance by the console, such as an overhang, cables, or other similar encroachment.

(iii) An extension of a straight line drawn between any point on the edge of the booth shielding and the nearest vertical edge of a chest cassette holder or corner of the examination table shall not impinge on the unobstructed space.

(iv) The booth walls shall be seven feet high or more and shall be permanently fixed to the floor or other structure as may be necessary.

(v) When a door or moveable panel is used as the integral part of the booth structure, it must have a permissive device which will prevent an exposure when the door or panel is not closed.

(b) Switch placement. The operator's switch for the radiographic machine shall be fixed within the booth. The switch shall:

(i) Be at least 102 centimeters (forty inches) inside the protected area; and

(ii) Allow the operator to use the available viewing windows.

(c) Viewing system requirements.

(i) Each booth shall have at least one viewing device which shall:

(A) Be placed so the operator can view the patient during exposure; and

(B) Be placed so the operator can have full view of the entries into the room.

(ii) When the viewing system is a window, the following requirements also apply:

(A) The window shall have a visible area of one square foot or more; and

(B) The glass shall have the same lead equivalence or more as that required in the booth's wall where the glass is mounted.

(iii) When the viewing system is by mirrors, the mirrors shall be located to accomplish the general requirements under subdivision (i) of this subsection.

(iv) When the viewing system is by electronic means (for example, TV):

(A) The camera shall be located to accomplish the general requirements under subdivision (i) of this subsection; and

(B) There shall be an alternate viewing system as a backup for electronic failure.

(d) New or modified facilities shall maintain a copy of the floor plan and shielding calculations required under subsection (1) of this section.

(6) Dimensions of primary beam shielding (chest, cephalometer) shall exceed the largest possible beam size by 30.5 centimeters (one foot) or more in every direction. Cephalometric primary beam shielding shall be deemed adequate if, for a maximum workload of twenty films a week, two-pound lead is installed (for occupied areas).

(7) A viewing device shall be present in dental panoramic and cephalometric x-ray installations, so the requirements of subsection (5)(c) of this section are met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-032, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-032, filed 9/16/83; Order 1084, § 402-28-032, filed 1/14/76. Formerly WAC 402-28-030 (part).]

**WAC 246-225-040 General requirements for diagnostic x-ray systems.** In addition to other requirements of this chapter, diagnostic x-ray systems shall meet the following requirements:

(1) *Warning label.* The control panel containing the main power switch shall bear the warning statement, legible and accessible to view: "WARNING: This x-ray unit may be dangerous to patient and operator unless safe exposure factors and operating instructions are observed."

(2) *Battery charge indicator.* On battery-powered generators, visual means shall be provided on the control panel to indicate the battery is in a state of charge adequate for proper operation.

(3) *Leakage radiation from the diagnostic source assembly.* The leakage radiation from the diagnostic source assembly, measured at a distance of 1 meter in

any direction from the source, shall not exceed 100 milliroentgens in one hour when the x-ray tube is operated at its leakage technique factors. Compliance shall be determined by measurements averaged over an area of one hundred square centimeters with no linear dimension greater than twenty centimeters.

(4) *Radiation from components other than the diagnostic source assembly.* The radiation emitted by a component other than the diagnostic source assembly shall not exceed 2 milliroentgens in one hour at 5 centimeters from an accessible surface of the component when it is operated in an assembled x-ray system under conditions for which it was designed. Compliance shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

(5) *Beam quality.*

(a) The half-value layer (HVL) of the useful beam for a given x-ray tube potential shall not be less than the values shown in this section, Table I. If it is necessary to determine such half-value layer at an x-ray tube potential which is not listed in Table I, linear interpolation or extrapolation shall be made.

WAC 246-225-040 TABLE I

| Design operating range (kilovolts peak) | Measured potential (kilovolts peak) | Half-value layer (milli-meters of aluminum equivalent) | Half-value layer (milli-meter of aluminum equivalent for dental units) |
|---|-------------------------------------|--|--|
| Below 51 —                              | 30                                  | 0.3  | N/A  |
|   | 40                                  | 0.4  | N/A  |
|   | 50                                  | 0.5  | 1.5  |
| 51 to 70 —                              | 51                                  | 1.2  | 1.5  |
|   | 60                                  | 1.3  | 1.5  |
|   | 70                                  | 1.5  | 1.5  |
| Above 70 —                              | 71                                  | 2.1  | 2.1  |
|   | 80                                  | 2.3  | 2.3  |
|   | 90                                  | 2.5  | 2.5  |
|   | 100                                 | 2.7  | 2.7  |
|   | 110                                 | 3.0  | 3.0  |
|   | 120                                 | 3.2  | 3.2  |
|   | 130                                 | 3.5  | 3.5  |
|   | 140                                 | 3.8  | 3.8  |
|   | 150                                 | 4.1  | 4.1  |

(b) For capacitor energy storage equipment, compliance shall be determined with neither the minimum nor the maximum quantity of charge per exposure.

(c) The required minimal half-value layer shall include the filtration contributed by materials permanently in position between the focal spot of the tube and the patient. (for example, a table top when the tube is mounted "under the table" and inherent filtration of the tube)

(d) Filtration control. For x-ray systems with variable kVp and variable filtration for the useful beam, a device

shall link the kVp selector with the filters and shall prevent an exposure unless the minimum amount of filtration required by subdivision (a) of this subsection is in the useful beam for the selected kVp.

(6) *Multiple tubes.* Where two or more radiographic tubes are controlled by one exposure switch, the tube or tubes selected shall be clearly indicated prior to initiation of the exposure. Such indication shall be both on the x-ray control panel and near or on the selected tube housing assembly.

(7) *Mechanical support of tube head.* The tube housing assembly supports shall be adjusted such that the tube housing assembly remains stable during an exposure unless the tube housing movement during exposure is a designed function of the x-ray system.

(8) *Technique indicators.*

(a) The technique factors used during an exposure shall be indicated before the exposure begins, except when automatic exposure controls are used, in which case the technique factors set prior to the exposure shall be indicated.

(b) On equipment having fixed technique factors, the requirement, under subdivision (a) of this subsection may be met by permanent markings. Indication of technique factors shall be visible from the operator's position except in the case of spot films made by the fluoroscopist.

(9) Certified units. All diagnostic x-ray systems certified to comply with 21 CFR 1020 shall meet the requirements of that certification.

(10) Linearity. The difference between the ratio of exposure to mAs at one mA or mAs setting and the ratio at another mA or mAs setting shall not exceed 0.10 times the sum of the ratios. This is written as:

$$X_1 - X_2 \leq 0.10 (X_1 + X_2)$$

Where  $X_1$  and  $X_2$  are the ratios (mR/mAs) for each mA or mAs station.

The test shall be performed at any selections of mA or mAs without regard to focal spot size, provided neither focal spot size is less than 0.45 millimeter.

(11) kVp accuracy. The difference between the indicated and actual kVp of an x-ray machine shall not be greater than ten percent of the indicated kVp, or, alternatively, if available, the accuracy specifications of the control panel manufacturer must be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-040, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-035, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-035, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-035, filed 12/8/80; Order 1084, § 402-28-035, filed 1/14/76. Formerly WAC 402-28-030 (part).]

**WAC 246-225-050 Fluoroscopic x-ray systems.** Fluoroscopic x-ray systems shall meet the following requirements:

- (1) Limitation of useful beam.

(a) The fluoroscopic tube shall not produce x-rays unless the primary barrier is in position to intercept the entire useful beam at all times.

(b) The entire cross section of the useful beam shall be intercepted by the primary protective barrier of the fluoroscopic image assembly at any source-to-image-distance (SID).

(c) Nonimage-intensified fluoroscopic equipment shall not be used.

(d) For image-intensified fluoroscopic equipment without a spot film device, neither the length nor the width of the fluoroscopic x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent of the SID. The sum of the excess length and the excess width shall be no greater than four percent of the SID. Measurements shall be made at the minimum SID available but at no less than eight inches table top to image receptor distance.

(e) For uncertified image-intensified fluoroscopic equipment with a spot film device, the fluoroscopic x-ray beam with the shutters wide open (during either fluoroscopy itself or spot films) shall be no larger than the dimensions of the largest spot film size for which the device is designed. Measurements shall be made at the minimum SID available, but at no less than eight inches table top to the film plane distance.

(f) For certified (21 CFR 1020) image-intensified fluoroscopic equipment with a spot film device, neither the length nor the width of the fluoroscopic x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent of the SID. The sum of the excess width shall be no greater than four percent of the SID. Measurements shall be made at the minimum SID available, but at no less than eight inches table top to film plane distance.

(g) Fluoroscopic equipment beam limitation:

(i) Means shall be provided to reduce the beam size at the plane of the image receptor to 125 square centimeters or less; and

(ii) The minimum field size at the greatest SID shall be equal to or less than 5 centimeters by 5 centimeters.

(2) *Activation of the fluoroscopic tube.* X-ray production in the fluoroscopic mode shall be controlled by a deadman switch.

(3) *Entrance exposure rate allowable limits.*

(a) For equipment with or without automatic brightness control, the exposure rate measured at the point where the center of the useful beam enters the patient shall not exceed ten roentgens per minute, except during film recording of fluoroscopic images or when an optional high level control (HLC) is activated.

(b) For equipment provided with HLC, the equipment shall not be operable at a combination of tube potential and current which will result in an exposure rate in excess of 5 roentgens per minute at the point where the center of the useful beam enters the patient, unless the HLC is activated.

(i) Special means of activation of high level controls, such as additional pressure applied continuously by the operator, shall be required to avoid accidental use.

(ii) A continuous signal audible to the fluoroscopist shall indicate the high level control is employed.

(c) Measuring compliance of entrance exposure rate limits. Compliance with subsection (3) of this section shall be determined as follows:

(i) Movable grids and compression devices shall be removed from the useful beam during the measurement;

(ii) If the source is below the table, exposure rate shall be measured 1 centimeter above the table top or cradle;

(iii) If the source is above the table, the exposure rate shall be measured at 30 centimeters above the table top with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement;

(iv) In a C-arm type of fluoroscope, the exposure rate shall be measured 30 centimeters from the input surface of the fluoroscopic imaging assembly, with the source positioned at any available SID, provided the end of the beam-limiting device or spacer is no closer than 30 centimeters from the input surface of fluoroscopic imaging assembly; and

(v) In a lateral-type fluoroscope, the exposure rate shall be measured at a point 15 centimeters from the center line of the x-ray source with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the table top is movable, the table top shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than 15 centimeters to the center line of the x-ray table.

(d) Periodic measurement of entrance exposure rate limits.

(i) Periodic measurements of the exposure rate shall be made. An adequate period for such measurements shall be annually or after maintenance of the system affecting the exposure rate.

(ii) Results of exposure rate measurements shall be available where the fluoroscopist has ready access to the measurements while using that fluoroscope. Results of the measurements shall include:

(A) The maximum possible R/minute, as well as the physical factors used to determine data;

(B) The name of the person performing the measurements;

(C) The last two dates the measurements were performed; and

(D) The type of device used in making the measurements.

(iii) Conditions of measurement:

(A) The kVp shall be adjusted to that which will produce the maximum entrance exposure rate;

(B) The high level control, if present, shall not be activated;

(C) The x-ray systems that incorporate automatic exposure rate control (automatic brightness control) shall have sufficient material, for example, lead or lead equivalence, placed in the useful beam to produce the maximum output of the x-ray system; and

(D) X-ray systems not incorporating automatic exposure rate control shall utilize the maximum



milliamperage of the x-ray system. Materials, for example, an attenuation block, may be placed in the useful beam to protect the imaging system, as long as the material does not affect the measurement of the exposure rate.

(4) *Barrier transmitted radiation rate limits.*

(a) The exposure rate due to transmission through the primary protective barrier with the attenuation block in the useful beam, combined with radiation from the image intensifier, if provided, shall not exceed 2 milliroentgens per hour for each roentgen per minute of entrance exposure rate. The barrier transmission measurement shall be made at 10 centimeters from an accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor.

(b) Measuring compliance of barrier transmission.

(i) The exposure rate due to transmission through the primary protective barrier combined with radiation from the image intensifier shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

(ii) If the source is below the table top, the measurement shall be made with the input surface of the fluoroscopic imaging assembly positioned 30 centimeters above the table top.

(iii) If the source is above the table top and the SID is variable, the measurement shall be made with the end of the beam-limiting device or spacer as close to the table top as it can be placed, provided the beam-limiting device or spacer shall not be closer than 30 centimeters.

(iv) Movable grids and compression devices shall be removed from the useful beam during the measurement.

(5) *Indication of potential and current.* During fluoroscopy and cinefluorography, x-ray tube potential and current shall be continuously indicated.

(6) *Source-skin distance (SSD).* The source to skin distance shall not be less than:

(a) 38 centimeters on stationary fluoroscopes;

(b) 30 centimeters on mobile fluoroscopes; and

(c) 20 centimeters for image intensified fluoroscopes used for specific surgical application. The user must provide precautionary measures for the use of the fluoroscope due to its short SSD.

(7) *Fluoroscopic timer.*

(a) Means shall be provided to preset the cumulative on-time of the fluoroscopic tube. The maximum cumulative time of the timing device shall not exceed five minutes without resetting.

(b) A signal audible to the fluoroscopist shall indicate the completion of a preset cumulative on-time. Such signal shall continue to sound while x-rays are produced until the timing device is reset. Alternatively, the timing device may terminate exposures at the end of the preset time.

(8) *Control of scattered radiation.*

(a) Fluoroscopic table designs when combined with normal operating procedures shall be such that no unprotected part of staff or ancillary person's body shall be exposed to unattenuated scattered radiation which originates from under the table. The attenuation required shall be not less than 0.25 mm lead equivalent.

(b) Equipment configuration when combined with procedures shall be such that no portion of staff or ancillary person's body, except the extremities, shall be exposed to the unattenuated scattered radiation emanating from above the table top unless:

(i) The radiation has passed through not less than 0.25 mm lead equivalent material, for example, drapes, Bucky-slot cover-sliding or folding panel, or self-supporting curtains, in addition to lead equivalency provided by the protective apron referred to under WAC 246-225-020 (2)(e); and

(ii) Exceptions to subdivision (b) of this subsection may be made in some special procedures where a sterile field will not permit the use of the normal protective barriers. Where the use of prefitted sterilized covers for the barriers is practical, the department shall not permit such exception.

(9) *Radiation therapy simulation systems.* Radiation therapy simulation systems shall be exempt from the requirements of subsections (3), (4), and (7) of this section: *Provided, That:*

(a) Such systems are designed and used in such a manner that no individual other than the patient is in the x-ray room when the system is producing x-rays; and

(b) The systems not meeting the requirements of subsection (7) of this section are provided with a means of indicating the cumulative time during which an individual patient has been exposed to x-rays. The timer shall be reset between examinations in such cases.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-083 (Order 183), § 246-225-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-225-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-28-040, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-040, filed 9/16/83. Statutory Authority: RCW 70.98.050, 81-01-011 (Order 1570), § 402-28-040, filed 12/8/80; Order 1084, § 402-28-040, filed 1/14/76; Order 1, § 402-28-040, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-225-060 Radiographic systems other than fluoroscopic, dental intraoral, or veterinary systems--Beam limitation.** The useful beam shall be limited to the area of clinical interest and show evidence of collimation. This shall be deemed to have been met if a positive beam limiting device has been properly used or if evidence of collimation is shown on at least three sides or three corners of the film, (for example, projections from the shutters of the collimator, cone cutting at the corners or a border at the film's edge).

(1) *General purpose stationary and mobile x-ray systems.*

(a) There shall be provided a means for stepless adjustment of the size of the x-ray field such that at least two dimensions of the x-ray field are independently variable. The minimum field size at a SID of 100 centimeters shall be equal to or less than ten by ten centimeters.

(b) Adequate means shall be provided for visually defining the perimeter of the x-ray field. The total misalignment of the edges of the visually defined field with the respective edges of the x-ray field along either the

length or width of the visually defined field shall not exceed 2 percent of the distance from the source to the center of the visually defined field when the surface upon which it appears is perpendicular to the central axis of the x-ray beam.

(2) *In addition to the requirements of WAC 246-225-060(1) above all stationary x-ray systems shall meet the following requirements:*

(a) Means shall be provided to indicate when the axis of the x-ray beam is perpendicular to the plane of the image receptor and to align the center of the x-ray field with respect to the center of the image receptor to within 2 percent (5 percent for equipment manufactured prior to August 1974) of the SID. Dental lateral jaw examinations shall be excluded from this requirement;

(b) The beam-limiting device shall numerically indicate the field size in the plane of the image receptor to which it is adjusted;

(c) Indication of field size dimensions and SID's shall be specified in inches and/or centimeters;

(d) Indication of field size dimensions shall be such that aperture adjustments result in x-ray field dimensions in the plane of the image receptor to within 2 percent of the SID when the beam axis is perpendicular to the plane of the image receptor.

(3) *Radiographic equipment designed for only one image receptor size at a fixed SID shall be provided with means to limit the field at the plane of the image receptor to dimensions no greater than those of the image receptor, and to align the center of the x-ray field with the center of the image receptor to within 2 percent of the SID.*

(4) *Special purpose x-ray systems.*

(a) These systems shall be provided with means to limit the x-ray field in the plane of the image receptor so that such field does not exceed each dimension of the image receptor by more than 2 percent of the SID when the axis of the x-ray beam is perpendicular to the plane of the image receptor.

(b) These systems shall be provided with means to align the center of the x-ray field with the center of the image receptor to within 2 percent (5 percent for equipment manufactured prior to August 1974) of the SID.

(c) The above WAC 246-225-060 (4)(a) and 246-225-060 (4)(b) may be met with a system that meets the requirements for a general purpose x-ray system as specified in WAC 246-225-060(1) or, when alignment means are also provided, may be met with either:

(i) An assortment of removable, fixed-aperture, beam-limiting devices sufficient to meet the requirement for each combination of image receptor size and SID for which the unit is designed (each such device shall have clear and permanent markings to indicate the image receptor size and SID for which it is designed); or

(ii) A beam-limiting device having multiple fixed apertures sufficient to meet the requirement for each combination of image receptor size and SID for which the unit is designed. Permanent, clearly legible markings shall indicate the image receptor size and SID for which each aperture is designed and shall indicate which aperture is in position for use.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-060, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-051, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-051, filed 12/8/80; Order 1084, § 402-28-051, filed 1/14/76. Formerly WAC 402-28-050 (part).]

**WAC 246-225-070 Radiographic systems other than fluoroscopic, dental intraoral, or veterinary systems—Radiation exposure control devices.** (1) *Timers.*

Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition, it shall be impossible to make an exposure when the timer is set to a zero or off position if either position is provided.

(2) *X-ray control (exposure switch):*

(a) A control which shall be the equivalent of a dead-man switch, shall be incorporated into each x-ray system such that an exposure can be terminated at any time except for:

(i) Exposure of one-half second or less, or

(ii) During serial radiography when means shall be provided to permit completion of any single exposure of the series in process.

(b) Each x-ray control shall be located in such a way as to meet the following requirements:

(i) Stationary x-ray systems shall be required to have the x-ray exposure switch permanently mounted in a protected area so that the operator has no choice but to remain in that protected area during the entire exposure;

(ii) Mobile and portable x-ray systems shall have:

(A) An exposure cord which can extend for a minimum of 12 feet from the patient; or

(B) A protective barrier of 0.25 millimeter lead equivalent between the patient and the operator.

(c) Each x-ray control shall provide visual evidence to the operator that x-rays are being produced and an audible signal that the exposure has terminated.

(3) *Automatic exposure controls (phototimers).* When an automatic exposure control is provided:

(a) Indication shall be made on the control panel when this mode of operation is selected;

(b) When the x-ray tube potential is equal to or greater than 50 kVp, the minimum exposure time for field emission equipment rated for pulsed operation shall be equal to or less than the interval equivalent to two pulses;

(c) The minimum exposure time for all equipment other than that specified in WAC 246-225-070 (3)(b) shall be equal to or less than 1/60 second or a time interval required to deliver 5 mAs, whichever is greater.

(4) *Timer reproducibility.* With a timer setting of 0.5 seconds or less, the difference between the maximum exposure time ( $T_{max}$ ) and the minimum exposure time ( $T_{min}$ ) shall be less than or equal to 10% of the average exposure time ( $T$ ), when four timer tests are performed:

$$(T_{max} - T_{min}) \leq 0.1T$$

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-070, filed 7/23/91, effective 8/23/91. Statutory

Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-052, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-052, filed 12/8/80; Order 1084, § 402-28-052, filed 1/14/76. Formerly WAC 402-28-050 (part).]

**WAC 246-225-090 Radiographic systems other than fluoroscopic and dental intraoral—Exposure reproducibility.** The exposure produced shall be reproducible to within the following criterion: When all technique factors are held constant, the coefficient of variation shall not exceed 0.05.

(1) For manual exposure control mode, this shall be deemed to have been met if when four exposures at identical technique factors are made, the difference between the maximum exposure value ( $E_{max}$ ) and the minimum exposure value ( $E_{min}$ ) shall be less than or equal to 10% of the average exposure (E):

$$(E_{max} - E_{min}) \leq 0.10E$$

(2) For phototimed exposure control mode, this shall be deemed to have been met if when four exposures at identical technique factors are made, the difference between the maximum exposure value ( $E_{max}$ ) and the minimum exposure value ( $E_{min}$ ) shall be less than or equal to 10% of the average exposure (E):

$$(E_{max} - E_{min}) \leq 0.1E$$

The four exposures are to be made under the following conditions in phototimed mode:

- (a) The kV is held constant.
- (b) The mA, if selectable, is held constant.
- (c) The selected density, if selectable, is held constant.
- (d) Selection of phototimer radiation detectors (single or multiple detectors selected), if available, is varied for each of the four exposures.
- (e) The same attenuator is placed in the x-ray field between the selected phototimer radiation detectors (photocells) and the radiation detector used to determine the four exposure values.
- (f) The selected phototimer radiation detectors (photocells) are within the x-ray field during each exposure measurement and are covered completely by the attenuator.

(3) Systems employing deliberately mismatched phototimed cells are permitted, providing written specifications for the mismatch are available for inspection.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-090, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-054, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-054, filed 12/8/80; Order 1084, § 402-28-054, filed 1/14/76. Formerly WAC 402-28-050 (part).]

**WAC 246-225-110 Intraoral dental radiographic systems.** In addition to the provisions of WAC 246-225-020, 246-225-030, and 246-225-040 the requirements of this section apply to x-ray equipment and associated facilities used for dental radiography. Criteria for extraoral dental radiographic systems are covered in WAC 246-225-060, 246-225-070, and 246-225-080.

(1) *Source-to-skin distance (SSD).* X-ray systems designed for use with an intraoral image receptor shall be provided with means to limit source-to-skin distance to not less than:

- (a) 18 centimeters if operable above 50 kilovolts peak, or
- (b) 10 centimeters if operable only at 50 kilovolts peak.

(2) *Field limitation.*

(a) Radiographic systems designed for use with an intraoral image receptor shall be provided with means to limit the x-ray beam such that:

- (i) If the minimum source-to-skin distance (SSD) is 18 centimeters or more, the x-ray field, at the minimum SSD, shall be containable in a circle having a diameter of no more than 7 centimeters; and
- (ii) If the minimum SSD is less than 18 centimeters, the x-ray field, at the minimum SSD, shall be containable in a circle having a diameter of no more than 6 centimeters.

(b) An open ended position indicating device shall be used. The shielding shall be equivalent to that required for the diagnostic source assembly (WAC 246-225-040(3)).

(3) *Timers.* Means shall be provided to terminate the exposure at a preset time interval, preset product of current and time, a preset number of pulses, or a preset radiation exposure to the image receptor. In addition,

- (a) Termination of exposure shall cause automatic resetting of the timer to its initial setting or to zero.
- (b) It shall not be possible to make an exposure when the timer is set to a zero or off position if either position is provided.

(4) *X-ray control exposure switch:*

(a) A control, which shall be the equivalent of a dead-man switch, shall be incorporated into each x-ray system.

(b) Each x-ray control shall be located in such a way as to meet the following criterion:

- (i) For stationary x-ray systems it shall be required that the control switch be permanently mounted in a protected area (e.g., corridor outside the room) so that the operator has no choice but to remain in that protected area during the entire exposure.
- (ii) Permanently mounted in a protected area shall be interpreted as meaning that the exposure switch is fixed in position no less than 36 inches from access to the direct scatter radiation field.

(c) The x-ray control shall provide a visual or audible indication of x-ray production or termination at the operator's protected position.

(5) *Exposure reproducibility.* The co-efficient of variation shall not exceed 0.05 when all technique factors are held constant. This requirement shall be deemed to have been met if, when four exposures are made at identical technique factors, the difference between the maximum exposure ( $E_{max}$ ) and the minimum exposure ( $E_{min}$ ) shall be less than or equal to 10% of the average exposure (E):

$$(E_{max} - E_{min}) < 0.1E$$

(6) No diagnostic dental x-ray machine with a fixed, nominal kVp of less than 50 shall be permitted.

(7) *Operating controls.*

(a) Patient and film holding devices shall be used when the techniques permit.

(b) Neither the tube housing nor the position indicating device shall be hand held during an exposure. The tube housing shall remain stable during exposure.

(c) The x-ray system shall be arranged and operated in such a manner that the useful beam at the patient's skin does not exceed the dimensions specified in WAC 246-225-110 (2)(a).

(d) Dental fluoroscopy without image intensification shall be prohibited.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-083 (Order 183), § 246-225-110, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-225-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 83-19-050 (Order 2026), § 402-28-080, filed 9/16/83. Statutory Authority: RCW 70.98.050, 81-01-011 (Order 1570), § 402-28-080, filed 12/8/80; Order 1084, § 402-28-080, filed 1/14/76; Order 1, § 402-28-080, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-225-120 Therapeutic x-ray installations less than 1 MeV. (1) Equipment requirements.**

(a) *Leakage radiation.* When the tube is operated at its leakage technique factors, the leakage radiation shall not exceed the value specified at the distance specified for the classification of that x-ray system:

(i) Contact therapy systems. Leakage radiation shall not exceed 100 milliroentgens per hour at five centimeters from the surface of the tube housing assembly;

(ii) Zero to one hundred fifty kVp systems. Systems shall have a leakage radiation which does not exceed one roentgen in one hour at one meter from the source;

(iii) One hundred fifty-one to nine hundred ninety-nine kVp systems. The leakage radiation shall not exceed one roentgen in one hour at one meter from the source except systems that operate in excess of 500 kVp may have a leakage radiation at one meter from the source equivalent to the exposure within one hour of the useful beam at one meter from the source multiplied by a factor of 0.001.

(b) *Permanent beam limiting devices.* Permanent fixed diaphragms or cones used for limiting the useful beam shall provide the same or higher degree of protection as that required by the tube housing assembly.

(c) *Removable and adjustable beam limiting devices.*

(i) Removable beam limiting devices shall, for the portion of the useful beam to be blocked by these devices, transmit not more than one percent of the original x-ray beam at the maximum kilovoltage and maximum treatment filter;

(ii) Adjustable beam limiting devices installed after the effective date of this section shall meet the requirements of (c)(i) of this subsection;

(iii) Adjustable beam limiting devices installed before the effective date of this section shall, for the portion of the x-ray beam to be blocked by these devices, transmit not more than five percent of the original x-ray beam at

the maximum kilovoltage and maximum treatment filter.

(d) *Filter and wedge systems.* Filter systems shall meet the following requirements:

(i) Filters cannot be accidentally displaced from the useful beam at any possible tube orientation;

(ii) Each filter is marked as to its material of construction and its thickness or wedge angle for wedge filters;

(iii) It shall be possible for the operator to determine the presence or absence of each filter in the useful beam when the operator is at the control panel, either by display at the control panel or by direct observation; and

(iv) The filter insertion slot opening shall be covered with an attenuator equivalent to four-pound lead under operating conditions.

(e) *Tube immobilization.* The tube housing assembly shall be capable of being immobilized during stationary treatments.

(f) *Focal spot marking.* The tube housing assembly shall be so marked that it is possible to determine the location of the focal spot to within five millimeters, and such marking shall be readily accessible for use during calibration procedures.

(g) *Timer.*

(i) A timer shall be provided which has a display at the treatment control panel. The timer shall be graduated in minutes and fractions of minutes. The timer shall have a preset time selector and a means of determining elapsed time;

(ii) The timer shall be a cumulative timer which activates with radiation and retains its reading after irradiation is interrupted or terminated;

(iii) The timer shall terminate irradiation when a pre-selected time has elapsed;

(iv) The timer shall permit accurate presetting and determination of exposure times as short as 1 second;

(v) The timer shall terminate irradiation when set to zero;

(vi) The timer shall not activate until the shutter is opened, when patient irradiation is controlled by a shutter mechanism.

(h) *Control panel functions.* The control panel, in addition to the displays required in other provisions of this chapter, shall have:

(i) An indication of whether x-rays are being produced;

(ii) Means for indicating kV and x-ray tube current;

(iii) The means for terminating an exposure at any time;

(iv) A locking device which will prevent unauthorized use of the x-ray system; and

(v) For x-ray equipment manufactured after the effective date of this section, a positive display of specific filter(s) in the beam.

(i) *Source-to-patient distance.* There shall be means of determining the source-to-patient distance to within five millimeters.

(j) *Shutters.* Unless it is possible to bring the x-ray output to the prescribed exposure parameters within five seconds, the entire useful beam shall be automatically

attenuated by a shutter having a lead equivalency not less than that of the tube housing assembly. In addition:

(i) After the unit is at operating parameters, the shutter shall be controlled electrically by the operator from the control panel;

(ii) An indication of shutter position shall appear at the control panel.

(k) *Low filtration x-ray tubes.* Each x-ray system equipped with a beryllium or other low-filtration window shall be clearly labeled as such upon the tube housing assembly and at the control panel;

(l) *Alignment.* When the therapy x-ray system is equipped with a light field indicating the x-ray field, the misalignment of one field edge to the other shall not exceed one percent of any source-to-treatment distance.

(2) *Facility design requirements for systems capable of operating above 50 kVp.*

In addition to shielding adequate to meet requirements of chapters 246-235 and 246-221 WAC and the shielding plan review provisions of WAC 246-225-030, the treatment room shall meet the following design requirements:

(a) *Warning lights.* Treatment rooms to which access is possible through more than one entrance shall be provided with warning lights, in a readily observable position near the outside of all access doors, which will indicate when the useful beam is "on." Or, as an alternative, entrances other than the main one shall be equipped with interior locks, activated for the period of exposure, and the main entrance shall be under control of the operator.

(b) *Voice communication.* Provision shall be made for two-way aural communication between the patient and the operator at the control panel; however, where excessive noise levels make aural communication impractical, other methods of communication shall be used.

(c) *Viewing systems.* Windows, mirrors, closed-circuit television, or an equivalent system shall be provided to permit continuous observation of the patient during irradiation and shall be so located that the operator can observe the patient from the control panel. When the primary viewing system is by electronic means (e.g., television), an alternate viewing system shall be available for use in the event of electronic failure or treatment must be discontinued until repair is made. If treatment is to be discontinued, this policy shall be included in the written safety procedures. A copy of the safety procedures shall be provided to the operator.

(d) *Additional requirements.* Treatment rooms which contain an x-ray system capable of operating above 150 kVp shall meet the following additional requirements:

(i) All necessary shielding, except for any beam interceptor, shall be provided by fixed barriers;

(ii) The control panel shall be outside the treatment room;

(iii) All doors of the treatment room shall be electronically connected to the control panel such that x-ray production cannot occur unless all doors are closed;

(iv) When the doors referred to in (d)(iii) of this subsection are opened while the x-ray tube is activated:

(A) X-ray production shall terminate within one second; or

(B) The radiation at a distance of one meter from the source shall be reduced to less than 100 milliroentgens per hour within one second.

(v) After the radiation output of the x-ray tube has been affected by the opening of any door referred to in (d)(iii) of this subsection, it shall be possible to restore the x-ray system to full operation only upon:

(A) Closing the door; and subsequently

(B) Reinitiating the exposure at the control panel.

(e) *Calibrations.*

(i) The calibration of an x-ray system shall be performed at intervals not to exceed one year and after any change or replacement of components which could cause a change in the radiation output.

(ii) The calibration of the radiation output of the x-ray system shall be performed by a qualified expert who is physically present at the facility during such calibration.

(iii) Calibration of the radiation output of an x-ray system shall be performed with a calibrated instrument. The calibration of such instrument shall be traceable to a national standard. The instrument shall have been calibrated within the preceding two years.

(iv) The calibrations made pursuant to (e)(i) of this subsection shall be such that the dose at a reference point in soft tissue can be calculated to within  $\pm$  five percent.

(v) The calibration of the x-ray system shall include, but not be limited to, the following determinations:

(A) The exposure rates for each combination of field size, technique factors, filter, and treatment distance used;

(B) The degree of alignment between the radiation field and the field indicated by the localizing device if such device is present; and

(C) An evaluation of the uniformity of the radiation field symmetry for the field sizes used and any dependence upon tube housing assembly orientation.

(vi) Records of calibration performed pursuant to (e) of this subsection shall be maintained by the registrant for two years after completion of the calibration.

(vii) A copy of the most recent x-ray system calibration shall be available for use by the operator at the control panel.

(f) *Operating procedures.*

(i) When a patient must be held in position for radiation therapy, mechanical supporting or restraining devices shall be used;

(ii) The tube housing assembly shall not be held by an individual during exposures;

(iii) No individual other than the patient shall be in the treatment room unless such individual is protected by a barrier sufficient to meet the requirements of chapter 246-221 WAC. No individual other than the patient shall be in the treatment room during exposures when the kVp exceeds 150;

(iv) The x-ray system shall not be used in the administration of radiation therapy unless the requirements of (e) of this subsection have been met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-120, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-091, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-091, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-091, filed 12/8/80.]

**WAC 246-225-130 X-ray and electron therapy systems with energies of one MeV and above.** Chapter 246-229 WAC except WAC 246-229-100 (3) and (4) shall apply to medical facilities using therapy systems with energies 1 MeV and above.

(1) *Definitions.* In addition to the definitions provided in WAC 246-225-010, the following definitions shall be applicable to this section.

(a) "Applicator" means a structure which indicates the extent of the treatment field at a given distance from the nominal source and which may or may not incorporate an additional beam-limiting device.

(b) "Beam scattering foil" means a device which scatters and flattens a beam of electrons.

(c) "Central axis of the beam" means a line passing through the origin of the source and the center of the plane figure formed by the edge of the secondary collimating jaws when in a symmetric mode.

(d) "Dose monitoring system" means a system of devices for the detection and display of quantities of radiation.

(e) "Dose monitor unit" means a unit from which the absorbed dose can be calculated.

(f) "Existing equipment" means therapy systems subject to this section which were manufactured on or before the effective date of these regulations.

(g) "Field flattening device" means an absorber used to homogenize the dose rate over the area of a useful beam of x-rays.

(h) "Field size" means the dimensions of an area in a plane perpendicular to the specified direction of the beam of incident radiation at a maximum dose depth. Determine dimensions by fifty percent decrement lines.

(i) "Gantry" means that part of the system supporting and allowing possible movements of the radiation head.

(j) "Interruption of irradiation" means the stopping of irradiation with the possibility of continuing irradiation without resetting of the operating conditions at the control panel.

(k) "Isocenter" means a fixed point in space located at the intersection of the rotation axes of the principal movements of the therapy system.

(l) "Moving beam therapy" means radiation therapy with relative displacement of the useful beam and the patient during irradiation.

(m) "New equipment" means systems subject to this section which were manufactured after effective date of these regulations.

(n) "Nominal source" means a point from which radiation originates.

(o) "Normal treatment distance" means the distance between the virtual source and a reference point on the

central axis of the beam. The reference is located at a position on the central axis at a specified distance from the nominal source.

(p) "Patient" means an individual subjected to examination and treatment.

(q) "Phantom" means a volume of material behaving in a manner similar to tissue with respect to the attenuation and scattering of radiation.

(r) "Primary dose monitoring system" means a system which will monitor the quantity of radiation produced during irradiation and which will terminate irradiation when a preselected number of dose monitor units have been acquired.

(s) "Radiation treatment prescription" means the absorbed dose which is intended to be delivered to the treatment volume.

(t) "Radiation head" means the structure from which the useful beam emerges.

(u) "Redundant dose monitoring combination" means a combination of two dose monitoring systems in which both systems are arranged to terminate irradiation in accordance with a preselected number of dose monitor units.

(v) "Secondary dose monitoring system" means a system which will terminate irradiation in the event of failure of the primary system.

(w) "Shadow tray" means a device attached to the radiation head to support auxiliary beam limiting material.

(x) "Stationary beam therapy" means radiation therapy without relative displacement of the useful beam and the patient during irradiation.

(y) "Target" means that part of a radiation source which intercepts a beam of accelerated particles with subsequent emission of other radiation.

(z) "Termination of irradiation" means the stopping of irradiation in a fashion which will not permit continuance of irradiation without the resetting of operating conditions at the control panel.

(aa) "Treatment field" means the cross-sectional area of the patient's tissue which is to be irradiated.

(bb) "Treatment volume" means that portion of the patient's body which is to be irradiated.

(2) *Requirements for equipment.*

(a) *Leakage radiation to the patient area.*

(i) New equipment shall meet the following requirements:

(A) For all operating conditions, the dose equivalent in rem due to leakage radiation, including x-ray and electrons, but excluding neutrons, at any point in a circular plane of two meters radius centered on and perpendicular to the central axis of the beam at the normal treatment distance and outside the maximum useful beam, shall not exceed 0.1 percent of the maximum dose equivalent in rem of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the plane surface. Measurements shall be averaged over an area up to but not exceeding one hundred square centimeters at the positions specified; and

(B) For each system the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified in (a)(i)(A) of this subsection for specified operating conditions. Records for leakage radiation shall be maintained at the installation for inspection by the department.

(ii) Existing equipment (that installed prior to the effective date of the regulations) shall meet the following requirements:

(A) The leakage radiation, excluding neutrons, at any point in the area specified by (a)(i)(A) of this subsection, where such area intercepts the central axis of the beam one meter from the nominal source, shall not exceed 0.1 percent of the maximum dose equivalent in rems of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the surface of the reference circular plane. Measurements shall be averaged over an area up to but not exceeding one hundred square centimeters at the positions specified.

(B) For each system, the registrant shall determine, or obtain from the manufacturer, the leakage radiation existing at the positions specified in (a)(ii)(A) of this subsection for specified operating conditions. Records for radiation leakage shall be maintained at the installation for inspection by the department.

(b) *Leakage radiation outside the patient area.*

(i) The dose equivalent in rem due to leakage radiation, except in the area specified in (a) of this subsection, when measured at any point one meter from the path of the charged particle, before the charged particle strikes the target or window, shall not exceed 0.1 percent for x-ray leakage of the maximum dose equivalent in rems of the unattenuated useful beam measured at the point of intersection of the central axis of the beam and the circular plane specified in (a) of this subsection.

(ii) The registrant shall determine, or obtain from the manufacturer, the actual leakage radiation existing at the positions specified in (a) of this subsection for specified operating conditions. Measurements shall be averaged over an area up to but not exceeding one hundred square centimeters at the positions specified.

(c) *Beam-limiting devices.* Secondary beam-limiting devices shall be provided and such devices shall transmit no more than two percent of the useful beam for the portion of the useful beam attenuated by the beam-limiting device. The neutron component of the useful beam shall not be included in this requirement.

(d) *Beam-modifying devices.*

(i) When the absorbed dose rate information required by subsection (2)(q) of this section is dependent on operation with a beam-flattening or beam-scattering device in place, the device shall be removable from the machine only by the use of tools.

(ii) In systems using interchangeable beam-flattening devices or beam-scattering foils:

(A) Irradiation shall not be possible until a selection of beam-modifying device is made and verified at the treatment control panel;

(B) An interlock system shall be provided to prevent irradiation when the beam-modifying device selected is not in the correct position; and

(C) A display at the control panel shall indicate what beam-modifying device is selected.

(e) *Wedges.*

(i) Presence of wedges in the beam shall be indicated at the control panel, by direct observation or by electronic means.

(ii) Each wedge removable from the system shall be clearly identified as to that wedge's material of construction, thickness, and wedge angle.

(iii) An interlock shall be provided to prevent irradiation when a wedge selection carried out in the treatment room does not agree with the wedge selection indicated at the control panel.

(f) *Beam quality.* The registrant shall obtain from the therapy x-ray system manufacturer, and have available, the following information:

(i) At various beam energies, the x-ray absorbed dose expressed as a fraction of maximum absorbed dose;

(ii) At various beam energies, the absorbed dose at the surface of the skin as a fraction of the maximum absorbed dose; and

(iii) The maximum percentage absorbed dose due to stray neutrons in the useful beam at specified operating conditions.

(g) *Beam monitors.* Therapy systems shall be provided with radiation detectors in the radiation head.

(i) New equipment shall be provided with two or more radiation detectors. The detectors shall be incorporated into two monitoring systems arranged either as a primary/primary combination or as a primary/secondary combination.

(ii) Existing equipment shall be provided with one or more radiation detectors. The detector shall be incorporated into a primary system.

(iii) The detectors and system where the detector is incorporated shall meet the following requirements:

(A) Each primary system shall have a detector which is a transmission full-beam detector placed on the patient side of beam-modifying devices;

(B) The detectors shall be removable only with tools and shall be interlocked to prevent incorrect positioning;

(C) Each detector shall be capable of independently monitoring and controlling the useful beam;

(D) Each detector shall form part of a dose-monitoring system from whose readings in dose monitor units the absorbed dose, at a reference point in the treatment volume can be calculated;

(E) For new equipment, the design of the dose-monitoring systems of subsection (2)(i) of this section shall assure the malfunctioning of one system shall not affect the correct functioning of the second system. In addition, the failure of an element common to both systems shall terminate irradiation.

(F) Each dose monitoring system shall have a legible display at the treatment control panel. Each display shall:

(I) Maintain a reading until intentionally reset to zero;

(II) Have only one scale and no scale multiplying factors in new equipment; and

(III) Utilize a design so increasing dose is displayed by increasing numbers and shall be designed so, in the event of an overdosage of radiation, the absorbed dose may be accurately determined under normal conditions of use or foreseeable failures.

(G) In the event of power failure, the dose-monitoring information required in subsection (2)(i) of this section displayed at the control panel at the time of failure shall be retrievable in one or more systems.

(h) *Beam symmetry.*

(i) A therapy machine installed after the effective date of these regulations shall have the capability of comparing the dose rates in each of the four quadrants of the central eighty percent of the useful beam.

(ii) Beam symmetry information shall be displayed at the treatment control panel making possible the following differential between quadrants:

(A) Five percent for straight-through accelerators; and

(B) Three percent for bending-magnet accelerators.

(iii) Beam asymmetry in excess of a ten percent quadrant differential shall cause treatment to terminate, or shall prevent irradiation.

(i) *Selection and display of dose monitor units.*

(i) Irradiation shall not be possible until a selection of a number of dose monitor units is made at the treatment control panel.

(ii) After useful beam termination, it shall be necessary manually to reset the preselected dose monitor units before treatment is reinitiated.

(iii) The preselected number of dose monitor units shall be displayed at the treatment control panel until reset manually for the next irradiation.

(j) *Termination of irradiation by the dose monitoring system.*

(i) Each of the required monitoring systems shall be capable of independently terminating an irradiation. Provision shall be made to test the correct operation of each system.

(ii) Each primary system shall terminate irradiation when the preselected number of dose monitor units is detected by the system.

(iii) Each secondary system shall terminate irradiation when a maximum of the preselected number of dose monitor units plus forty is detected by the system.

(iv) For new equipment, indicators on the control panel shall show which monitoring system terminated the beam.

(k) *Interruption switches.* It shall be possible to interrupt irradiation and equipment movements at any time from the operator's position at the treatment control panel. Following any interruption, it shall be possible to restart irradiation by operator action without any reselection of operating conditions. If any change is made of a preselected value during an interruption, the equipment shall go to termination condition.

(l) *Termination switches.* It shall be possible to terminate irradiation and equipment movements, or go from an interruption condition to termination conditions, at

any time from the operator's position at the treatment control panel.

(m) *Timer.*

(i) A timer shall be provided which has a display at the treatment control panel. The timer shall be graduated in minutes and decimals of minutes. The timer shall have a preset time selector and an elapsed time indicator.

(ii) The timer shall be a cumulative timer which switches on and off with the radiation and retains its reading after irradiation is interrupted or terminated. It shall be necessary to zero and subsequently reset the elapsed time indicator and the preset time selector after irradiation is terminated before irradiation shall again be possible.

(iii) The timer shall terminate irradiation when a preselected time has elapsed if the dose monitoring systems fail to terminate irradiation.

(n) *Selection of radiation type.* Equipment capable of both x-ray therapy and electron therapy shall meet the following requirements:

(i) Irradiation shall not be possible until a selection of radiation type is made at the treatment control panel;

(ii) An interlock system shall be provided to insure that the equipment can emit only the selected radiation type;

(iii) An interlock system shall be provided to prevent irradiation if selected operations carried out in the treatment room do not agree with the selected operations carried out in the treatment control panel;

(iv) With the exception of a specified number of dose monitor units for the purpose of portal film exposures, an interlock system shall be provided to prevent irradiation with x-rays when electron applicators are in place and to prevent irradiation with electrons when accessories for x-ray therapy are in place; and

(v) The radiation type selected shall be displayed at the treatment control panel before and during irradiation.

(o) *Selection of energy.* Equipment capable of generating radiation beams of different energies shall meet the following requirements:

(i) Irradiation shall not be possible until a selection of energy is made at the treatment control panel;

(ii) An interlock system shall be provided to insure the equipment can emit only the energy of selected radiation;

(iii) An interlock system shall be provided to prevent irradiation if selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel; and

(iv) The energy selected shall be displayed at the treatment control panel before and during irradiation.

(p) *Selection of stationary beam therapy or moving beam therapy.* Equipment capable of both stationary beam therapy and moving beam therapy shall meet the following requirements:

(i) Irradiation shall not be possible until a selection of stationary beam therapy or moving beam therapy is made at the treatment control panel;



(ii) An interlock system shall be provided to insure the equipment can operate only in the selected mode;

(iii) An interlock system shall be provided to prevent irradiation when any selected operations carried out in the treatment room do not agree with the selected operations carried out at the treatment control panel;

(iv) An interlock system shall be provided to terminate irradiation when the movement stops during moving beam therapy;

(v) Moving beam therapy shall be controlled so the required relationship between the number of dose monitor units and movement is obtained; and

(vi) The mode of operation shall be displayed at the treatment control panel.

(q) *Absorbed dose rate.* For new equipment, a system shall be provided from whose readings the absorbed dose rate at a reference point in the treatment volume can be calculated.<sup>3</sup> In addition:

(i) The quotient of the number of dose monitor units by time shall be displayed at the treatment control panel; and

(ii) If the equipment can deliver, under any conditions, an absorbed dose rate at the normal treatment distance more than twice the maximum value specified by the manufacturer's anticipated dose rate for any machine parameters utilized, a device shall be provided which terminates irradiation when the absorbed dose rate exceeds a value twice the specified maximum. The value at which the irradiation is terminated shall be in a registrant-maintained record.

(r) *Location of focal spot and beam orientation.* The registrant shall determine, or obtain from the manufacturer, the location with reference to an accessible point on the radiation head of:

(i) The x-ray target or the virtual source of x-rays;

(ii) The electron window or the scattering foil;

(iii) All possible orientations of the useful beam.

(s) *System interlock checks.* Capabilities shall be provided to check radiation safety interlocks. When preselection of operating conditions requires action in the treatment room and at the treatment control panel, selection at one location shall not give a display at the other location until the requisite selected operations in both locations are completed.

(t) *Facility and shielding requirements.* In addition to chapter 246-221 WAC, the following design requirements shall apply:

(i) Except for entrance doors or beam interceptors, required barriers shall be fixed barriers;

(ii) The treatment control panel shall be located outside the treatment room;

(iii) Windows, mirrors, closed-circuit television, or other equivalent viewing systems shall be provided to permit continuous observation of the patient during irradiation and shall be located so the operator may observe the patient from the treatment control panel. When the viewing system is by electronic means, for example, by television, an alternate viewing system shall be provided for use in the event of the primary system failure, or, alternatively, treatments shall be discontinued until the viewing system is again functional;

(iv) Provision shall be made for two-way aural communication between the patient and the operator at the treatment control panel. However, where excessive noise levels make aural communications impractical, other methods of communication shall be used;

(v) Treatment rooms to which access is possible through two entrances or more shall be provided with warning lights and shall indicate when the useful beam is "on" in a readily observable position near the outside of all access doors; and

(vi) Interlocks shall be provided so entrance doors shall be closed before treatment is initiated or continued. When the radiation beam is interrupted by any door opening, it shall be possible to restore the machine to operation only by closing the door and reinitiating exposure by manual action at the control panel.

(u) *Surveys, calibrations, spot checks and operating procedures.*

(i) *Survey.*

(A) New facilities, and existing facilities not previously surveyed, shall have a survey made by, or under the direction of, a qualified expert. Such surveys shall also be done after a change in the facility or equipment causing a significant increase in radiation hazard.

(B) The registrant shall obtain a written report of the survey from the qualified expert and the registrant shall transmit a copy of the report to the department.

(C) The report shall indicate instances where the installation, in the opinion of the qualified expert, is in violation of applicable regulations and shall cite the section violated.

(ii) *Calibrations.*

(A) The calibration of systems subject to this section shall be performed before the system is first used for irradiation of patient and thereafter at time intervals which do not exceed twelve months and after any change which significantly alters the calibration, spatial distribution, or other characteristics of the therapy beam.

(B) The calibration shall be performed by a qualified expert.

(C) Calibration of the dose equivalent of the therapy beam shall be performed with a measurement instrument of which the calibration is traceable to national standards of exposure or absorbed dose and which shall have been calibrated within the preceding two years.

(D) Calibrations made under subsection (2)(u)(ii) of this section shall require the dose at a reference point in soft tissue be calculated within  $\pm 5$  percent.

(E) The calibration of the therapy beam shall include, but not be limited to, the following determinations:

(I) Verification that the equipment is operating in compliance with the design specifications concerning the light localizer, the side light and back-pointer alignment with the isocenter, when applicable, variation in the axis of rotation for the table, gantry and jaw system, and beam flatness and symmetry at specified depths;

(II) The output factors in terms of dose per monitor unit or dose per minute at a specific depth in a phantom for the range of field sizes used, for each effective energy, and for each treatment distance used for radiation therapy;

(III) The congruence between the radiation field and the field indicated by the localizing device; and

(IV) The uniformity of the radiation field and its dependency upon the direction of the useful beam.

(F) Records of the calibration performed under subsection (2)(u)(ii) of this section shall be maintained by the registrant for two years after completion of the calibration.

(G) A copy of the latest calibration performed under subsection (2)(u)(ii) of this section shall be available for operator use.

(iii) Spot checks. Spot checks shall be performed on the system subject to this section. Such spot checks shall meet the following requirements:

(A) A qualified expert shall develop, in writing, spot check procedures;

(B) The measurements taken during spot checks shall demonstrate the degree of consistency of the operating characteristics affecting the radiation output of the system or the radiation delivered to a patient during a therapy procedure;

(C) The spot check procedures shall specify the frequency of tests or measurements performed;

(D) For systems where beam quality can vary significantly, spot checks shall include quality checks;

(E) Where a system has built-in devices which provide a self-check of any parameter during irradiation, the spot check procedures shall require the parameter be independently verified at specific time intervals;

(F) Erratic spot checks or inconsistent spot checks of calibration data shall be promptly investigated and corrected before the system is used for patient irradiation;

(G) When a spot check indicates a significant change in the operating characteristics of a system, as specified in the qualified expert's spot check procedures, the system shall be recalibrated as required under subsection (2)(u)(ii) of this section;

(H) Records of spot check measurements performed under subsection (2)(u)(iii) of this section shall be maintained by the registrant for a period of one year or for twice as long as the spot check cycle, whichever is greater;

(I) Operating procedures.

(I) No individual other than the patient shall be in the treatment room during treatment of a patient.

(II) If a patient must be held in position during treatment, mechanical supporting or restraining devices shall be used.

(III) The system shall not be used in the administration of radiation therapy unless subsection (2)(u)(i), (ii), and (iii) of this section are met.

<sup>3</sup>The radiation detectors specified under subsection (2)(g) of this section may form part of this system.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-130, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-101, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-101, filed 12/8/80.]

#### WAC 246-225-140 Veterinary medicine radiographic installations. (1) *Equipment.*

(a) The protective tube housing shall be of diagnostic type.

See WAC 246-225-040(4).

(b) Diaphragms, cones, or a stepless adjustable collimator shall be used for collimating the useful beam to the area of clinical interest and shall provide the same degree of protection as is required of the housing. Cones or diaphragms, if used, shall be marked with their field size and the distance at which they are to be used.

(c) The half-value layer (HVL) of the useful beam shall not be less than as shown in the following table:

| Measured Potential (kilovolts peak) | Half-value Layer (millimeters of aluminum equivalent) |
|-------------------------------------|---|
| 70 and below                        | 1.5   |
| 71                                  | 2.1   |
| 80                                  | 2.3   |
| 90                                  | 2.5   |
| 100                                 | 2.7   |
| 110                                 | 3.0   |
| 120                                 | 3.2   |

(d) A device shall be provided to terminate the exposure after a preset time or exposure. It must not be possible for the device to allow an exposure when preset at "zero" or "off."

(e) A dead-man type of exposure switch shall be provided, together with an electrical cord of sufficient length, so that the operator can stand out of the useful beam and at least two meters from the animal during all x-ray exposures.

(f) Reproducibility requirements as described under WAC 246-225-090.

(2) *Structural shielding.* All wall, ceiling, and floor areas shall be equivalent to or provided with applicable protective barriers as required in WAC 246-225-030(1).

(3) *Operating procedures.*

(a) In any application in which the operator is not located behind a protective barrier, clothing consisting of a protective apron having a lead-equivalent of not less than 0.25 millimeters shall be worn by the operator and any other individuals in the room during exposures.

(b) No individual other than the operator shall be in the x-ray room while exposures are being made unless such individual's assistance is required.

(c) When an animal or film must be held in position during radiography, mechanical supporting or restraining devices should be used. If the animal must be held by an individual, that individual shall be protected with appropriate shielding devices, such as protective gloves and apron, and that individual shall be so positioned that no part of that individual's body will be struck by the useful beam. The requirements of WAC 246-221-090, Personnel monitoring, and WAC 246-225-020 (2)(h)(iv) apply to such individuals.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-140, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-110, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-110, filed 12/8/80; Order 1084, § 402-28-110, filed 1/14/76; Order 1, § 402-28-110, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-225-150 X-ray film developing requirements.** Compliance with this section is required of healing arts registrants and is designed to ensure the patient and operator exposure is minimized, and to produce optimum image quality and diagnostic information.

(1) Manual processing of films:

(a) The following relationship between temperature of the developer and development time must be used (standard chemistry only):

| THERMOMETER READINGS<br>(DEGREES) |    | MINIMUM DEVELOPING<br>TIMES<br>(MINUTES) |
|-----------------------------------|----|--|
| C                                 | F  |  |
| 27                                | 80 | 2  |
|                                   | 79 | 2  |
|                                   | 78 | 2 1/2                                    |
|                                   | 77 | 2 1/2                                    |
| 24                                | 76 | 3  |
|                                   | 75 | 3  |
|                                   | 74 | 3 1/2                                    |
|                                   | 73 | 3 1/2                                    |
| 22                                | 72 | 4  |
|                                   | 71 | 4  |
|                                   | 70 | 4 1/2                                    |
|                                   | 69 | 4 1/2                                    |
| 20                                | 68 | 5  |
|                                   | 67 | 5 1/2                                    |
|                                   | 66 | 5 1/2                                    |
|                                   | 65 | 6  |
| 18                                | 64 | 6 1/2                                    |
|                                   | 63 | 7  |
|                                   | 62 | 8  |
|                                   | 61 | 8 1/2                                    |
| 16                                | 60 | 9 1/2                                    |

(b) *Processing of film.* All films shall be processed to achieve adequate sensitometric performance. This criterion shall be adjudged met if:

(i) Film manufacturer's published recommendations for time and temperature are followed; or

(ii) Each film is developed in accordance with the time-temperature chart as required under subdivision (a) of this subsection.

(c) Devices shall be available giving:

(i) The actual temperature of the developer; and

(ii) An audible or visible signal indicating the termination of a preset time (in minutes).

(d) Chemical-film processing control.

(i) Chemicals shall be mixed in accordance with the chemical manufacturer's recommendations.

(ii) Developer replenisher shall be periodically added to the developer tank based on the recommendations of

the chemical or film manufacturer. Solution may be removed from the tank to permit the addition of an adequate volume of replenisher.

(iii) All processing chemicals shall be completely replaced at least every two months.

(2) Automatic film processors shall be set up and maintained so radiographic density and contrast are optimal. This criterion shall be adjudged met if:

(a) Film manufacturer's published specifications for time and temperature are followed. In the absence of such specifications, the film shall be developed using the following chart:

| MINIMAL REQUIRED<br>DEVELOPER TEMPERATURE | PROCESSOR DEVELOPER<br>IMMERSION TIME* |         |
|---|--|---------|
| °C  | °F                                     | Seconds |
| 35  | 95                                     | 20      |
| 34.5                                      | 94                                     | 21      |
| 34  | 93                                     | 22      |
| 33.5                                      | 92                                     | 23      |
| 33  | 91                                     | 24      |
| 32  | 90                                     | 25      |
| 31.5                                      | 89                                     | 26      |
| 31  | 88                                     | 27      |
| 30.5                                      | 87                                     | 28      |
| 30  | 86                                     | 29      |
| 29.5                                      | 85                                     | 30      |

\*Immersion time only, no cross-over time included.

The specified developer temperature and immersion time shall be posted in the dark room or on the automatic processor; and

(b) Replenishment of the developer chemistry is optimal:

(i) The processor shall deliver an adequate rate of developer replenishment; and

(ii) For facilities with a low x-ray workload, standby replenishment, flood replenishment, or periodically sending blank films through the processor may be necessary.

(c) Sensitometric tests of processor performance demonstrate the processor is achieving radiographic density and contrast equal to other processor models operating at equivalent developer immersion time and developer temperatures and using comparable chemistry.

(3) *Darkrooms.* Darkrooms shall be constructed so film being processed, handled, or stored will be exposed only to light passed through a safelight filter. The filter shall be of the type specified by the film manufacturer. Bulb wattage in the safelight shall be no greater than fifteen watts. The safelight shall be mounted at least four feet above work areas.

(4) The department shall make x-ray film development and darkroom tests as necessary to determine compliance with this section.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-150, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-150, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-990, filed 9/16/83; Order 1084, Appendix C (codified as WAC 402-28-990), filed 1/14/76.]

**WAC 246-225-99910 Appendix I--Good practices.**

The following are included in this handbook of regulations as suggested good practices and are not intended to be a regulation. The topics presented in these good practices may, however, become incorporated into the Washington Administrative Code at a future date.

(1) Exchange of information. Because patient exposure to diagnostic x-rays is the most predominant source of exposure to artificially produced ionizing radiation, radiographs should be exchanged among the practitioners of the various healing arts. Such exchange can only benefit patients by reducing the unnecessary repeated exposures of patients who are referred to, or change to, other practitioners.

(2) Patient exposure guidelines. The following patient exposure values should be achievable with high speed image receptor systems, proper filtration, a reasonable radiographic density preference, proper choice of kVp, and proper film development. State radiation safety surveyors can provide registrants with results of measurements of patient exposure values upon request.

**Dental Bitewing (D-Speed Film)\***

| KVP Range Utilized | Upper Limit of Skin Entrance Exposure, mR |
|--------------------|---|
| 50 - 64            | 350                                       |
| 65 - 70            | 300                                       |
| 71 - 80            | 250                                       |
| 81 - 90            | 200                                       |

**Medical (400 Speed Imaging System)\***

| Exam*               | Upper Limit of Skin Entrance Exposure, mR |
|---------------------|---|
| Abdomen (AP)        | 300                                       |
| Lumbar spine (AP)   | 350                                       |
| Cervical spine (AP) | 95  |
| Full spine (AP)     | 150                                       |
| Skull (LAT)         | 70  |
| Chest (PA)          | 10 (Nongrid),<br>15 (Grid)                |

\*On average-size adult patients

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-99910, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-99910, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-99001, filed 9/16/83; Order 1084, Appendix D (codified as WAC 402-28-99001), filed 1/14/76.]

**WAC 246-225-99920 Appendix II--Determination of competency.** The following are areas in which the department considers it important that an individual have expertise for the competent operation of x-ray equipment.

- (1) *Familiarization with equipment.*
  - (a) Identification of controls.

- (b) Function of each control.
- (c) The use of a technique chart.
- (2) *Radiation protection.*
  - (a) Collimation.
  - (b) Filtration.
  - (c) Gonad shielding and other patient protection devices.
  - (d) Restriction of x-ray tube radiation to the image receptor.
  - (e) Personnel protection.
  - (f) Grids.
- (3) *Film processing.*
  - (a) Film speed as relates to patient exposure.
  - (b) Film processing parameters.
  - (c) Quality assurance and quality control.
- (4) *Emergency procedures.*
  - Termination of exposure in event of automatic timing device failure.
  - (5) *Proper use of personnel dosimetry, if required.*
  - (6) *Understanding units of radiation.*

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-99920, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-99920, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-99003, filed 9/16/83; Order 1084, Appendix F (codified as WAC 402-28-99003), filed 1/14/76.]

**WAC 246-225-99930 Appendix III--Information to be submitted by persons proposing to conduct healing arts screening using ionizing radiation.** Persons requesting that the department approve a healing arts screening program shall submit the following information and evaluation:

- (1) Name and address of the applicant and, where applicable, the names and addresses of agents within this state.
- (2) Diseases or conditions and frequency for which the x-ray examinations are to be used.
- (3) Description in detail of the x-ray examinations proposed in the screening program.
- (4) Description of the population to be examined in the screening program, i.e., age, sex, physical condition, and other appropriate information.
- (5) An evaluation of any known alternate methods not involving ionizing radiation which could achieve the goals of the screening program and why these methods are not used in preference to the x-ray examinations.
- (6) An evaluation by a qualified expert of the x-ray system(s) to be used in the screening program. The evaluation by the qualified expert shall show that such system(s) satisfy all requirements of these regulations. The evaluation shall include a measurement of patient exposures from the x-ray examinations to be performed.
- (7) A description of the diagnostic film quality control program.
- (8) A copy of the technique chart for the x-ray examination procedures to be used.
- (9) The qualifications of each individual who will be operating the x-ray system(s).
- (10) The qualifications of the individual who will be supervising the operators of the x-ray system(s). The

extent of supervision and the method of work performance evaluation shall be specified.

(11) The name and address of the individual who will interpret the radiograph(s).

(12) A description of the procedure to be used in advising the individuals screened and their private practitioners of the healing arts of the results of the screening procedure and any further medical needs indicated.

(13) A description of the procedures for the retention or disposition of the radiographs and other records pertaining to the x-ray examinations.

(14) An indication of the frequency of screening and the duration of the entire screening program.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-99930, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-99930, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-99004, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-99004, filed 12/8/80.]

## Chapter 246-228 WAC

### RADIATION PROTECTION--ANALYTICAL X-RAY EQUIPMENT

#### WAC

|             |                         |
|-------------|-------------------------|
| 246-228-030 | Facility requirements.  |
| 246-228-040 | Operating requirements. |
| 246-228-050 | Personnel requirements. |

**WAC 246-228-030 Facility requirements.** (1) *Radiation levels.* The local components of an analytical x-ray system shall be located and arranged and shall include sufficient shielding or access control such that no radiation levels exist in any area surrounding the local component group which could result in a dose to an individual present therein in excess of the dose equivalent limits given in WAC 246-221-060 of these regulations. For systems utilizing x-ray tubes, these levels shall be met at any specified tube rating.

(2) *Surveys.* Radiation surveys, as required by WAC 246-221-110 of all analytical x-ray systems, sufficient to show compliance with WAC 246-228-030(1), shall be performed:

(a) Upon installation of the equipment, and at least once every twelve months thereafter;

(b) Following any change in the initial arrangement, number, or type of local components in the system;

(c) Following any maintenance requiring the disassembly or removal of a local component in the system;

(d) During the performance of maintenance and alignment procedures if the procedures require the presence of a primary x-ray beam when any local component in the system is disassembled or removed;

(e) Any time a visual inspection of the local components in the system reveals an abnormal condition; and

(f) Whenever personnel monitoring devices required in WAC 246-228-050(2) show a significant increase over the previous monitoring period or the readings are approaching 1/10 of the hands and forearm limit specified in WAC 246-221-010.

(g) Radiation survey measurements shall not be required if a registrant or licensee can demonstrate compliance to the satisfaction of the department with WAC 246-228-030(1) in some other manner.

(3) *Posting.* Each area or room containing analytical x-ray equipment shall be conspicuously posted with a sign or signs bearing the radiation symbol and the words "CAUTION - X-RAY EQUIPMENT," or words having a similar intent.

(4) *Documentation of instruction.* Each facility shall maintain written documentation showing that compliance with WAC 246-228-050 has been met, and shall make such documentation available to the department upon request.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-228-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-228-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-40-040, filed 12/8/80; Order 1084, § 402-40-040, filed 1/14/76.]

**WAC 246-228-040 Operating requirements.** (1) *Procedures.* Routine operating procedures shall be written and available to all analytical x-ray equipment workers. No person shall be permitted to operate analytical x-ray equipment in any manner other than that specified in the procedures unless such person has obtained written approval of the radiation safety officer.

(2) *Bypassing.* No person shall bypass a safety device unless such person has obtained the written approval of the radiation safety officer. Such approval shall be for a specified period of time. When a safety device has been bypassed, a readily discernible sign bearing the words "SAFETY DEVICE NOT WORKING," or words having a similar intent, shall be placed on the radiation source housing. The requirements set forth in WAC 246-228-020(1) shall also be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-228-040, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-228-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-40-050, filed 12/8/80; Order 1084, § 402-40-050, filed 1/14/76.]

**WAC 246-228-050 Personnel requirements.** (1) *Instruction.* No person shall be permitted to operate or maintain analytical x-ray equipment unless such person has received instruction in and demonstrated competence as to:

(a) Identification of radiation hazards associated with the use of the equipment;

(b) Significance of the various radiation warning and safety devices incorporated into the equipment, or the reasons they have not been installed on certain pieces of equipment and the extra precautions required in such cases;

(c) Proper operating procedures for the equipment;

(d) Symptoms of an acute localized exposure; and

(e) Proper procedures for reporting an actual or suspected exposure.

(2) *Personnel monitoring.* Finger or wrist dosimetric devices shall be provided to and shall be used by:

(a) Analytical x-ray equipment workers using systems having an open-beam configuration and not equipped with a safety device; and

(b) Personnel maintaining analytical x-ray equipment if the maintenance procedures require the presence of a primary x-ray beam when any local component in the analytical x-ray system is disassembled or removed.

(c) Reported dose values shall not be used for the purpose of determining compliance with WAC 246-221-010 of these regulations unless evaluated by a qualified expert.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-228-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-228-050, filed 12/27/90, effective 1/31/91; Order 1084, § 402-40-060, filed 1/14/76.]

### Chapter 246-229 WAC RADIATION PROTECTION--PARTICLE ACCELERATORS

#### WAC

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| 246-229-001 | Purpose and scope.   |
| 246-229-010 | Registration requirements.   |
| 246-229-020 | General requirements for the issuance of a registration for particle accelerators. |
| 246-229-030 | Human use of particle accelerators.  |
| 246-229-050 | Limitations.   |
| 246-229-060 | Shielding and safety design requirements.  |
| 246-229-080 | Warning devices.   |
| 246-229-090 | Operating procedures.  |
| 246-229-110 | Ventilation systems.   |

**WAC 246-229-001 Purpose and scope.** (1) This chapter establishes procedures for the registration and the use of particle accelerators.

(2) In addition to the requirements of this chapter, all registrants are subject to the requirements of chapters 246-220, 246-224, 246-221, and 246-222 WAC. Registrants engaged in industrial radiographic operations are also subject to the requirements of chapter 246-243 WAC and registrants engaged in the healing arts are also subject to the requirements of chapter 246-225 WAC and/or chapter 246-240 WAC of these regulations. Registrants engaged in the production of radioactive material are also subject to the requirements of chapters 246-232 and 246-235 WAC.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-001, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-010, filed 12/8/80; Order 1084, § 402-44-010, filed 1/14/76.]

**WAC 246-229-010 Registration requirements.** No person shall receive, possess, use, transfer, own, or acquire a particle accelerator except as authorized in a registration issued pursuant to these regulations or as otherwise provided for in these regulations. The general procedures for registration of particle accelerator facilities are included in chapter 246-224 WAC of these regulations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-010, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-010, filed 12/27/90, effective 1/31/91; Order 1084, § 402-44-020, filed 1/14/76.]

**WAC 246-229-020 General requirements for the issuance of a registration for particle accelerators.** (Refer to chapter 246-224 WAC.) In addition to the requirement of chapter 246-224 WAC a registration application for use of a particle accelerator will be approved only if the department determines that:

(1) The applicant is qualified by reason of training and experience to use the accelerator in question for the purpose requested in accordance with this chapter in such a manner as to minimize danger to public health and safety or property;

(2) The applicant's proposed equipment, facilities, operating and emergency procedures are adequate to protect health and minimize danger to public health and safety or property;

(3) The issuance of the registration will not be inimical to the health and safety of the public, and the applicant satisfies any applicable special requirement in WAC 246-229-030;

(4) The applicant has appointed a qualified radiation safety officer;

(5) The applicant and/or the staff has substantial experience in the use of particle accelerators and training sufficient for the intended uses;

(6) The applicant has established a radiation safety committee to approve, in advance, proposals for uses of particle accelerators, whenever deemed necessary by the department; and

(7) The applicant has an adequate training program for particle accelerator operators.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-020, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-030, filed 12/8/80; Order 1084, § 402-44-030, filed 1/14/76.]

**WAC 246-229-030 Human use of particle accelerators.** In addition to the requirements set forth in chapter 246-224 WAC a certificate of registration for use of a particle accelerator in the healing arts will be issued only if:

(1) Whenever deemed necessary by the department, the applicant has appointed a medical committee of at least three members to evaluate all proposals for research, diagnostic, and therapeutic use of a particle accelerator. Membership of the committee should include physicians expert in internal medicine, hematology, therapeutic radiology, and a person experienced in depth dose calculations and protection against radiation;

(2) The individuals designated on the application as the users have substantial training and experience in deep therapy techniques or in the use of particle accelerators to treat humans; and

(3) The individual designated on the application as the user must be a physician.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-040, filed 12/8/80; Order 1084, § 402-44-040, filed 1/14/76.]

**WAC 246-229-050 Limitations.** (1) No registrant shall permit any person to act as a particle accelerator operator until such person:

(a) Has been instructed in radiation safety and shall have demonstrated an understanding thereof;

(b) Has received copies of and instruction in this chapter and the applicable requirements of chapters 246-221 and 246-222 WAC, pertinent registration conditions and the registrant's operating and emergency procedures, and shall have demonstrated understanding thereof;

(c) Has demonstrated competence to use the particle accelerator, related equipment, and survey instruments which will be employed in the individual's assignment; and

(2) The registrant shall maintain records which demonstrate compliance with the requirements of WAC 246-229-050(1).

(3) Either the radiation safety committee or the radiation safety officer shall have the authority to terminate the operations at a particle accelerator facility if such action is deemed necessary to protect health and minimize danger to public health and safety or property.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-060, filed 12/8/80; Order 1084, § 402-44-060, filed 1/14/76.]

**WAC 246-229-060 Shielding and safety design requirements.** (1) A qualified expert, specifically accepted by the department, shall be consulted in the design of a particle accelerator installation and called upon to perform a radiation survey when the accelerator is first capable of producing radiation.

(2) Each particle accelerator installation shall be provided with such primary and/or secondary barriers as are necessary to assure compliance with WAC 246-221-010 and 246-221-060.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-060, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-070, filed 12/8/80; Order 1084, § 402-44-070, filed 1/14/76.]

**WAC 246-229-080 Warning devices.** (1) All locations designated as high radiation areas (except inside treatment rooms designed for human exposure) and entrances to all locations designated as high radiation areas shall be equipped with easily observable flashing or rotating warning lights that operate when, and only when, radiation is being produced.

(2) Except in facilities designed for human exposure, each high radiation area shall have an audible warning device which shall be activated for 15 seconds prior to

the possible creation of such high radiation area. Such warning device shall be clearly discernible in all high radiation areas. The registrant shall instruct all personnel in the vicinity of the particle accelerator as to the meaning of this audible warning signal.

(3) Barriers, temporary or otherwise, and pathways leading to high radiation areas shall be identified in accordance with WAC 246-221-120.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-080, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-090, filed 12/8/80; Order 1084, § 402-44-090, filed 1/14/76.]

**WAC 246-229-090 Operating procedures.** (1) Particle accelerators, when not in operation, shall be secured to prevent unauthorized use.

(2) Only a switch on the accelerator control console shall be routinely used to turn the accelerator beam off and on. The safety interlock system shall not be used to turn off the accelerator beam except in an emergency, or as required in WAC 246-229-090(3).

(3) All safety and warning devices, including interlocks, shall be checked for proper operation at intervals not to exceed three months and after maintenance on such safety and warning devices. Results of such tests shall be maintained for inspection at the accelerator facility.

(4) Electrical circuit diagrams of the accelerator, and the associated interlock systems, shall be kept current and maintained for inspection by the department and available to the operator at each accelerator facility.

(5) If, for any reason, it is necessary to bypass a safety interlock or interlocks intentionally, such action shall be:

(a) Authorized by the radiation safety committee and/or radiation safety officer;

(b) Recorded in a permanent log and a notice posted at the accelerator control console; and

(c) Terminated as soon as possible.

(6) A copy of the current operating and the emergency procedures shall be maintained at the accelerator control panel.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-090, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-100, filed 12/8/80; Order 1084, § 402-44-100, filed 1/14/76.]

**WAC 246-229-110 Ventilation systems.** (1) Means shall be provided to ensure that personnel are not exposed to airborne radioactive materials in excess of those limits specified in WAC 246-221-040, for restricted areas and WAC 246-221-070, for unrestricted areas.

(2) A registrant as required by WAC 246-221-070 shall not vent, release or otherwise discharge airborne radioactive material to an uncontrolled area which exceeds the limits specified in WAC 246-247-040 or 246-221-290 Appendix A - Table II, except as authorized pursuant to WAC 246-221-180 or 246-221-070(2). For

purposes of this paragraph, concentrations may be averaged over a period not greater than one year. Every reasonable effort should be made to maintain releases of radioactive material to uncontrolled areas, as far below these limits as practicable.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-229-110, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-229-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-44-120, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-44-120, filed 12/8/80; Order 1084, § 402-44-120, filed 1/14/76.]

### Chapter 246-232 WAC RADIOACTIVE MATERIAL--LICENSING APPLICABILITY

#### WAC

|             |   |
|-------------|---|
| 246-232-001 | Purpose and scope.                                      |
| 246-232-010 | Exemptions.   |
| 246-232-020 | Types of licenses.                                      |
| 246-232-040 | Reciprocal recognition of licenses.                     |
| 246-232-060 | Termination of licenses.                                |
| 246-232-080 | Transfer of material.                                   |
| 246-232-090 | Transportation.   |
| 246-232-100 | Repealed.   |
| 246-232-110 | Repealed.   |
| 246-232-120 | Schedule B, exempt quantities of radioactive materials. |
| 246-232-130 | Schedule C, exempt concentrations.                      |
| 246-232-990 | Fees.   |

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

|             |   |
|-------------|---|
| 246-232-100 | Requirements for users of the Washington commercial low-level waste disposal site. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080 and chapter 70.121 RCW. 86-17-027 (Order 2406), § 402-19-530, filed 8/13/86. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-530, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-19-530, filed 12/8/80. Statutory Authority: RCW 70.98.080. 80-02-080 (Order 1481), § 402-19-530, filed 1/21/80.] Repealed by 91-15-112 (Order 184), filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 70.98.050 and 70.98.080. |
| 246-232-110 | Large volumes of naturally occurring material. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080 and chapter 70.121 RCW. 86-17-027 (Order 2406), § 402-19-540, filed 8/13/86.] Repealed by 91-15-112 (Order 184), filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 70.98.050 and 70.98.080.  |

**WAC 246-232-001 Purpose and scope.** (1) This chapter prescribes rules governing licensing of radioactive material. No person shall receive, possess, use, transfer, own or acquire radioactive material except as authorized in a specific or general license issued pursuant to chapters 246-233 or 246-235 WAC or as otherwise provided in this chapter.

(2) In addition to the requirements of this chapter, or chapters 246-233 or 246-235 WAC, all licensees are

subject to the requirements of chapters 246-220, 246-221, 246-222, 246-247, and 246-254 WAC. Licensees engaged in the practice of nuclear medicine are subject to the requirements of chapter 246-239 WAC, licensees engaged in industrial radiographic operations are subject to the requirements of chapter 246-243 WAC, licensees using sealed sources in the healing arts are subject to the requirements of chapter 246-240 WAC, licensees using radioactive material in well logging and subsurface tracer studies are subject to the requirements of chapter 246-244 WAC, licensees engaged in land disposal of radioactive waste are subject to the requirements of chapter 246-250 WAC, and licensees owning or operating uranium or thorium mills and associated mill tailings are subject to the requirements of chapter 246-252 WAC.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-010, filed 9/16/83; 79-12-073 (Order 1459), § 402-19-010, filed 11/30/79, effective 1/1/80. Formerly chapter 402-20 WAC.]

#### **WAC 246-232-010 Exemptions.** (1) *Source material.*

(a) Any person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that such person receives, possesses, uses, owns, or transfers source material in any chemical mixture, compound, solution or alloy in which the source material is by weight less than 1/20 of one percent (0.05 percent) of the mixture, compound, solution, or alloy.

(b) Any person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that such person receives, possesses, uses or transfers unrefined and unprocessed ore containing source material: *Provided*, That, except as authorized in a specific license, such person shall not refine or process such ore.

(c) Any person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that such person receives, possesses, uses or transfers:

(i) Any quantities of thorium contained in:

(A) Incandescent gas mantles;

(B) Vacuum tubes;

(C) Welding rods;

(D) Electric lamps for illuminating purposes provided that each lamp does not contain more than fifty milligrams of thorium;

(E) Germicidal lamps, sunlamps and lamps for outdoor or industrial lighting provided that each lamp does not contain more than two grams of thorium;

(F) Rare earth metals and compounds, mixtures, and products containing not more than 0.25 percent by weight thorium, uranium, or any combination of these; or

(G) Personnel neutron dosimeters, provided each dosimeter does not contain more than 50 milligrams of thorium;

(ii) Source material contained in the following products:



(A) Glazed ceramic tableware: *Provided*, That the glaze contains not more than twenty percent by weight source material; and

(B) Piezoelectric ceramic containing not more than two percent by weight source material;

(iii) Photographic film, negatives and prints containing uranium or thorium;

(iv) Any finished product or part fabricated of, or containing, tungsten-thorium or magnesium-thorium alloys: *Provided*, That the thorium content of the alloy does not exceed four percent by weight and that the exemption contained in this subparagraph shall not be deemed to authorize the chemical, physical or metallurgical treatment or processing of any such product or part;

(v) Depleted uranium contained in counterweights installed in aircraft, rockets, projectiles and missiles, or stored or handled in connection with installation or removal of such counterweights, provided that:

(A) The counterweights are manufactured in accordance with a specific license issued by the United States Nuclear Regulatory Commission authorizing distribution by the licensee pursuant to 10 CFR Part 40;

(B) Each counterweight has been impressed with the following legend clearly legible through any plating or other covering: "DEPLETED URANIUM"\*;

(C) Each counterweight is durably and legibly labeled or marked with the identification of the manufacturer and the statement: "UNAUTHORIZED ALTERATIONS PROHIBITED"\*; and

(D) The exemption contained in this subparagraph shall not be deemed to authorize the chemical, physical or metallurgical treatment or processing of any such counterweight other than repair or restoration of any plating or other covering;

\*Note: The requirements specified in (c)(v)(B) and (C) of this subsection need not be met by counterweights manufactured prior to December 31, 1969: *Provided*, That such counterweights are impressed with the legend, "CAUTION - RADIOACTIVE MATERIAL - URANIUM," as previously required by the regulations.

(vi) Depleted uranium used as shielding constituting part of any shipping container which is conspicuously and legibly impressed with the legend "CAUTION - RADIOACTIVE SHIELDING - URANIUM" and the uranium metal is encased in mild steel or in an equally fire resistant metal of a minimum wall thickness of 3.2 millimeters.

(vii) Thorium contained in finished optical lenses: *Provided*, That each lens does not contain more than thirty percent by weight of thorium, and that the exemption contained in this subparagraph shall not be deemed to authorize either:

(A) The shaping, grinding or polishing of such lens or manufacturing processes other than the assembly of such lens into optical systems and devices without alteration of the lens; or

(B) The receipt, possession, use or transfer of thorium contained in contact lenses, or in spectacles, or in eye-pieces in binoculars or other optical instruments;

(viii) Uranium contained in detector heads for use in fire detection units: *Provided*, That each detector head contains not more than 0.005 microcuries of uranium; or

(ix) Thorium contained in any finished aircraft engine part containing nickel-thoria alloy, provided that:

(A) The thorium is dispersed in the nickel-thoria alloy in the form of finely divided thoria (thorium dioxide); and

(B) The thorium content in the nickel-thoria alloy does not exceed four percent by weight.

(d) The exemptions in (c) of this subsection do not authorize the manufacture of any of the products described.

(2) *Radioactive material other than source material.*

(a) Exempt concentrations.

(i) Except as provided in (a)(ii) of this subsection any person is exempt from this chapter and chapters 246-233 and 246-235 WAC to the extent that such person receives, possesses, uses, transfers, owns or acquires products or materials containing radioactive material in concentrations not in excess of those listed in WAC 246-232-130, Schedule C.

(ii) No person may introduce radioactive material into a product or material, knowing or having reason to believe, that it will be transferred to persons exempt under (a)(i) of this subsection or equivalent regulations of the United States Nuclear Regulatory Commission, any agreement state or licensing state, except in accordance with a specific license issued pursuant to WAC 246-235-100(1) or the general license provided in WAC 246-232-040.

(b) Exempt quantities.

(i) Except as provided in (b)(ii) and (iii) of this subsection any person is exempt from these regulations to the extent that such person receives, possesses, uses, transfers, owns or acquires radioactive material in individual quantities each of which does not exceed the applicable quantity set forth in WAC 246-232-120, Schedule B.

(ii) This paragraph, WAC 246-232-010 (2)(b), does not authorize the production, packaging or repackaging of radioactive material for purposes of commercial distribution, or the incorporation of radioactive material into products intended for commercial distribution.

(iii) No person may, for purposes of commercial distribution, transfer radioactive material in the individual quantities set forth in WAC 246-232-120, Schedule B, knowing or having reason to believe that such quantities of radioactive material will be transferred to persons exempt under (b) of this subsection or equivalent regulations of the United States Nuclear Regulatory Commission or any agreement state or licensing state, except in accordance with a specific license issued by the United States Nuclear Regulatory Commission, pursuant to Section 32.18 of 10 CFR Part 32 or by the department pursuant to WAC 246-235-100(2) which license states that the radioactive material may be transferred by the licensee to persons exempt under (b) of this subsection or the equivalent regulations of the United States Nuclear Regulatory Commission or any agreement state or licensing state.

(c) Exempt items.

(i) Certain items containing radioactive material. Except for persons who apply radioactive material to, or persons who incorporate radioactive material into the following products, any person is exempt from these regulations to the extent that person receives, possesses, uses, transfers, owns or acquires the following products:\*

\*Note: Authority to transfer possession or control by the manufacturer, processor, or producer of any equipment, device, commodity, or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(A) Timepieces or hands or dials containing not more than the following specified quantities of radioactive material and not exceeding the following specified levels of radiation:

- 25 millicuries of tritium per timepiece;
- 5 millicuries of tritium per hand;
- 15 millicuries of tritium per dial (bezels when used shall be considered as part of the dial);
- 100 microcuries of promethium - 147 per watch or 200 microcuries of promethium - 147 per any other timepiece;
- 20 microcuries of promethium - 147 per watch hand or 40 microcuries of promethium - 147 per other timepiece hand;
- 60 microcuries of promethium - 147 per watch dial or 120 microcuries of promethium - 147 per other timepiece dial (bezels when used shall be considered as part of the dial);
- The levels of radiation from hands and dials containing promethium - 147 will not exceed, when measured through 50 milligrams per square centimeter of absorber:
- For wrist watches, 0.1 millirad per hour at 1 centimeter from any surface;
- For pocket watches, 0.1 millirad per hour at 1 centimeter from any surface;
- For any other timepiece, 0.2 millirad per hour at 10 centimeters from any surface.
- One microcurie of radium-226 per timepiece in timepieces manufactured prior to the effective date of these regulations.

(B) Lock illuminators containing not more than 15 millicuries of tritium or not more than 2 millicuries of promethium - 147 installed in automobile locks. The levels of radiation from each lock illuminator containing promethium - 147 will not exceed 1 millirad per hour at 1 centimeter from any surface when measured through 50 milligrams per square centimeter of absorber.

(C) Precision balances containing not more than 1 millicurie of tritium per balance or not more than 0.5 millicurie of tritium per balance part.

(D) Automobile shift quadrants containing not more than 25 millicuries of tritium.

(E) Marine compasses containing not more than 750 millicuries of tritium gas and other marine navigational

instruments containing not more than 250 millicuries of tritium gas.

(F) Thermostat dials and pointers containing not more than 25 millicuries of tritium per thermostat.

(G) Electron tubes: *Provided*, That each tube does not contain more than one of the following specified quantities of radioactive material:

(aa) 150 millicuries of tritium per microwave receiver protector tube or 10 millicuries of tritium per any other electron tube;

(bb) 1 microcurie of cobalt-60;

(cc) 5 microcuries of nickel-63;

(dd) 30 microcuries of krypton-85;

(ee) 5 microcuries of cesium-137;

(ff) 30 microcuries of promethium-147;

(gg) 1 microcurie of radium-226;

*And provided further*, That the levels of radiation from each electron tube containing radioactive material does not exceed 1 millirad per hour at 1 centimeter from any surface when measured through 7 milligrams per square centimeter of absorber.\*

\*Note: For purposes of this subdivision, "electron tubes" include spark gap tubes, power tubes, gas tubes including glow lamps, receiving tubes, microwave tubes, indicator tubes, pick-up tubes, radiation detection tubes, and any other completely sealed tube that is designed to conduct or control electrical currents.

(H) Ionizing radiation measuring instruments containing, for purposes of internal calibration or standardization, a source of radioactive material not exceeding 0.05 microcuries of americium-241 or the applicable quantity set forth in WAC 246-232-120, Schedule B.

(I) Spark gap irradiators containing not more than 1 microcurie of cobalt-60 per spark gap irradiator for use in electrically ignited fuel oil burners having a firing rate of at least three gallons (11.4 liters) per hour.

(ii) Self-luminous products containing radioactive material(s).

(A) Tritium, krypton-85 or promethium-147. Except for persons who manufacture, process or produce self-luminous products containing tritium, krypton-85 or promethium-147, any person is exempt from these regulations to the extent that such person receives, possesses, uses, transfers, owns or acquires tritium, krypton-85 or promethium-147 in self-luminous products manufactured, processed, produced, imported or transferred in accordance with a specific license issued by the United States Nuclear Regulatory Commission pursuant to Section 32.22 of 10 CFR Part 32, which license authorizes the transfer of the product to persons who are exempt from regulatory requirements. The exemption in (c)(ii) of this subsection does not apply to tritium, krypton-85 or promethium-147 used in products for frivolous purposes or in toys or adornments.

(B) Radium-226. Any person is exempt from these regulations to the extent that such person receives, possesses, uses, transfers or owns articles containing less than 0.1 microcurie of radium-226 which were manufactured prior to October 1983.

(iii) Gas and aerosol detectors containing radioactive material.

(A) Except for persons who manufacture, process or produce gas and aerosol detectors containing radioactive material, any person is exempt from these regulations to the extent that such person receives, possesses, uses, transfers, owns or acquires radioactive material in gas and aerosol detectors designed to protect life or property from fires and airborne hazards: *Provided*, That detectors containing radioactive material shall have been manufactured, imported, or transferred in accordance with a specific license issued by the United States Nuclear Regulatory Commission\* or an agreement state, pursuant to Section 32.26 of 10 CFR Part 32, or licensing state pursuant to WAC 246-235-100(3), which authorizes the transfer of the detectors to persons who are exempt from regulatory requirements.

\*Note: Authority to transfer possession or control by the manufacturer, processor, or producer of any equipment, device, commodity, or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(B) Gas and aerosol detectors previously manufactured and distributed to general licensees in accordance with a specific license issued by an agreement state shall be considered exempt under (c)(iii)(A) of this subsection: *Provided*, That the device is labeled in accordance with the specific license authorizing distribution of the generally licensed device: *And provided further*, That they meet the requirements of WAC 246-235-100(3).

(C) Gas and aerosol detectors containing naturally occurring and accelerator-produced radioactive material (NARM) previously manufactured and distributed in accordance with a specific license issued by a licensing state shall be considered exempt under (c)(iii)(A) of this subsection: *Provided*, That the device is labeled in accordance with the specific license authorizing distribution of the generally licensed device, and provided further that they meet the requirements of WAC 246-235-100(3).

(iv) Resins containing scandium-46 and designed for sand consolidation in oil wells. Any person is exempt from these regulations to the extent that such person receives, possesses, uses, transfers, owns or acquires synthetic plastic resins containing scandium-46 which are designed for sand consolidation in oil wells. Such resins shall have been manufactured or imported in accordance with a specific license issued by the United States Nuclear Regulatory Commission or shall have been manufactured in accordance with the specifications contained in a specific license issued by the department or any agreement state to the manufacturer of such resins pursuant to licensing requirements equivalent to those in Sections 32.16 and 32.17 of 10 CFR Part 32 of the regulations of the United States Nuclear Regulatory Commission. This exemption does not authorize the manufacture of any resins containing scandium-46.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-010, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 70.98.080. 87-01-031 (Order 2450), § 402-19-190, filed 12/11/86; 83-19-050 (Order 2026), § 402-19-190, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-19-190, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-19-190, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-190.]

**WAC 246-232-020 Types of licenses.** Licenses for radioactive materials are of two types: General and specific.

(1) General licenses provided in chapter 246-233 WAC are effective without the filing of applications with the department or the issuance of licensing documents to the particular persons, although the filing of a certificate with the department may be required by the particular general license. The general licensee is subject to all other applicable portions of these regulations and any limitations of the general license.

(2) Specific licenses require the submission of an application to the department and the issuance of a licensing document by the department. The licensee is subject to all applicable portions of these regulations as well as any limitations specified in the licensing document. (See chapter 246-235 WAC.)

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-19-220, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-020.]

**WAC 246-232-040 Reciprocal recognition of licenses.** (1) Subject to these regulations, any person who holds a specific license from the United States Nuclear Regulatory Commission or any agreement state or licensing state, and issued by the agency having jurisdiction where the licensee maintains an office for directing the licensed activity and at which radiation safety records are normally maintained, is hereby granted a general license to conduct the activities authorized in such licensing document within this state for a period not in excess of one hundred eighty days in that twelve month period which commences the date approval is granted, and the appropriate fee received, by the department provided that:

(a) The licensing document does not limit the activity authorized by such document to specified installations or locations;

(b) The out-of-state licensee notifies the department in writing and pays or has paid the appropriate fee (refer to chapter 246-254 WAC), at least three days prior to each entry to the state to engage in such activity. The written notification must be sent to the Radioactive Materials Section, Department of Health, Mailstop LE-13, Olympia, Washington 98504 and the fee should be sent to Washington State Department of Health, Revenue Accounting, P.O. Box 1099, Olympia, Washington 98504. Such notification shall indicate the location, period, and type of proposed possession and use within the state, and shall be accompanied by copies of the pertinent licensing documents. If, for a specific case, the three-day period would impose an undue hardship on

the out-of-state licensee, the licensee may, upon telephone application to the department (206-753-4481), obtain permission to proceed sooner. The department may waive the requirement for filing additional written notifications during the remainder of the twelve months following the receipt of the initial notification from a person engaging in activities under the general license provided in this subsection;

(c) The out-of-state licensee complies with all applicable regulations of the department and with all the terms and conditions of the licensing document, except any such terms and conditions which may be inconsistent with applicable regulations of the department;

(d) The out-of-state licensee supplies such other information as the department may request; and

(e) The out-of-state licensee shall not transfer or dispose of radioactive material possessed or used under the general license provided in this subsection except by transfer to a person:

(i) Specifically licensed by the department or by the United States Nuclear Regulatory Commission, an agreement state or a licensing state to receive such material; or

(ii) Exempt from the requirements for a license for such material under WAC 246-232-010 (2)(a).

(2) Notwithstanding the provisions of subsection (1) of this section, any person who holds a specific license issued by the United States Nuclear Regulatory Commission, an agreement state or a licensing state authorizing the holder to manufacture, transfer, install, or service a device described in WAC 246-233-020(4) within the areas subject to the jurisdiction of the licensing body is hereby granted a general license to install, transfer, demonstrate or service a device in this state provided that:

(a) Such person shall file a report with the department within thirty days after the end of each calendar quarter in which any device is transferred to or installed in this state. Each such report shall identify each general licensee to whom such device is transferred by name and address, the type of device transferred, and the quantity and type of radioactive material contained in the device;

(b) The device has been manufactured, labeled, installed, and serviced in accordance with applicable provisions of the specific license issued to such person by the United States Nuclear Regulatory Commission, an agreement state or a licensing state;

(c) Such person shall assure that any labels required to be affixed to the device under regulations of the authority which licensed manufacture of the device bear a statement that "Removal of this label is prohibited"; and

(d) The holder of the specific license shall furnish to each general licensee to whom such device is transferred or on whose premises such device is installed a copy of the general license contained in WAC 246-233-020(4).

(3) The department may withdraw, limit, or qualify its acceptance of any specific license or equivalent licensing document issued by another agency, or any product distributed pursuant to such licensing document,

upon determining that such action is necessary in order to prevent undue hazard to public health and safety or property.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-19-250, filed 12/11/86; 83-19-050 (Order 2026), § 402-19-250, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-19-250, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-19-250, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-210.]

#### **WAC 246-232-060 Termination of licenses. (1)**

Each specific licensee shall immediately notify the department in writing when the licensee decides to permanently discontinue all activities involving materials authorized under the license and request termination of the license. This notification and request for termination of the license must include the reports and information specified in subsection (3) (c) and (d) of this section. The licensee is subject to the provisions of subsections (3) and (4) of this section, as applicable.

(2) No less than thirty days before the expiration date specified in a specific license, the licensee shall either:

(a) Submit an application for license renewal under WAC 246-235-050; or

(b) Notify the department in writing if the licensee decides not to renew the license.

(3) If a licensee does not submit an application for license renewal under WAC 246-235-050, the licensee shall on or before the expiration date specified in the license:

(a) Terminate use of byproduct material;

(b) Properly dispose of byproduct material;

(c) Submit a completed departmental form "Certificate of disposition of radioactive material"; and

(d) Submit a radiation survey report to confirm the absence of radioactive materials or establish the levels of radioactive contamination, unless the department determines a radiation survey report is not necessary.

(i) If no radioactive contamination attributable to activities conducted under the license is detected, the licensee shall submit a certification that no detectable radioactive contamination was found. If the information submitted under this paragraph and subsection (3) (c) and (d) of this section is adequate, the department will notify the licensee in writing that the license is terminated.

(ii) If detectable levels of radioactive contamination attributable to activities conducted under the license are found, the license continues in effect beyond the expiration date, if necessary, with respect to possession of residual radioactive material present as contamination until the department notifies the licensee in writing that the license is terminated. During this time, the licensee is subject to the provisions of subsection (4) of this section. In addition to the information submitted under subsection (3)(c) and (d) of this section, the licensee shall submit a plan for decontamination, if necessary.

(4) Each licensee who possesses residual byproduct material under subsection (3)(d)(ii) of this section, following the expiration of the facility and/or equipment date specified in the license, shall:

(a) Be limited to actions, involving radioactive material related to decontamination and preparation for release for unrestricted use; and

(b) Continue to control entry to restricted areas until they are suitable for release for unrestricted use and the department notifies the licensee in writing that the license is terminated. The guidance contained in WAC 246-232-140, Schedule D, shall be used in making this determination.

(5) Each general licensee licensed under the provisions of WAC 246-233-020(8), shall immediately notify the department in writing when the licensee decides to discontinue all activities involving radioactive materials authorized under the general license. Such notification shall include a description of how the generally licensed material was disposed and the results of facility surveys, if applicable, to confirm the absence of radioactive materials.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-330, filed 9/16/83.]

**WAC 246-232-080 Transfer of material.** (1) No licensee shall transfer radioactive material except as authorized pursuant to this section.

(2) Except as otherwise provided in the license and subject to the provisions of this section, any licensee may transfer radioactive material:

(a) To the department. A licensee may transfer material to the department only after receiving prior approval from the department;

(b) To the United States Department of Energy;

(c) To any person exempt from the regulations in this part to the extent permitted under such exemption;

(d) To any person authorized to receive such material under terms of a general license or its equivalent, or a specific license or equivalent licensing document, issued by the department, the United States Nuclear Regulatory Commission, any agreement state or any licensing state, or to any person otherwise authorized to receive such material by the federal government or any agency thereof, the department, any agreement state or any licensing state; or

(e) As otherwise authorized by the department in writing.

(3) Before transferring radioactive material to a specific licensee of the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state, or to a general licensee who is required to register with the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state prior to receipt of the radioactive material, the licensee transferring the material shall verify that the transferee's license authorizes the receipt of the type,

form, and quantity of radioactive material to be transferred.

(4) The following methods for the verification required by subsection (3) of this section are acceptable:

(a) The transferor may obtain for possession, and read, a current copy of the transferee's specific license or registration certificate;

(b) The transferor may obtain for possession a written certification from the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date;

(c) For emergency shipments the transferor may accept oral certification by the transferee that the transferee is authorized by license or registration certificate to receive the type, form, and quantity of radioactive material to be transferred, specifying the license or registration certificate number, issuing agency, and expiration date: *Provided*, That the oral certification is confirmed in writing within ten days;

(d) The transferor may obtain other sources of information compiled by a reporting service from official records of the department, the United States Nuclear Regulatory Commission, the licensing agency of an agreement state or a licensing state as to the identity of licensees and the scope and expiration dates of licenses and registration; or

(e) When none of the methods of verification described in subsection (4) of this section are readily available or when a transferor desires to verify that information received by one of such methods is correct or up-to-date, the transferor may obtain and record confirmation from the department, the United States Nuclear Regulatory Commission, or the licensing agency of an agreement state or a licensing state that the transferee is licensed to receive the radioactive material.

(5) Preparation for shipment and transport of radioactive material shall be in accordance with the provisions of WAC 246-232-090.

(6) The requirements of subsection (4) of this section notwithstanding, no verification is required when returning used, unused or decayed sources of radiation to the original manufacturer, (e.g., industrial radiography sources, teletherapy sources, portable moisture/density gauge sources, fixed gauge sources, and Mo-99/Tc-99m generators).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-19-400, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-19-400, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-19-400, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-170.]

**WAC 246-232-090 Transportation.** (1) *Transportation of radioactive material.* No person shall deliver radioactive material to a carrier for transport or transport radioactive material except as authorized in a general or

specific license issued by the department or as exempted in subsection (2) of this section.

(2) *Exemptions.*

(a) Common and contract carriers, freight forwarders, and warehousemen who are subject to the rules and regulations of the United States Department of Transportation (49 CFR Parts 170 through 189) or the United States Postal Service (Domestic Mail Manual, Section 124.3 incorporated by reference, 39 CFR 111.11 (1974)) are exempt from this section to the extent that they transport or store radioactive material in the regular course of their carriage for another or storage incident thereto. Common and contract carriers who are not subject to the rules and regulations of the United States Department of Transportation or United States Postal Service are subject to subsection (1) of this section and other applicable sections of these regulations.

(b) Physicians, as defined in WAC 246-220-010, are exempt from the requirements of this section only to the extent that they transport radioactive material for emergency use in the practice of medicine.

(c) Specific licensees are exempt from this section to the extent that they deliver to a carrier for transport packages each of which contains no radioactive material having a specific activity in excess of 0.002 microcurie per gram.

(d) Any licensee who delivers radioactive material to a carrier for transport, where such transport is subject to the regulations of the United States Postal Service, is exempt from the provisions of subsection (1) of this section.

(3) *General licenses for carriers.*

(a) A general license is hereby issued to any common or contract carrier not exempted under subsection (2) of this section to receive, possess, transport and store radioactive material in the regular course of their carriage for another or storage incident thereto, provided the transportation and storage is in accordance with the applicable requirements of the regulations, appropriate to the mode of transport, of the United States Department of Transportation.

(b) A general license is hereby issued to any private carrier to transport radioactive material, provided the transportation is in accordance with the applicable requirements of the regulations, appropriate to the mode of transport, of the United States Department of Transportation insofar as such regulations relate to the loading and storage of packages, placarding of the transporting vehicle, shipping papers, and incident reporting.<sup>1</sup>

(c) Persons who transport radioactive material pursuant to the general licenses in (a) or (b) of this subsection are exempt from the requirements of chapters 246-221 and 246-222 WAC of these regulations to the extent that they transport radioactive material.

(4) *Preparation of radioactive material for transport.* A general license is hereby issued to deliver radioactive material to a carrier<sup>2</sup> for transport provided that:

(a) The licensee complies with the applicable requirements of the regulations, appropriate to the mode of

transport, of the United States Department of Transportation insofar as such regulations relate to the packaging of radioactive material, to shipping papers, and to the monitoring, marking and labeling of those packages.

(b) The licensee has established procedures for opening and closing packages in which radioactive material is transported to provide safety and to assure that, prior to the delivery to a carrier for transport, each package is properly closed for transport.

(c) Prior to delivery of a package to a carrier for transport, the licensee shall assure that any special instructions needed to safely open the package are sent to or have been made available to the consignee.

(d) In addition to the requirements of the United States Department of Transportation, each package of Type A or Type B quantity radioactive material prepared for shipment must have the innermost container labeled as to the isotope, chemical form, number of curies or subunits thereof, and date of determination of activity and each innermost container shall be tested to assure that the container is properly sealed and that contamination which would cause undue hazard to public health and safety or property is not present prior to transportation. This requirement does not apply to properly packaged shipments of radioactive waste consigned to a commercial low level waste burial facility.

(5) *Transport of nuclear waste—Advance notification requirement.* Prior to the transport of any nuclear waste outside of the confines of the licensee's plant or other place of use or storage, or prior to the delivery of any nuclear waste to a carrier for transport, each licensee shall comply with the procedures in this subsection for advance notification to the governor of a state or the governor's designee for the transport of nuclear waste to, through, or across the boundary of the state.

(a) Where, when, and how advance notification must be sent. The notification required by subsection (5) of this section must be made in writing to the office of each appropriate governor or governor's designee and to the director of the appropriate Nuclear Regulatory Commission Regional Office. A notification delivered by mail must be postmarked at least seven days before the beginning of the seven-day period during which departure of the shipment is estimated to occur. A notification delivered by messenger must reach the office of the governor or of the governor's designee at least four days before the beginning of the seven-day period during which departure of the shipment is estimated to occur. A list of the mailing addresses of the governors and governors' designees is available upon request from the Director, Office of State Programs, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555. A copy of the notification shall be retained by the licensee as a record for one year.

(b) Information to be furnished in advance notification of shipment. Each advance notification of shipments of nuclear waste must contain the following information:

(i) The name, address, and telephone number of the shipper, carrier, and receiver of the nuclear waste shipment;

(ii) A description of the nuclear waste contained in the shipment as required by the regulations of the U.S. Department of Transportation in 49 CFR §§ 172.202 and 172.203(d);

(iii) The point of origin of the shipment, and the seven-day period during which departure of the shipment is estimated to occur;

(iv) The seven-day period during which arrival of the shipment at state boundaries is estimated to occur;

(v) The destination of the shipment, and the seven-day period during which arrival of the shipment is estimated to occur; and

(vi) A point of contact with a telephone number for current shipment information.

(c) Revision notice. A licensee who finds that schedule information previously furnished to a governor or governor's designee in accordance with (a) and (b) of this subsection will not be met, shall telephone a responsible individual in the office of the governor of the state or of the governor's designee and inform that individual of the extent of the delay relative to the schedule originally reported in writing under the provisions of (a) and (b) of this subsection. The licensee shall maintain a record of the name of the individual contacted for one year.

(d) Cancellation notice. Each licensee who cancels a nuclear waste shipment for which advance notification has been sent as required by this subsection shall send a cancellation notice to the governor of each state or the governor's designee previously notified and to the director of the appropriate Nuclear Regulatory Commission Inspection and Enforcement Regional Office. The notice shall state that it is a cancellation and shall identify the advance notification which is being cancelled. A copy of the notice shall be retained by the licensee as a record for one year.

<sup>1</sup>Any notification of incidents referred to in those requirements shall be filed with, or made to, the department.

<sup>2</sup>For the purpose of this regulation, licensees who transport their own licensed material as private carriers are considered to have delivered such material to a carrier for transport.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-500, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-19-500, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-19-500, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-220.]

**WAC 246-232-100 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-232-110 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-232-120 Schedule B, exempt quantities of radioactive materials.** (See also WAC 246-232-010 (2)(b).)

| Radioactive Material  | Microcuries |
|-----------------------|-------------|
| Antimony-122 (Sb-122) | 100         |
| Antimony-124 (Sb-124) | 10          |

| Radioactive Material       | Microcuries |
|----------------------------|-------------|
| Antimony-125 (Sb-125)      | 10          |
| Arsenic-73 (As-73)         | 100         |
| Arsenic-74 (As-74)         | 10          |
| Arsenic-76 (As-76)         | 10          |
| Arsenic-77 (As-77)         | 100         |
| Barium-131 (Ba-131)        | 10          |
| Barium-133 (Ba-133)        | 10          |
| Barium-140 (Ba-140)        | 10          |
| Bismuth-210 (Bi-210)       | 1           |
| Bromine-82 (Br-82)         | 10          |
| Cadmium-109 (Cd-109)       | 10          |
| Cadmium-115m (Cd-115m)     | 10          |
| Cadmium-115 (Cd-115)       | 100         |
| Calcium-45 (Ca-45)         | 10          |
| Calcium-47 (Ca-47)         | 10          |
| Carbon-14 (C-14)           | 100         |
| Cerium-141 (Ce-141)        | 100         |
| Cerium-143 (Ce-143)        | 100         |
| Cerium-144 (Ce-144)        | 1           |
| Cesium-129 (Cs-129)        | 100         |
| Cesium-131 (Cs-131)        | 1,000       |
| Cesium-134m (Cs-134m)      | 100         |
| Cesium-134 (Cs-134)        | 1           |
| Cesium-135 (Cs-135)        | 10          |
| Cesium-136 (Cs-136)        | 10          |
| Cesium-137 (Cs-137)        | 10          |
| Chlorine-36 (Cl-36)        | 10          |
| Chlorine-38 (Cl-38)        | 10          |
| Chromium-51 (Cr-51)        | 1,000       |
| Cobalt-57 (Co-57)          | 100         |
| Cobalt-58m (Co-58m)        | 10          |
| Cobalt-58 (Co-58)          | 10          |
| Cobalt-60 (Co-60)          | 1           |
| Copper-64 (Cu-64)          | 100         |
| Dysprosium-165 (Dy-165)    | 10          |
| Dysprosium-166 (Dy-166)    | 100         |
| Erbium-169 (Er-169)        | 100         |
| Erbium-171 (Er-171)        | 100         |
| Europium-152 (Eu-152) 9.2h | 100         |
| Europium-152 (Eu-152) 13 y | 1           |
| Europium-154 (Eu-154)      | 1           |
| Europium-155 (Eu-155)      | 10          |
| Fluorine-18 (F-18)         | 1,000       |
| Gadolinium-153 (Gd-153)    | 10          |
| Gadolinium-159 (Gd-159)    | 100         |
| Gallium-67 (Ga-67)         | 100         |
| Gallium-72 (Ga-72)         | 10          |
| Germanium-71 (Ge-71)       | 100         |
| Gold-198 (Au-198)          | 100         |
| Gold-199 (Au-199)          | 100         |
| Hafnium-181 (Hf-181)       | 10          |
| Holmium-166 (Ho-166)       | 100         |
| Hydrogen-3 (H-3)           | 1,000       |
| Indium-111 (In-111)        | 100         |
| Indium-113m (In-113m)      | 100         |
| Indium-114m (In-114m)      | 10          |
| Indium-115m (In-115m)      | 100         |
| Indium-115 (In-115)        | 10          |
| Iodine-123 (I-123)         | 100         |

| Radioactive Material      | Microcuries | Radioactive Material     | Microcuries |
|---------------------------|-------------|--------------------------|-------------|
| Iodine-125 (I-125)        | 1           | Ruthenium-97 (Ru-97)     | 100         |
| Iodine-126 (I-126)        | 1           | Ruthenium-103 (Ru-103)   | 10          |
| Iodine-129 (I-129)        | 0.1         | Ruthenium-105 (Ru-105)   | 10          |
| Iodine-131 (I-131)        | 1           | Ruthenium-106 (Ru-106)   | 1           |
| Iodine-132 (I-132)        | 10          | Samarium-151 (Sm-151)    | 10          |
| Iodine-133 (I-133)        | 1           | Samarium-153 (Sm-153)    | 100         |
| Iodine-134 (I-134)        | 10          | Scandium-46 (Sc-46)      | 10          |
| Iodine-135 (I-135)        | 10          | Scandium-47 (Sc-47)      | 100         |
| Iridium-192 (Ir-192)      | 10          | Scandium-48 (Sc-48)      | 10          |
| Iridium-194 (Ir-194)      | 100         | Selenium-75 (Se-75)      | 10          |
| Iron-52 (Fe-52)           | 10          | Silicon-31 (Si-31)       | 100         |
| Iron-55 (Fe-55)           | 100         | Silver-105 (Ag-105)      | 10          |
| Iron-59 (Fe-59)           | 10          | Silver-110m (Ag-110m)    | 1           |
| Krypton-85 (Kr-85)        | 100         | Silver-111 (Ag-111)      | 100         |
| Krypton-87 (Kr-87)        | 10          | Sodium-22 (Na-22)        | 10          |
| Lanthanum-140 (La-140)    | 10          | Sodium-24 (Na-24)        | 10          |
| Lutetium-177 (Lu-177)     | 100         | Strontium-85 (Sr-85)     | 10          |
| Manganese-52 (Mn-52)      | 10          | Strontium-89 (Sr-89)     | 1           |
| Manganese-54 (Mn-54)      | 10          | Strontium-90 (Sr-90)     | 0.1         |
| Manganese-56 (Mn-56)      | 10          | Strontium-91 (Sr-91)     | 10          |
| Mercury-197m (Hg-197m)    | 100         | Strontium-92 (Sr-92)     | 10          |
| Mercury-197 (Hg-197)      | 100         | Sulphur-35 (S-35)        | 100         |
| Mercury-203 (Hg-203)      | 10          | Tantalum-182 (Ta-182)    | 10          |
| Molybdenum-99 (Mo-99)     | 100         | Technetium-96 (Tc-96)    | 10          |
| Neodymium-147 (Nd-147)    | 100         | Technetium-97m (Tc-97m)  | 100         |
| Neodymium-149 (Nd-149)    | 100         | Technetium-97 (Tc-97)    | 100         |
| Nickel-59 (Ni-59)         | 100         | Technetium-99m (Tc-99m)  | 100         |
| Nickel-63 (Ni-63)         | 10          | Technetium-99 (Tc-99)    | 10          |
| Nickel-65 (Ni-65)         | 100         | Tellurium-125m (Te-125m) | 10          |
| Niobium-93m (Nb-93m)      | 10          | Tellurium-127m (Te-127m) | 10          |
| Niobium-95 (Nb-95)        | 10          | Tellurium-127 (Te-127)   | 100         |
| Niobium-97 (Nb-97)        | 10          | Tellurium-129m (Te-129m) | 10          |
| Osmium-185 (Os-185)       | 10          | Tellurium-129 (Te-129)   | 100         |
| Osmium-191m (Os-191m)     | 100         | Tellurium-131m (Te-131m) | 10          |
| Osmium-191 (Os-191)       | 100         | Tellurium-132 (Te-132)   | 10          |
| Osmium-193 (Os-193)       | 100         | Terbium-160 (Tb-160)     | 10          |
| Palladium-103 (Pd-103)    | 100         | Thallium-200 (Tl-200)    | 100         |
| Palladium-109 (Pd-109)    | 100         | Thallium-201 (Tl-201)    | 100         |
| Phosphorus-32 (P-32)      | 10          | Thallium-202 (Tl-202)    | 100         |
| Platinum-191 (Pt-191)     | 100         | Thallium-204 (Tl-204)    | 10          |
| Platinum-193m (Pt-193m)   | 100         | Thulium-170 (Tm-170)     | 10          |
| Platinum-193 (Pt-193)     | 100         | Thulium-171 (Tm-171)     | 10          |
| Platinum-197m (Pt-197m)   | 100         | Tin-113 (Sn-113)         | 10          |
| Platinum-197 (Pt-197)     | 100         | Tin-125 (Sn-125)         | 10          |
| Polonium-210 (Po-210)     | 0.1         | Tungsten-181 (W-181)     | 10          |
| Potassium-42 (K-42)       | 10          | Tungsten-185 (W-185)     | 10          |
| Potassium-43 (K-43)       | 10          | Tungsten-187 (W-187)     | 100         |
| Praseodymium-142 (Pr-142) | 100         | Vanadium-48 (V-48)       | 10          |
| Praseodymium-143 (Pr-143) | 100         | Xenon-131m (Xe-131m)     | 1,000       |
| Promethium-147 (Pm-147)   | 10          | Xenon-133 (Xe-133)       | 100         |
| Promethium-149 (Pm-149)   | 10          | Xenon-135 (Xe-135)       | 100         |
| Radium-226 (Ra-226)       | 0.1         | Ytterbium-169 (Yb-169)   | 10          |
| Rhenium-186 (Re-186)      | 100         | Ytterbium-175 (Yb-175)   | 100         |
| Rhenium-188 (Re-188)      | 100         | Yttrium-87 (Y-87)        | 10          |
| Rhodium-103m (Rh-103m)    | 100         | Yttrium-90 (Y-90)        | 10          |
| Rhodium-105 (Rh-105)      | 100         | Yttrium-91 (Y-91)        | 10          |
| Rubidium-81 (Rb-81)       | 10          | Yttrium-92 (Y-92)        | 100         |
| Rubidium-86 (Rb-86)       | 10          | Yttrium-93 (Y-93)        | 100         |
| Rubidium-87 (Rb-87)       | 10          | Zinc-65 (Zn-65)          | 10          |



| Radioactive Material | Microcuries |
|----------------------|-------------|
| Zinc-69m (Zn-69m)    | 100         |
| Zinc-69 (Zn-69)      | 1,000       |
| Zirconium-93 (Zr-93) | 10          |
| Zirconium-95 (Zr-95) | 10          |
| Zirconium-97 (Zr-97) | 10          |

Any radioactive material not listed above other than alpha emitting radioactive material 0.1

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-112 (Order 184), § 246-232-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-232-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 83-19-050 (Order 2026), § 402-19-550, filed 9/16/83; 79-12-073 (Order 1459), § 402-19-550, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-240.]

**WAC 246-232-130 Schedule C, exempt concentrations. (See WAC 246-232-010 (2)(a).)**

| Element (atomic number) | Isotope        | Column I Gas concentration $\mu\text{Ci/ml}^1$ | Column II Liquid and solid concentration $\mu\text{Ci/ml}^2$ |
|-------------------------|----------------|--|--|
| Antimony (51)           | Sb-122         |  | $3 \times 10^{-4}$   |
|                         | Sb-124         |  | $2 \times 10^{-4}$   |
|                         | Sb-125         |  | $1 \times 10^{-3}$   |
| Argon (18)              | Ar-37          | $1 \times 10^{-3}$                             |  |
|                         | Ar-41          | $4 \times 10^{-7}$                             |  |
| Arsenic (33)            | As-73          |  | $5 \times 10^{-3}$   |
|                         | As-74          |  | $5 \times 10^{-4}$   |
|                         | As-76          |  | $2 \times 10^{-4}$   |
|                         | As-77          |  | $8 \times 10^{-4}$   |
| Barium (56)             | Ba-131         |  | $2 \times 10^{-3}$   |
|                         | Ba-140         |  | $3 \times 10^{-4}$   |
| Beryllium (4)           | Be-7           |  | $2 \times 10^{-2}$   |
| Bismuth (83)            | Bi-206         |  | $4 \times 10^{-4}$   |
| Bromine (35)            | Br-82          | $4 \times 10^{-7}$                             | $3 \times 10^{-3}$   |
| Cadmium (48)            | Cd-109         |  | $2 \times 10^{-3}$   |
|                         | Cd-115m        |  | $3 \times 10^{-4}$   |
|                         | Cd-115         |  | $3 \times 10^{-4}$   |
| Calcium (20)            | Ca-45          |  | $9 \times 10^{-5}$   |
|                         | Ca-47          |  | $5 \times 10^{-4}$   |
| Carbon (6)              | C-14           | $1 \times 10^{-6}$                             | $8 \times 10^{-3}$   |
| Cerium (58)             | Ce-141         |  | $9 \times 10^{-4}$   |
|                         | Ce-143         |  | $4 \times 10^{-4}$   |
|                         | Ce-144         |  | $1 \times 10^{-4}$   |
| Cesium (55)             | Cs-131         |  | $2 \times 10^{-2}$   |
|                         | Cs-134m        |  | $6 \times 10^{-2}$   |
|                         | Cs-134         |  | $9 \times 10^{-5}$   |
| Chlorine (17)           | Cl-38          | $9 \times 10^{-7}$                             | $4 \times 10^{-3}$   |
| Chromium (24)           | Cr-51          |  | $2 \times 10^{-2}$   |
| Cobalt (27)             | Co-57          |  | $5 \times 10^{-3}$   |
|                         | Co-58          |  | $1 \times 10^{-3}$   |
|                         | Co-60          |  | $5 \times 10^{-4}$   |
| Copper (29)             | Cu-64          |  | $3 \times 10^{-3}$   |
| Dysprosium (66)         | Dy-165         |  | $4 \times 10^{-3}$   |
|                         | Dy-166         |  | $4 \times 10^{-4}$   |
| Erbium (68)             | Er-169         |  | $9 \times 10^{-4}$   |
|                         | Er-171         |  | $1 \times 10^{-3}$   |
| Europium (63)           | Eu-152 (9.2 h) |  | $6 \times 10^{-4}$   |
|                         | Eu-155         |  | $2 \times 10^{-3}$   |
| Fluorine (9)            | F-18           | $2 \times 10^{-6}$                             | $8 \times 10^{-3}$   |
| Gadolinium (64)         | Gd-153         |  | $2 \times 10^{-3}$   |
|                         | Gd-159         |  | $8 \times 10^{-4}$   |
| Gallium (31)            | Ga-72          |  | $4 \times 10^{-4}$   |
| Germanium (32)          | Ge-71          |  | $2 \times 10^{-2}$   |

| Element (atomic number)  | Isotope | Column I Gas concentration $\mu\text{Ci/ml}^1$ | Column II Liquid and solid concentration $\mu\text{Ci/ml}^2$ |
|--------------------------|---------|--|--|
| Gold (79)                | Au-196  |  | $2 \times 10^{-3}$   |
|                          | Au-198  |  | $5 \times 10^{-4}$   |
|                          | Au-199  |  | $2 \times 10^{-3}$   |
| Hafnium (72)             | Hf-181  |  | $7 \times 10^{-4}$   |
| Hydrogen (1)             | H-3     | $5 \times 10^{-6}$                             | $3 \times 10^{-2}$   |
| Indium (49)              | In-113m |  | $1 \times 10^{-2}$   |
|                          | In-114m |  | $2 \times 10^{-4}$   |
| Iodine (53)              | I-125   | $3 \times 10^{-9}$                             | $2 \times 10^{-5}$   |
|                          | I-126   | $3 \times 10^{-9}$                             | $2 \times 10^{-5}$   |
|                          | I-131   | $3 \times 10^{-9}$                             | $2 \times 10^{-5}$   |
|                          | I-132   | $8 \times 10^{-8}$                             | $6 \times 10^{-4}$   |
|                          | I-133   | $1 \times 10^{-8}$                             | $7 \times 10^{-5}$   |
|                          | I-134   | $2 \times 10^{-7}$                             | $1 \times 10^{-3}$   |
| Iridium (77)             | Ir-190  |  | $2 \times 10^{-3}$   |
|                          | Ir-192  |  | $4 \times 10^{-4}$   |
|                          | Ir-194  |  | $3 \times 10^{-4}$   |
| Iron (26)                | Fe-55   |  | $8 \times 10^{-3}$   |
|                          | Fe-59   |  | $6 \times 10^{-4}$   |
| Krypton (36)             | Kr-85m  | $1 \times 10^{-6}$                             |  |
|                          | Kr-85   | $3 \times 10^{-6}$                             |  |
| Lanthanum (57)           | La-140  |  | $2 \times 10^{-4}$   |
| Lead (82)                | Pb-203  |  | $4 \times 10^{-3}$   |
| Lutetium (71)            | Lu-177  |  | $1 \times 10^{-3}$   |
| Manganese (25)           | Mn-52   |  | $3 \times 10^{-4}$   |
|                          | Mn-54   |  | $1 \times 10^{-3}$   |
|                          | Mn-56   |  | $1 \times 10^{-3}$   |
| Mercury (80)             | Hg-197m |  | $2 \times 10^{-3}$   |
|                          | Hg-197  |  | $3 \times 10^{-3}$   |
|                          | Hg-203  |  | $2 \times 10^{-4}$   |
| Molybdenum (42)          | Mo-99   |  | $2 \times 10^{-3}$   |
| Neodymium (60)           | Nd-147  |  | $6 \times 10^{-4}$   |
|                          | Nd-149  |  | $3 \times 10^{-3}$   |
| Nickel (28)              | Ni-65   |  | $1 \times 10^{-3}$   |
| Niobium (Columbium) (41) | Nb-95   |  | $1 \times 10^{-3}$   |
|                          | Nb-97   |  | $9 \times 10^{-3}$   |
| Osmium (76)              | Os-185  |  | $7 \times 10^{-4}$   |
|                          | Os-191m |  | $3 \times 10^{-2}$   |
|                          | Os-191  |  | $2 \times 10^{-3}$   |
|                          | Os-193  |  | $6 \times 10^{-4}$   |
| Palladium (46)           | Pd-103  |  | $3 \times 10^{-3}$   |
|                          | Pd-109  |  | $9 \times 10^{-4}$   |
| Phosphorus (15)          | P-32    |  | $2 \times 10^{-4}$   |
| Platinum (78)            | Pt-191  |  | $1 \times 10^{-3}$   |
|                          | Pt-193m |  | $1 \times 10^{-2}$   |
|                          | Pt-197m |  | $1 \times 10^{-2}$   |
|                          | Pt-197  |  | $1 \times 10^{-3}$   |
| Potassium (19)           | K-42    |  | $3 \times 10^{-3}$   |
| Praseodymium (59)        | Pr-142  |  | $3 \times 10^{-4}$   |
|                          | Pr-143  |  | $5 \times 10^{-4}$   |
| Promethium (61)          | Pm-147  |  | $2 \times 10^{-3}$   |
|                          | Pm-149  |  | $4 \times 10^{-4}$   |
| Radium (88)              | Ra-226  |  | $1 \times 10^{-7}$   |
|                          | Ra-228  |  | $3 \times 10^{-7}$   |
| Rhenium (75)             | Re-183  |  | $6 \times 10^{-3}$   |
|                          | Re-186  |  | $9 \times 10^{-4}$   |
|                          | Re-188  |  | $6 \times 10^{-4}$   |
| Rhodium (45)             | Rh-103m |  | $1 \times 10^{-1}$   |
|                          | Rh-105  |  | $1 \times 10^{-3}$   |
| Rubidium                 | Rb-86   |  | $7 \times 10^{-4}$   |
| Ruthenium (44)           | Ru-97   |  | $4 \times 10^{-3}$   |
|                          | Ru-103  |  | $8 \times 10^{-4}$   |
|                          | Ru-105  |  | $1 \times 10^{-3}$   |
|                          | Ru-106  |  | $1 \times 10^{-4}$   |
| Samarium (62)            | Sm-153  |  | $8 \times 10^{-4}$   |
| Scandium (21)            | Sc-46   |  | $4 \times 10^{-4}$   |
|                          | Sc-47   |  | $9 \times 10^{-4}$   |
|                          | Sc-48   |  | $3 \times 10^{-4}$   |

| Element (atomic number)   | Isotope | Column I Gas concentration $\mu\text{Ci/ml}^1$ | Column II Liquid and solid concentration $\mu\text{Ci/ml}^2$ |
|---|---------|--|--|
| Selenium (34)   | Se-75   |  | $3 \times 10^{-3}$   |
| Silicon (14)  | Si-31   |  | $9 \times 10^{-3}$   |
| Silver (47)   | Ag-105  |  | $1 \times 10^{-3}$   |
|   | Ag-110m |  | $3 \times 10^{-4}$   |
|   | Ag-111  |  | $4 \times 10^{-4}$   |
| Sodium (11)   | Na-24   |  | $2 \times 10^{-3}$   |
| Strontium (38)  | Sr-85   |  | $1 \times 10^{-3}$   |
|   | Sr-89   |  | $1 \times 10^{-4}$   |
|   | Sr-91   |  | $7 \times 10^{-4}$   |
|   | Sr-92   |  | $7 \times 10^{-4}$   |
| Sulfur (16)   | S-35    | $9 \times 10^{-8}$                             | $6 \times 10^{-4}$   |
| Tantalum (73)   | Ta-182  |  | $4 \times 10^{-4}$   |
| Technetium (43)   | Tc-96m  |  | $1 \times 10^{-1}$   |
|   | Tc-96   |  | $1 \times 10^{-3}$   |
| Tellurium (52)  | Te-125m |  | $2 \times 10^{-3}$   |
|   | Te-127m |  | $6 \times 10^{-4}$   |
|   | Te-127  |  | $3 \times 10^{-3}$   |
|   | Te-129m |  | $3 \times 10^{-4}$   |
|   | Te-131m |  | $6 \times 10^{-4}$   |
|   | Te-132  |  | $3 \times 10^{-4}$   |
| Terbium (65)  | Tb-160  |  | $4 \times 10^{-4}$   |
| Thallium (81)   | Tl-200  |  | $4 \times 10^{-3}$   |
|   | Tl-201  |  | $3 \times 10^{-3}$   |
|   | Tl-202  |  | $1 \times 10^{-3}$   |
|   | Tl-204  |  | $1 \times 10^{-3}$   |
| Thulium (69)  | Tm-170  |  | $5 \times 10^{-4}$   |
|   | Tm-171  |  | $5 \times 10^{-3}$   |
| Tin (50)  | Sn-113  |  | $9 \times 10^{-4}$   |
|   | Sn-125  |  | $2 \times 10^{-4}$   |
| Tungsten (Wolfram) (74)   | W-181   |  | $4 \times 10^{-3}$   |
|   | W-187   |  | $7 \times 10^{-4}$   |
| Vanadium (23)   | V-48    |  | $3 \times 10^{-4}$   |
| Xenon (54)  | Xe-131m | $4 \times 10^{-6}$                             |  |
|   | Xe-133  | $3 \times 10^{-6}$                             |  |
|   | Xe-135  | $1 \times 10^{-6}$                             |  |
| Ytterbium (70)  | Yb-175  |  | $1 \times 10^{-3}$   |
| Yttrium (39)  | Y-90    |  | $2 \times 10^{-4}$   |
|   | Y-91m   |  | $3 \times 10^{-2}$   |
|   | Y-91    |  | $3 \times 10^{-4}$   |
|   | Y-92    |  | $6 \times 10^{-4}$   |
|   | Y-93    |  | $3 \times 10^{-4}$   |
|   | Y-94    |  | $6 \times 10^{-4}$   |
| Zinc (30)   | Zn-65   |  | $1 \times 10^{-3}$   |
|   | Zn-69m  |  | $7 \times 10^{-4}$   |
|   | Zn-69   |  | $2 \times 10^{-2}$   |
| Zirconium (40)  | Zr-95   |  | $6 \times 10^{-4}$   |
|   | Zr-97   |  | $2 \times 10^{-4}$   |
| Beta and/or gamma emitting radioactive material not listed above with half-life less than 3 years |         | $1 \times 10^{-10}$                            | $1 \times 10^{-6}$   |

Notes:

<sup>1</sup> Values are given in Column I only for those materials normally used as gases

<sup>2</sup>  $\mu\text{Ci/gm}$  for solids

Note 1: Many radioisotopes disintegrate into isotopes which are also radioactive. In expressing the concentrations in Schedule C the activity stated is that of the parent isotope and takes into account the daughters.

Note 2: For purposes of WAC 246-232-010(2) where there is involved a combination of isotopes, the limit for the combination should be derived as follows: Determine for each isotope in the product the ratio between the concentration present in the product and the exempt concentration established in

Schedule C for the specific isotope when not in combination. The sum of such ratios may not exceed "1" (i.e., unity).

Example:

$$\frac{\text{Concentration of Isotope A in Product}}{\text{Exempt concentration of Isotope A}} + \frac{\text{Concentration of Isotope B in Product}}{\text{Exempt concentration of Isotope B}} \leq 1$$

Note 3: For the purpose of determining concentration in a product or device, the total quantity of radioactive material present is divided by only that weight or volume of the discrete part or component throughout which the radioactive material is relatively uniformly distributed. If the weight or volume of this part or component cannot be determined then the product or device should be evaluated on the basis of the total quantity of radioactive material present.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-19-580, filed 12/11/86; 83-19-050 (Order 2026), § 402-19-580, filed 9/16/83; 79-12-073 (Order 1459), § 402-19-580, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-250.]

**WAC 246-232-990 Fees.** Fees are required from all applicants, licensees, or registrants. Chapter 246-254 WAC specifies fees for users of radiation subject to regulation under chapters 246-220 through 246-255 WAC.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-232-990, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-232-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-19-370, filed 9/16/83; 79-12-073 (Order 1459), § 402-19-370, filed 11/30/79, effective 1/1/80.]

**Chapter 246-233 WAC  
RADIOACTIVE MATERIALS--GENERAL  
LICENSES**

WAC

- 246-233-001 Purpose and scope.
- 246-233-010 General licenses--Source material.
- 246-233-020 General licenses\*--Radioactive material other than source material.

**WAC 246-233-001 Purpose and scope.** This chapter establishes general licenses for the possession and use of radioactive material contained in certain items and a general license for ownership of radioactive material. Chapter 246-232 WAC also contains provisions applicable to the subject matter of this part.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-233-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-233-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-21-010, filed 11/30/79, effective 1/1/80. Formerly chapter 402-20 WAC.]

**WAC 246-233-010 General licenses--Source material.** (1) A general license is hereby issued authorizing

use, possession, and transfer of not more than fifteen pounds of source material at any one time by persons in the following categories:

(a) Pharmacists using the source material solely for the preparation of medicinal compounds;

(b) Physicians using the source material for medicinal purposes;

(c) Persons receiving possession of source material from pharmacists and physicians in the form of medicinals or drugs;

(d) Commercial and industrial firms, and research, educational, and medical institutions, and state and local government agencies for research, development, educational, operational, or commercial purposes: *And provided*, That no such person shall, pursuant to this general license, receive more than a total of one hundred fifty pounds of source material in any one calendar year.

(2) Persons who receive, possess, use, or transfer source material pursuant to the general license issued in subsection (1) of this section are exempt from the provisions of chapters 246-221 and 246-222 WAC to the extent that such receipt, possession, use, or transfer is within the terms of such general license: *Provided, however*, That this exemption shall not be deemed to apply to any such person who is also in possession of source material under a specific license issued pursuant to chapter 246-235 WAC.

(3) A general license is hereby issued authorizing the receipt of title to source material without regard to quantity. This general license does not authorize any person to receive, possess, use, or transfer source material.

(4) Depleted uranium in industrial products and devices.

(a) A general license is hereby issued to receive, acquire, possess, use, or transfer, in accordance with the provisions of paragraphs (4)(b), (c), (d), and (e) of this section, depleted uranium contained in industrial products or devices for the purpose of providing a concentrated mass in a small volume of the product or device.

(b) The general license in paragraph (4)(a) of this section applies only to industrial products or devices which have been manufactured either in accordance with a specific license issued to the manufacturer of the products or devices pursuant to WAC 246-235-100(13) or in accordance with a specific license issued to the manufacturer by the United States Nuclear Regulatory Commission or an agreement state which authorizes manufacture of the products or devices for distribution to persons generally licensed by the United States Nuclear Regulatory Commission or an agreement state.

(c)(i) Persons who receive, acquire, possess, or use depleted uranium pursuant to the general license established by paragraph (4)(a) of this section shall file department form RHF-20 "Registration certificate - Use of depleted uranium under general license," with the department. The form shall be submitted within thirty days after the first receipt or acquisition of such depleted uranium. The registrant shall furnish on department form RHF-20 the following information and such other information as may be required by that form:

(A) Name and address of the registrant;

(B) A statement that the registrant has developed and will maintain procedures designed to establish physical control over the depleted uranium described in paragraph (4)(a) of this section and designed to prevent transfer of such depleted uranium in any form, including metal scrap, to persons not authorized to receive the depleted uranium; and

(C) Name and/or title, address, and telephone number of the individual duly authorized to act for and on behalf of the registrant in supervising the procedures identified in item (4)(c)(i)(B) of this section.

(ii) The registrant possessing or using depleted uranium under the general license established by paragraph (4)(a) of this section shall report in writing to the department any changes in information previously furnished on the "Registration certificate - Use of depleted uranium under general license." The report shall be submitted within thirty days after the effective date of such change.

(d) A person who receives, acquires, possesses, or uses depleted uranium pursuant to the general license established by paragraph (4)(a) of this section:

(i) Shall not introduce such depleted uranium, in any form, into a chemical, physical, or metallurgical treatment or process, except a treatment or process for repair or restoration of any plating or other covering of the depleted uranium.

(ii) Shall not abandon such depleted uranium.

(iii) Shall transfer or dispose of such depleted uranium only by transfer in accordance with the provision of chapter 246-232 WAC. In the case where the transferee receives the depleted uranium pursuant to the general license established by paragraph (4)(a) of this section the transferor shall furnish the transferee a copy of this regulation and a copy of department form RHF-20.

In the case where the transferee receives the depleted uranium pursuant to a general license contained in the United States Nuclear Regulatory Commission's or agreement state's regulation equivalent to paragraph (4)(a) of this section the transferor shall furnish the transferee a copy of this regulation and a copy of department form RHF-20 accompanied by a note explaining that use of the product or device is regulated by the United States Nuclear Regulatory Commission or agreement state under requirements substantially the same as those in this regulation.

(iv) Shall maintain and make available to the department upon request the name and address of the person receiving the depleted uranium pursuant to such transfer.

(v) Shall not export such depleted uranium except in accordance with a license issued by the United States Nuclear Regulatory Commission pursuant to 10 CFR Part 110.

(e) Any person receiving, acquiring, possessing, using, or transferring depleted uranium pursuant to the general license established by paragraph (4)(a) of this section is exempt from the requirements of chapters 246-221 and

246-222 WAC of these regulations with respect to the depleted uranium covered by that general license.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-233-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-233-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-21-030, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-21-030, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-030.]

**WAC 246-233-020 General licenses\*--Radioactive material other than source material.**

\*Note: Different general licenses are issued in this section, each of which has its own specific conditions and requirements.

(1) **Certain devices and equipment.** A general license is hereby issued to transfer, receive, acquire, own, possess, and use radioactive material incorporated in the following devices or equipment which have been manufactured, tested and labeled by the manufacturer in accordance with a specific license issued to the manufacturer by the United States Nuclear Regulatory Commission for use pursuant to Section 31.3 of 10 CFR Part 31. This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-050, 246-220-060, 246-220-070, chapters 246-232, 246-221\*\* and 246-222 WAC.

(a) **Static elimination device.** Devices designed for use as static eliminators which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 500 microcuries of Polonium-210 per device.

(b) **Ion generating tube.** Devices designed for ionization of air which contain, as a sealed source or sources, radioactive material consisting of a total of not more than 500 microcuries of Polonium-210 per device or a total of not more than 50 millicuries of Hydrogen-3 (tritium) per device.

\*\*Attention is directed particularly to the provisions of chapter 246-221 WAC of these regulations which relate to the labeling of containers.

(2) Reserved.

(3) Reserved.

(4) **Certain measuring, gauging or controlling devices.**

(a) A general license is hereby issued to commercial and industrial firms and research, educational and medical institutions, individuals in the conduct of their business, and state or local government agencies to own, acquire, receive, possess, use or transfer, in accordance with the provisions of (b), (c), and (d) of this subsection, radioactive material excluding special nuclear material contained in devices designed and manufactured for the purpose of detecting, measuring, gauging or controlling thickness, density, level, interface location, radiation, leakage, or qualitative or quantitative chemical composition, or for producing light or an ionized atmosphere.

(b) The general license in (a) of this subsection applies only to radioactive material contained in devices which have been manufactured and labeled in accordance with the specifications contained in a specific license issued by the department pursuant to WAC 246-

235-100(4) or in accordance with the Nuclear Regulatory Commission, an agreement state or a licensing state, which authorizes distribution of devices to persons generally licensed by the United States Nuclear Regulatory Commission, an agreement state or licensing state\*\*.

\*Note: Regulations under the Federal Food, Drug, and Cosmetic Act authorizing the use of radioactive control devices in food production require certain additional labeling thereon which is found in Section 179.21 of 21 CFR Part 179.

(c) Any person who owns, acquires, receives, possesses, uses or transfers radioactive material in a device pursuant to the general license in (a) of this subsection:

(i) Shall assure that all labels affixed to the device at the time of receipt and bearing a statement that removal of the label is prohibited are maintained thereon and shall comply with all instructions and precautions provided by such labels;

(ii) Shall assure that the device is tested for leakage of radioactive material and proper operation of the on-off mechanism and indicator, if any, at no longer than six-month intervals or at such other intervals as are specified in the label, however:

(A) Devices containing only krypton need not be tested for leakage of radioactive material; and

(B) Devices containing only tritium or not more than 100 microcuries of other beta and/or gamma emitting material or 10 microcuries of alpha emitting material need not be tested for any purpose. Devices held in storage in the original shipping container prior to initial installation need not be tested until immediately prior to use;

(iii) Shall assure that the tests required by (c)(ii) of this subsection and other testing, installing, servicing, and removing from installation involving the radioactive materials, its shielding or containment, are performed:

(A) In accordance with the instructions provided by the labels; or

(B) By a person holding a specific license from the department or from the United States Nuclear Regulatory Commission or from any agreement state or from a licensing state to perform such activities;

(iv) Shall maintain records showing compliance with the requirements of (c)(ii) and (iii) of this subsection. The records shall show the results of tests. The records also shall show the dates of performance and the names of persons performing, testing, installing, servicing, and removing from installation concerning the radioactive material, its shielding or containment. Records of tests for leakage of radioactive material required by (c)(ii) of this subsection shall be maintained for one year after the next required leak test is performed or the sealed source is transferred or disposed. Records of tests of the on/off mechanism and indicator required by (c)(ii) of this subsection shall be maintained for one year after the next required test of the on/off mechanism and indicator is performed or the sealed source is transferred or disposed. Records of other testing, installation, servicing, and removal from installation required by (c)(iii) of this subsection shall be maintained for a period of two years

from the date of the recorded event or until the device is transferred or disposed;

(v) Upon the occurrence of a failure of or damage to, or any indication of a possible failure of or damage to, the shielding of the radioactive material or the on/off mechanism or indicator, or upon the detection of 0.005 microcuries or more removable radioactive material, shall immediately suspend operation of the device until it has been repaired by the manufacturer or other person holding a specific license from the department, the United States Nuclear Regulatory Commission, or from an agreement state or a licensing state to repair such devices, or disposed by transfer to a person authorized by a specific license to receive the radioactive material contained in the device and, within thirty days, furnish to the department a written report containing a brief description of the event and the remedial action taken;

(vi) Shall not abandon the device containing radioactive material;

(vii) Except as provided in (c)(viii) of this subsection, shall transfer or dispose the device containing radioactive material only by transfer to a person holding a specific license of the department, the United States Nuclear Regulatory Commission, or an agreement state, or a licensing state whose specific license authorizes the person to receive the device and within thirty days after transfer of a device to a specific licensee shall furnish to the department a report containing identification of the device by manufacturer's name, model number and the name and address of the person receiving the device. No report is required if the device is transferred to the specific licensee in order to obtain a replacement device;

(viii) Shall transfer the device to another general licensee only:

(A) Where the device remains in use at a particular location. In such case, the transferor shall give the transferee a copy of this subsection and any safety documents identified in the label of the device and within thirty days of the transfer, report to the department the manufacturer's name, model number of device transferred, the name and address of the transferee, and the name and/or position of an individual who may constitute a point of contact between the department and the transferee; or

(B) Where the device is held in storage in the original shipping container at its intended location of use prior to initial use by a general licensee:

(ix) Shall comply with the provisions of WAC 246-221-240 and 246-221-250 for reporting radiation incidents, theft or loss of licensed material, but shall be exempt from the other requirements of chapters 246-221 and 246-222 WAC.

(d) The general license in (a) of this subsection does not authorize the manufacture, import or export of devices containing radioactive material.

(e) The general license provided in this subsection is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, and 246-232-090.

**(5) Luminous safety devices for aircraft.**

(a) A general license is hereby issued to own, receive, acquire, possess and use tritium or Promethium-147 contained in luminous safety devices for use in aircraft, provided:

(i) Each device contains not more than 10 curies of tritium or 300 millicuries of Promethium-147; and

(ii) Each device has been manufactured, assembled or imported in accordance with a specific license issued by the United States Nuclear Regulatory Commission, or each device has been manufactured or assembled in accordance with the specifications contained in a specific license issued by the department or any agreement state to the manufacturer or assembler of such device pursuant to licensing requirements equivalent to those in Section 32.53 of 10 CFR Part 32 of the regulations of the United States Nuclear Regulatory Commission.

(b) Persons who own, receive, acquire, possess or use luminous safety devices pursuant to the general license in this subsection are exempt from the requirements of chapters 246-221 and 246-222 WAC except that they shall comply with the provisions of WAC 246-221-240 and 246-221-250.

(c) This general license does not authorize the manufacture, assembly, or repair of luminous safety devices containing tritium or Promethium-147.

(d) This general license does not authorize the ownership, receipt, acquisition, possession or use of Promethium-147 contained in instrument dials.

(e) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-050, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, and 246-232-090.

**(6) Ownership of radioactive material.** A general license is hereby issued to own radioactive material without regard to quantity. Notwithstanding any other provisions of this chapter, this general license does not authorize the manufacture, production, transfer, receipt, possession or use of radioactive material.

**(7) Calibration and reference sources.**

(a) A general license is hereby issued to those persons listed below to own, receive, acquire, possess, use and transfer, in accordance with the provisions of (d) and (e) of this subsection, Americium-241 in the form of calibration or reference sources:

(i) Any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material; or

(ii) Any person who holds a specific license issued by the United States Nuclear Regulatory Commission which authorizes that person to receive, possess, use and transfer special nuclear material.

(b) A general license is hereby issued to own, receive, possess, use and transfer plutonium in the form of calibration or reference sources in accordance with the provisions of (d) and (e) of this subsection to any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material.

(c) A general license is hereby issued to own, receive, possess, use and transfer Radium-226 in the form of

calibration or reference sources in accordance with the provisions of (d) and (e) of this subsection to any person who holds a specific license issued by the department which authorizes that person to receive, possess, use and transfer radioactive material.

(d) The general licenses in (a), (b) and (c) of this subsection apply only to calibration or reference sources which have been manufactured in accordance with the specifications contained in a specific license issued to the manufacturer or importer of the sources by the United States Nuclear Regulatory Commission pursuant to Section 32.57 of 10 CFR Part 32 or Section 70.39 of 10 CFR Part 70 or which have been manufactured in accordance with the specifications contained in a specific license issued to the manufacturer by the department or any agreement state or licensing state pursuant to licensing requirements equivalent to those contained in Section 32.57 of 10 CFR Part 32 or Section 70.39 of 10 CFR Part 70 of the regulations of the United States Nuclear Regulatory Commission.

(e) The general licenses provided in (a), (b) and (c) of this subsection are subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, 246-232-090, chapters 246-221 and 246-222 WAC.

In addition, persons who own, receive, acquire, possess, use or transfer one or more calibration or reference sources pursuant to these general licenses:

(i) Shall not possess at any one time, at any one location of storage or use, more than 5 microcuries of Americium-241 and 5 microcuries of plutonium and 5 microcuries of Radium-226 in such sources;

(ii) Shall not receive, possess, use or transfer such source unless the source, or the storage container, bears a label which includes one of the following statements or a substantially similar statement which contains the information called for in the following statement:

(A) The receipt, possession, use and transfer of this source, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license and the regulations of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority. Do not remove this label.

CAUTION - RADIOACTIVE MATERIAL - THIS SOURCE CONTAINS (AMERICIUM-241). (PLUTONIUM)\*. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE

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Name of manufacturer or importer

\*Note: Showing only the name of the appropriate material.

(B) The receipt, possession, use and transfer of this source, Model \_\_\_\_\_, Serial No. \_\_\_\_\_, are subject to a general license and the regulations of any licensing state. Do not remove this label.

CAUTION - RADIOACTIVE MATERIAL - THIS SOURCE CONTAINS RADIUM-226. DO NOT TOUCH RADIOACTIVE PORTION OF THIS SOURCE.

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Name of manufacturer or importer

(iii) Shall not transfer, abandon, or dispose of such source except by transfer to a person authorized by a license from the department, the United States Nuclear Regulatory Commission, or an agreement state or licensing state to receive the source;

(iv) Shall store such source, except when the source is being used, in a closed container adequately designed and constructed to contain Americium-241, Plutonium, or Radium-226/Radon-222 which might otherwise escape during storage; and

(v) Shall not use such source for any purpose other than the calibration of radiation detectors or the standardization of other sources.

(f) These general licenses do not authorize the manufacture of calibration or reference sources containing Americium-241, Plutonium, or Radium-226.

(8) General license for use of radioactive material for certain *in vitro* clinical or laboratory testing.\*

(a) A general license is hereby issued to any physician, veterinarian, clinical laboratory or hospital to receive, acquire, possess, transfer or use, for any of the following stated tests, in accordance with the provisions of (b), (c), (d), (e), and (f) of this subsection the following radioactive materials in prepackaged units:

(i) Iodine-125, in units not exceeding 10 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(ii) Iodine-131, in units not exceeding 10 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(iii) Carbon-14, in units not exceeding 10 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(iv) Hydrogen-3 (tritium), in units not exceeding 50 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(v) Iron-59, in units not exceeding 20 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(vi) Cobalt-57, in units not exceeding 10 microcuries each for use in *in vitro* clinical or laboratory tests not

involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(vii) Selenium-75, in units not to exceed 10 microcuries each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

(viii) Mock Iodine-125 reference or calibration sources, in units not exceeding 0.05 microcurie of Iodine-129 and 0.005 microcurie of Americium-241 each for use in *in vitro* clinical or laboratory tests not involving internal or external administration of radioactive material, or the radiation therefrom, to human beings or animals.

\*Note: The new drug provisions of the Federal Food, Drug and Cosmetic Act also govern the availability and use of any specific diagnostic drugs in interstate commerce.

(b) No person shall receive, acquire, possess, use or transfer radioactive material pursuant to the general license established by (a) of this subsection until that person has received a validated copy of department Form RHF-15 "Certificate-in vitro testing with radioactive material under general license." Annual validation requires resubmittal of revised department Form RHF-15 and submittal of the annual fee to the department. The physician, veterinarian, clinical laboratory or hospital shall furnish on department Form RHF-15 the following information and such other information as may be required by that form:

(i) Name and address of the physician, veterinarian, clinical laboratory or hospital;

(ii) The location of use; and

(iii) A statement that the physician, veterinarian, clinical laboratory or hospital has appropriate radiation measuring instruments to carry out *in vitro* clinical or laboratory tests with radioactive material as authorized under the general license in (a) of this subsection and that such tests will be performed only by personnel competent in the use of such instruments and in the handling of the radioactive material.

(c) A person who receives, acquires, possesses or uses radioactive material pursuant to the general license established by (a) of this subsection shall comply with the following:

(i) The general licensee shall not possess at any one time, pursuant to the general license in (a) of this subsection at any one location of storage or use, a total amount of Iodine-125, Iodine-131, Selenium-75, Iron-59, and/or Cobalt-57 in excess of 200 microcuries.

(ii) The general licensee shall store the radioactive material, until used, in the original shipping container or in a container providing equivalent radiation protection.

(iii) The general licensee shall use the radioactive material only for the uses authorized by (a) of this subsection.

(iv) The general licensee shall not transfer the radioactive material to a person who is not authorized to receive it pursuant to a license issued by the department, the United States Nuclear Regulatory Commission, any

agreement state or licensing state, nor transfer the radioactive material in any manner other than in the unopened, labeled shipping container as received from the supplier.

(v) The general licensee shall dispose of the Mock Iodine-125 reference or calibration sources described in (a)(viii) of this subsection as required by WAC 246-221-170.

(d) The general licensee shall not receive, acquire, possess, or use radioactive material pursuant to (a) of this subsection:

(i) Except as prepackaged units which are labeled in accordance with the provision of an applicable specific license issued pursuant to WAC 246-235-100(8) or in accordance with the provisions of a specific license issued by the United States Nuclear Regulatory Commission, or any agreement state or licensing state which authorizes the manufacture and distribution of Iodine-125, Iodine-131, Carbon-14, Hydrogen-3 (tritium), Iron-59, Selenium-75, Cobalt-57, or Mock Iodine-125 to persons generally licensed under this subsection or its equivalent; and

(ii) Unless one of the following statements, as appropriate, or a substantially similar statement which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority.

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Name of manufacturer

This radioactive material shall be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a licensing state.

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Name of manufacturer

(e) The physician, veterinarian, clinical laboratory or hospital possessing or using radioactive material under the general license of (a) of this subsection shall report in writing to the department, any changes in the information previously furnished in the "Certificate - *in vitro* testing with radioactive material under general license,"

department Form RHF-15. The report shall be furnished within thirty days after the effective date of such change.

(f) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-090 and 246-220-100. In addition, any person using radioactive material pursuant to the general license of (a) of this subsection is exempt from the requirements of chapters 246-221 and 246-222 WAC with respect to radioactive material covered by that general license, except that such persons using the Mock Iodine-125 described in (a)(viii) of this subsection shall comply with the provisions of WAC 246-221-170, 246-221-240, and 246-221-250 and of these regulations.

**(9) Ice detection devices.**

(a) A general license is hereby issued to own, receive, acquire, possess, use and transfer Strontium-90 contained in ice detection devices, provided each device contains not more than 50 microcuries of Strontium-90 and each device has been manufactured or imported in accordance with a specific license issued by the United States Nuclear Regulatory Commission or each device has been manufactured in accordance with the specifications contained in a specific license issued by the department or any agreement state to the manufacturer of such device pursuant to licensing requirements equivalent to those in Section 32.61 of 10 CFR Part 32 of the regulations of the United States Nuclear Regulatory Commission.

(b) Persons who own, receive, acquire, possess, use or transfer Strontium-90 contained in ice detection devices pursuant to the general license in (a) of this subsection:

(i) Shall, upon occurrence of visually observable damage, such as a bend or crack or discoloration from overheating to the device, discontinue use of the device until it has been inspected, tested for leakage and repaired by a person holding a specific license from the United States Nuclear Regulatory Commission or an agreement state to manufacture or service such devices; or shall dispose of the device pursuant to the provisions of these regulations;

(ii) Shall assure that all labels affixed to the device at the time of receipt, and which bear a statement which prohibits removal of the labels, are maintained thereon; and

(iii) Are exempt from the requirements of chapters 246-221 and 246-222 WAC except that such persons shall comply with the provisions of WAC 246-221-170, 246-221-240, and 246-221-250.

(c) This general license does not authorize the manufacture, assembly, disassembly or repair of Strontium-90 sources in ice detection devices.

(d) This general license is subject to the provisions of WAC 246-220-020, 246-220-030, 246-220-040, 246-220-060, 246-220-070, 246-220-100, 246-232-050, 246-232-070, 246-232-080, and 246-232-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-233-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-233-020, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 70.98.080. 87-01-031 (Order 2450), § 402-21-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-21-050, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-21-050, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-21-050, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-040.]

**Chapter 246-235 WAC  
RADIOACTIVE MATERIALS--SPECIFIC  
LICENSES**

**WAC**

|             |   |
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| 246-235-140 | Schedule B, limits for broad licenses.  |

**WAC 246-235-001 Purpose and scope.** (1) This chapter prescribes requirements for the issuance of specific licenses.

(2) The provisions and requirements of this chapter are in addition to, and not in substitution for, other requirements of these regulations. In particular the provisions of chapter 246-232 WAC apply to applications and licenses subject to this chapter.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-010, filed 11/30/79, effective 1/1/80. Formerly chapter 402-20 WAC.]

**WAC 246-235-020 General requirements for the issuance of specific licenses.** A license application will be approved if the department determines that:

(1) The applicant is qualified by reason of training and experience to use the material in question for the purpose requested in accordance with these regulations in such a manner as to minimize danger to public health and safety or property;

(2) The applicant's proposed equipment, facilities, and procedures are adequate to minimize danger to public health and safety or property;

(3) The issuance of the license will not be inimical to the health and safety of the public; and

(4) The applicant satisfies any applicable special requirements in WAC 246-235-080, 246-235-090, 246-235-095, 246-235-100, and 246-247-050.



(5) In the case of an application for a license to receive and possess radioactive material for commercial waste disposal by land burial, source material milling, or for the conduct of any other activity which the agency determines will significantly affect the quality of the environment, the department, before commencement of construction of the plant or facility in which the activity will be conducted, has concluded, after independently weighing the environmental, economic, technical and other benefits against environmental costs and considering available alternatives, that the action called for is the issuance of the proposed license, with any appropriate conditions to protect environmental values. Commencement of construction prior to such conclusion shall be grounds for denial of a license to receive and possess radioactive material in such plant or facility. As used in this paragraph the term "commencement of construction" means any clearing of land, excavation, or other substantial action that would adversely affect the environment of a site. The term does not mean site exploration, necessary borings to determine foundation conditions, or other preconstruction monitoring or testing to establish background information related to the suitability of the site or the protection of environmental values.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-040, filed 12/11/86. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-22-040, filed 7/28/81. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-040, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-060.]

**WAC 246-235-040 Expiration of licenses.** Except as provided in WAC 246-235-050(2), each specific license shall expire at the end of the day, in the month and year stated therein.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-050, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-100.]

**WAC 246-235-050 Renewal of license.** (1) Applications for renewal of specific licenses shall be filed in accordance with WAC 246-235-010.

(2) In any case in which a licensee, not less than thirty days prior to expiration of the existing license, has filed an application in proper form for renewal or for a new license authorizing the same activities, such existing license shall not expire until the application has been finally determined by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-050, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-055, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-110.]

**WAC 246-235-060 Amendment of licenses at request of licensee.** Applications for amendment of a license shall be filed in accordance with WAC 246-235-010 and shall specify the respects in which the licensee desires the license to be amended and the grounds for such amendment.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-22-060, filed 9/16/83; 79-12-073 (Order 1459), § 402-22-060, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-120.]

**WAC 246-235-080 Special requirements for issuance of certain specific licenses for radioactive material.**

(1) **Human use of radioactive material in institutions.** In addition to the requirements set forth in WAC 246-235-020 a specific license for human use of radioactive material in institutions will be issued if:

(a) The applicant has appointed a radiation safety committee to coordinate the use of radioactive material throughout that institution and to maintain surveillance over the institution's radiation safety program. Membership of the committee should include a specialist (where applicable a physician) from each department where radioactive material is used, a representative of the institution's management, a representative of the nursing staff, and a person trained in radiation safety. The radiation safety committee shall meet at intervals not to exceed six months. Minutes shall be taken and maintained for two years for inspection by the department;

(b) The applicant possesses adequate facilities for the clinical care of patients. The applicant is advised that construction of new radioisotope facilities and modification of existing facilities must also comply with the requirements of WAC 246-318-660 of the construction review section of the department;

(c) The physician(s) designated on the application as the individual user(s) has (or have) substantial experience in the handling and administration of radioactive material and, where applicable, the clinical management of radioactive patients; and

(d) If the application is for a license to use unspecified quantities or multiple types of radioactive material, the applicant's staff has substantial experience in the use of a variety of radioactive materials for a variety of human uses.

(2) **Licensing of individual physicians for human use of radioactive material.** In addition to the requirements set forth in WAC 246-235-020 a specific license for the human use of radioactive material will be issued to an individual physician if:

(a) The applicant has access to a hospital possessing adequate facilities to hospitalize and monitor the applicant's radioactive patients whenever it is advisable;

(b) The applicant has extensive experience in the handling and administration of radioactive material and, where applicable, the clinical management of radioactive patients;

(c) The application is for use in the applicant's practice in an office outside a medical institution; and

(d) The department will approve an application by an individual physician or group of physicians for a specific license to receive, possess or use radioactive material on the premises of a medical institution only if:

(i) The use of radioactive material is limited to the:

(A) Administration of radiopharmaceuticals for diagnostic or therapeutic purposes;

(B) Performance of diagnostic studies on patients to whom a radiopharmaceutical has been administered;

(C) Performance of in vitro diagnostic studies; or

(D) Calibration and quality control checks of radioactive assay instrumentation, radiation safety instrumentation and diagnostic instrumentation;

(ii) The physician brings the radioactive material with him or her and removes the radioactive material when he or she departs. (The institution cannot receive, possess or store radioactive material other than the amount of material remaining in the patient); and

(iii) The medical institution does not hold a radioactive material license issued pursuant to the provisions of subsection (1) of this section.

**(3) Specific licenses for certain groups of medical uses of radioactive material.**

(a) Subject to the provisions of (b), (c) and (d) of this subsection an application for a specific license pursuant to subsection (1), (2) or (4) of this section, or for any medical use or uses of radioactive material specified in one or more of Groups I to VI, inclusive, of WAC 246-235-120, Schedule A, will be approved for all of the uses within the group or groups which include the use or uses specified in the application if:

(i) The applicant satisfies the requirements of subsection (1), (2) or (4) of this section;

(ii) The applicant, or the physician designated in the application as the individual user, has adequate clinical experience in the types of uses included in the group or groups;

(iii) The applicant, or the physicians and all other personnel who will be involved in the preparation and use of the radioactive material, have adequate training and experience in the handling of radioactive material appropriate to their participation in the uses included in the group or groups;

(iv) The applicant's radiation detection and measuring instrumentation is adequate for conducting the procedures involved in the uses included in the group or groups, specifically:

(A) For Groups I through V, applicant must possess and use a calibrated and operable low-range survey instrument with a thin window (less than 7 mg/cm<sup>2</sup>) capable of detecting radiation levels of 0.05 milliroentgen per hour up to at least 20 milliroentgens per hour;

(B) For Groups III, V, and VI, applicant must possess a calibrated and operable high-range survey instrument capable of detecting radiation levels up to at least one Roentgen per hour;

(v) The applicant's radiation safety operating procedures are adequate for handling and disposal of the radioactive material involved in the uses included in the group or groups.

(b) Any licensee or registrant who is authorized to use radioactive material pursuant to one or more groups in (a) of this subsection and WAC 246-235-120, Schedule A, is subject to the following conditions:

(i) For Groups I, II, IV, and V, no licensee or registrant shall receive, possess or use radioactive material except as a radiopharmaceutical manufactured in the form to be administered to the patient, labeled, packaged and distributed in accordance with a specific license issued by the department pursuant to WAC 246-235-100(10), a specific license issued by the United States Nuclear Regulatory Commission pursuant to Section 32.72 of 10 CFR Part 32, or a specific license issued by an agreement state or a licensing state pursuant to equivalent regulations.

(ii) For Group III, no licensee or registrant shall receive, possess or use generators or reagent kits containing radioactive material or shall use reagent kits that do not contain radioactive material to prepare radiopharmaceuticals containing radioactive material, except:

(A) Reagent kits not containing radioactive material that are approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state for use by persons licensed pursuant to this subsection and WAC 246-235-120, Schedule A, or equivalent regulations; or

(B) Generators or reagent kits containing radioactive material that are manufactured, labeled, packaged and distributed in accordance with a specific license issued by the department pursuant to WAC 246-235-100(11), a specific license issued by the United States Nuclear Regulatory Commission pursuant to Section 32.73 of 10 CFR Part 32, or a specific license issued by an agreement state or a licensing state pursuant to equivalent regulations.

(iii) For Group VI, no licensee or registrant shall receive, possess or use radioactive material except as contained in a source or device that has been manufactured, labeled, packaged and distributed in accordance with a specific license issued by the department pursuant to WAC 246-235-100(12), a specific license issued by the United States Nuclear Regulatory Commission pursuant to Section 32.74 of 10 CFR Part 32, or a specific license issued to the manufacturer by an agreement state or a licensing state pursuant to equivalent regulations.

(iv) For Group III, any licensee or registrant who uses generators or reagent kits shall elute the generator or process radioactive material with the reagent kit in accordance with instructions which are approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state and are furnished by the manufacturer on the label attached to or in the leaflet or brochure which accompanies the generator or reagent kit.

(v) For Groups I, II and III any licensee using by-product material for clinical procedures other than those specified in the product labeling (package insert) shall comply with the product labeling regarding:

(A) Chemical and physical form;

(B) Route of administration; and

(C) Dosage range.

(c) Any licensee who is licensed pursuant to (a) of this subsection for one or more of the medical use groups in WAC 246-235-120, Schedule A, also is authorized, subject to the provisions of (c) and (d) of this subsection to receive, possess and use for calibration and reference standards:

(i) Any radioactive material authorized for use in IND/NDA products under Group I, Group II, or Group III of WAC 246-235-120, Schedule A, with a half-life not longer than one hundred days, in amounts not to exceed 15 millicuries total;

(ii) Any radioactive material authorized for use in IND/NDA products under Group I, Group II, or Group III of WAC 246-235-120, Schedule A, with half-life greater than one hundred days in amounts not to exceed 200 microcuries total;

(iii) Technetium-99m in amounts not to exceed 30 millicuries;

(iv) Any radioactive material excluding Radium-226, in amounts not to exceed three millicuries per source (except Cobalt-57, which may be possessed in amounts not to exceed 5.5 millicuries), contained in calibration or reference sources that have been manufactured, labeled, packaged, and distributed in accordance with a specific license issued by the department pursuant to WAC 246-235-100(11), a specific license issued by the United States Nuclear Regulatory Commission pursuant to Section 32.74 of 10 CFR Part 32, or a specific license issued to the manufacturer by an agreement state or a licensing state pursuant to equivalent regulations.

(d) Leak tests.

(i) Any licensee or registrant who possesses sealed sources as calibration or reference sources pursuant to (c) of this subsection shall cause each sealed source containing radioactive material, other than Hydrogen-3, with a half-life greater than thirty days in any form other than gas to be tested for leakage and/or contamination at intervals not to exceed six months. In the absence of a certificate from a transferor indicating that a test has been made within six months prior to the transfer, the sealed sources shall not be used until tested: *Provided, however,* That no leak tests are required when:

(A) The source contains 100 microcuries or less of beta and/or gamma emitting material or 10 microcuries or less of alpha emitting material;

(B) The sealed source is stored and is not being used: *Provided,* That a physical inventory of the source and wipe surveys of the storage area or storage container are conducted.

(ii) The leak test shall be capable of detecting the presence of 0.005 microcurie of radioactive material on the test sample. The test sample shall be taken from the sealed source or from the surfaces of the device in which the sealed source is mounted or stored on which contamination might be expected to accumulate. Records of leak test results shall be kept in units of microcuries and maintained for inspection by the department.

(iii) If the leak test reveals the presence of 0.005 microcurie or more of removable contamination, the licensee or registrant shall immediately withdraw the

sealed source from use and shall cause it to be decontaminated and repaired or to be disposed of in accordance with chapters 246-235 and 246-221 WAC. A report shall be filed within five days of the test with the department describing the equipment involved, the test results, and the corrective action taken.

(e) Any licensee or registrant who possesses and uses calibration and reference sources pursuant to (c)(iv) of this subsection shall:

(i) Follow the radiation safety and handling instructions approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state and furnished by the manufacturer on the label attached to the source, or permanent container thereof, or in the leaflet or brochure that accompanies the source, and maintain such instruction in a legible and conveniently available form; and

(ii) Conduct a quarterly physical inventory to account for all sources received and possessed. Records of the inventories shall be maintained for inspection by the department and shall include at a minimum the quantities and kinds of radioactive material, location of sources, name of person performing the inventory, and the date of the inventory.

(4) **Human use of sealed sources.** In addition to the requirements set forth in WAC 246-235-020, a specific license for human use of sealed sources will be issued only if the applicant or, if the application is made by an institution, the individual user:

(a) Has specialized training in the diagnostic or therapeutic use of the sealed source considered, or has experience equivalent to such training; and

(b) Is a physician.

(5) **Use of sealed sources in industrial radiography.** In addition to the requirements set forth in WAC 246-235-020, a specific license for use of sealed sources in industrial radiography will be issued if:

(a) The applicant will have an adequate program for training radiographers and radiographer's assistants and submits to the department a schedule or description of such program which specifies the:

(i) Initial training;

(ii) Periodic training;

(iii) On-the-job training;

(iv) Means to be used by the licensee to determine the radiographer's knowledge and understanding of and ability to comply with department regulations and licensing requirements, and the operating and emergency procedures of the applicant; and

(v) Means to be used by the licensee to determine the radiographer's assistant's knowledge and understanding of and ability to comply with the operating and emergency procedures of the applicant;

(b) The applicant submits to the department and complies with satisfactory written operating and emergency procedures (described in WAC 246-243-140);

(c) The applicant will have a quarterly internal inspection system, to assure that license provisions, regulations, and the applicant's operating and emergency procedures are followed by radiographers and

radiographer's assistants. Records of this management control program shall be maintained for two years;

(d) The applicant submits to the department a description of the applicant's overall organizational structure pertaining to the industrial radiography program, including specified delegations of authority and responsibility for operation of the program;

(e) The applicant who desires to conduct leak tests has established adequate procedures to be followed in leak testing sealed sources for possible leakage and contamination and submits to the department a description of such procedures including:

(i) Instrumentation to be used;

(ii) Method of performing tests, e.g., points on equipment to be smeared and method of taking smear; and

(iii) Pertinent experience of the person who will perform the tests;

(f) The licensee shall conduct a program for inspection and maintenance of radiographic exposure devices and storage containers to assure proper functioning of components important to safety.

(6) **Environmentally significant licensing actions.** In addition to the requirements set forth in WAC 246-235-020, a specific license for any activity within the licensing authority of the department which the department determines will significantly affect the radiological quality of the human environment, including those specified in WAC 197-11-845(1) and 246-03-030 (1)(a)(ii) (i.e., licenses to operate low level waste burial facilities or licenses to operate or expand beyond the design capacity, mineral processing facilities or their tailings areas, whose products, or byproducts, have concentrations of naturally occurring radioactive material in excess of exempt concentrations as specified in WAC 246-232-130, Schedule C), will be issued if the following conditions are met:

(a) Environmental impact statement.

(i) The application for a license or license amendment (other than administrative amendments) is accompanied or preceded by a final environmental impact statement or final declaration of nonsignificance completed in accordance with the State Environmental Policy Act (SEPA) procedures and guidelines specified in chapters 197-11 and 246-03 WAC. For any uranium or thorium mill in operation on or before the effective date of this regulation for which an environmental impact statement has not been prepared previously, an application for license renewal must be accompanied or preceded by a final environmental impact statement or final declaration of nonsignificance completed in accordance with SEPA guidelines.

Note: No construction shall be commenced until the license has been issued or unless an emergency exemption from SEPA requirements is granted in accordance with WAC 197-11-880. For the purposes of this subsection, the term "commencement of construction" means any clearing of land, excavation or other substantial action related to a proposed activity for specific licensing that would adversely affect the natural environment of a site; this term does not include changes desirable for the temporary use of the land for public recreational use, limited borings to determine site characteristics as necessary for environmental assessment, or other preconstruction monitoring to establish background information related to suitability of a site

or to the protection of environmental values. In the case where an exemption is granted, the applicant shall assume all financial risk for construction activity; waive any claim of entitlement to the issuance of a license based solely upon the grant of the exemption or the commencement of construction pursuant thereto; and furnish, if the circumstances warrant and the department so requires, a financial surety arrangement to insure the protection of the public health, safety and the environment in the event of abandonment, default, or inability of the license applicant to meet the requirements of the act or these regulations.

(ii) In addition to the information required in chapter 197-11 WAC, the following additional areas shall be addressed in the final environmental impact statement:

(A) Alternative sites to those chosen by the applicant shall include all alternative sites, whether or not those sites are under the control or ownership of the applicant.

(B) Long term impacts shall include, but not be limited to, decommissioning, decontamination, reclamation impacts and material management associated with the proposed activities.

(C) Environmental reviews, dose assessments, ecology, construction effects on biota, impact on the environment from the use of chemicals, and socioeconomic effects shall be addressed.

(D) Alternative disposal sites and techniques for disposal shall be evaluated to determine if a site or technique is clearly superior.

(b) For uranium or thorium milling operations, a bond made payable to the department of health or other acceptable government agency, and in an amount specified by the department, shall be posted to ensure the protection of the public health and safety in the event of abandonment, default or other inability of the licensee to meet the requirements for reclamation and disposal of tailings and for decommissioning the site. The bond, or a copy thereof when the bond is made payable to another government agency, shall be received by the department prior to issuance of the license, or prior to license renewal for mills in operation on or before the effective date of this regulation. Other acceptable surety arrangements in addition to surety bonding include cash deposits, certificates of deposit, deposits of government securities, letters or lines of credit or combinations of the foregoing. The amount and mechanism of the surety arrangement may be reviewed by the department preceding each license renewal and adjustments may be required of the licensee prior to such renewal.

(c) The owner of the proposed uranium or thorium mill and tailings site(s) agrees to transfer or revert to the appropriate state or federal agency upon termination of the license, all lands, buildings and grounds, and any interest therein, necessary to fulfill the purposes of this subsection, except where the lands are held in trust for, or are owned by any Indian tribe. For any uranium or thorium mill in operation on or before the effective date of this regulation, such an agreement will be required prior to license renewal.

(d) For all uranium and thorium milling operations, the owner or operator shall arrange to pay to the department or its designee a fee in accordance with WAC 246-254-150 for a special security fund for the further

maintenance, surveillance or care which may be required after a licensee has ceased to operate.

A minimum fund of two hundred fifty thousand dollars shall be provided by the licensee payable to the state. If a shortfall exists between the amount of money in the special security fund and the two hundred fifty thousand dollars minimum amount, a surety bond, or other acceptable surety instrument as defined above shall be arranged.

(e) The application for a license includes a description of an appropriate program for effluent monitoring, environmental monitoring and data reporting. Such description shall encompass locations, frequency, and types of sampling, analytical plans and procedures, minimum detection levels, sampling equipment and quality assurance programs.

(f) All licensees or registrants required to meet the additional requirements set forth in this subsection shall establish environmental monitoring programs adequate to determine the impact of their activity on the natural environment around the site of their environmentally significant activity. The established environmental and effluent monitoring program shall address all environmentally significant radionuclide releases and external radiation sources caused or threatened to be caused by the licensee's activities.

(i) Effluent and environmental monitoring results shall include the following minimum information as pertinent:

(A) Information as to flow rates, total volume of effluent, peak concentration, concentration of each radionuclide in the effluent averaged over a period of one year at the point where the effluent leaves a stack, tube, pipe, or similar conduit;

(B) A description of the properties of the effluents, including:

(I) Chemical composition;

(II) Physical characteristics, including suspended solids content in liquid effluents, and nature of gas aerosol for air effluents;

(III) The hydrogen ion concentrations (pH) of liquid effluents; and

(IV) The size range of particulates in effluent released into air;

(C) A description of the anticipated human occupancy in the unrestricted area where the highest concentration of radioactive material from the effluent is expected, and, in the case of a river stream a description of water uses downstream from the point of release of the effluent.

(D) Information as to the highest concentration of each radionuclide in an unrestricted area, including anticipated concentrations averaged over a period of one year:

(I) In air at any point of human occupancy; or

(II) In water at points of use downstream from the point of release of the effluent;

(E) The background concentration of radionuclides in the receiving river or stream prior to the release of liquid effluent;

(F) A description of the waste treatment facilities and procedures used to reduce the concentration of radionuclides in effluents prior to their release;

(G) A written description of sampling techniques and sample analysis methods;

(H) A written description of how all calculated results were obtained from sample analysis data. This explanation shall include example calculations and estimates of the precision and sensitivity of monitoring results;

(I) A written description of the licensee's quality control program including specification of control samples and standard samples used.

(ii) The licensee shall submit in writing to the department within sixty days after January 1 and July 1 of each year, reports specifying the quantities of each of the principle radionuclides released to unrestricted areas in liquid and in gaseous effluent during the previous six months of operations. This data shall be reported in a manner that will permit the department to confirm the potential annual radiation doses to the public. All data from the radiological and nonradiological environmental monitoring program will also be submitted for the same time period and frequency as specified above. The data shall be reported in a manner which will allow the department to confirm the potential annual radiation doses to the public.

(g) For land disposal of radioactive material, the provisions of chapter 246-250 WAC must also be met.

(h) For operation of mineral processing facilities, the provisions of chapter 246-252 WAC must also be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-070, filed 12/11/86; 83-19-050 (Order 2026), § 402-22-070, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-070, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-070, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-070.]

**WAC 246-235-090 Special requirements for specific licenses of broad scope.** This section prescribes requirements for the issuance of specific licenses of broad scope for radioactive material ("broad licenses") and certain regulations governing holders of such licenses.\*

\*Note: Authority to transfer possession or control by the manufacturer, processor, or producer of any equipment, device, commodity or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(1) **The different types of broad licenses are set forth below:**

(a) A "Type A specific license of broad scope" is a specific license authorizing receipt, acquisition, ownership, possession, use and transfer of any chemical or physical form of the radioactive material specified in the license, but not exceeding quantities specified in the license, for any authorized purpose. The quantities specified are usually in the multicurie range.

(b) A "Type B specific license of broad scope" is a specific license authorizing receipt, acquisition, ownership, possession, use and transfer of any chemical or physical form of radioactive material specified in WAC 246-235-140 Schedule B, for any authorized purpose. The possession limit for a Type B broad license, if only one radionuclide is possessed thereunder, is the quantity specified for that radionuclide in WAC 246-235-140 Schedule B, Column I. If two or more radionuclides are possessed thereunder, the possession limit for each is determined as follows: For each radionuclide, determine the ratio of the quantity possessed to the applicable quantity specified in WAC 246-235-140 Schedule B, Column I, for that radionuclide. The sum of the ratios for all radionuclides possessed under the license shall not exceed unity.

(c) A "Type C specific license of broad scope" is a specific license authorizing receipt, acquisition, ownership, possession, use and transfer of any chemical or physical form of radioactive material specified in WAC 246-235-140 Schedule B, for any authorized purpose. The possession limit for a Type C broad license, if only one radionuclide is possessed thereunder, is the quantity specified for that radionuclide in WAC 246-235-140 Schedule B, Column II. If two or more radionuclides are possessed thereunder, the possession limit is determined for each as follows: For each radionuclide determine the ratio of the quantity possessed to the applicable quantity specified in WAC 246-235-140 Schedule B, Column II, for that radionuclide. The sum of the ratios for all radionuclides possessed under the license shall not exceed unity.

**(2) An application for a Type A specific license of broad scope will be approved if:**

(a) The applicant satisfies the general requirements specified in WAC 246-235-020.

(b) The applicant has engaged in a reasonable number of activities involving the use of radioactive material; and

(c) The applicant has established administrative controls and provisions relating to organization and management, procedures, recordkeeping, material control and accounting, and management review that are necessary to assure safe operations, including:

(i) The establishment of a radiation safety committee composed of such persons as a radiation safety officer, a representative of management, and persons trained and experienced in the safe use of radioactive material;

(ii) The appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and who is available for advice and assistance on radiation safety matters; and

(iii) The establishment of appropriate administrative procedures to assure:

(A) Control of procurement and use of radioactive material;

(B) Completion of safety evaluation of proposed uses of radioactive material which take into consideration such matters as the adequacy of facilities and equipment, training and experience of the user, and the operating or handling procedures; and

(C) Review, approval, and recording by the radiation safety committee of safety evaluation of proposed uses prepared in accordance with item (2)(c)(iii)(B) of this section prior to use of the radioactive material.

**(3) An application for a Type B specific license of broad scope will be approved if:**

(a) The applicant satisfies the general requirements specified in WAC 246-235-020; and

(b) The applicant has established administrative controls and provisions relating to organization and management, procedures, recordkeeping, material control and accounting, and management review that are necessary to assure safe operations, including:

(i) The appointment of a radiation safety officer who is qualified by training and experience in radiation protection, and who is available for advice and assistance on radiation safety matters; and

(ii) The establishment of appropriate administrative procedures to assure:

(A) Control of procurement and use of radioactive material;

(B) Completion of safety evaluations of proposed uses of radioactive material which take into consideration such matters as the adequacy of facilities and equipment, training and experience of the user, and the operating or handling procedures; and

(C) Review, approval, and recording by the radiation safety officer of safety evaluations of proposed uses prepared in accordance with item (3)(b)(ii)(B) of this section prior to use of the radioactive material.

**(4) An application for a Type C specific license of broad scope will be approved if:**

(a) The applicant satisfies the general requirements specified in WAC 246-235-020.

(b) The applicant submits a statement that radioactive material will be used only by, or under the direct supervision of individuals, who have received:

(i) A college degree at the bachelor level, or equivalent training and experience, in the physical or biological sciences or in engineering; and

(ii) At least forty hours of training and experience in the safe handling of radioactive material, and in the characteristics of ionizing radiation, units of radiation dose and quantities, radiation detection instrumentation, and biological hazards of exposure to radiation appropriate to the type and forms of radioactive material to be used; and

(c) The applicant has established administrative controls and provisions relating to procurement of radioactive material, procedures, recordkeeping, material control and accounting, and management review necessary to assure safe operations.

**(5) Specific licenses of broad scope are subject to the following conditions:**

(a) Unless specifically authorized by the department, persons licensed pursuant to this section shall not:

(i) Conduct tracer studies in the environment involving direct release of radioactive material;

(ii) Receive, acquire, own, possess, use or transfer devices containing 100,000 curies or more of radioactive

material in sealed sources used for irradiation of materials;

(iii) Conduct activities for which a specific license issued by the department under WAC 246-235-080 or 246-235-100 is required; or

(iv) Add or cause the addition of radioactive material to any food, beverage, cosmetic, drug or other product designed for ingestion or inhalation by, or application to, a human being.

(b) Each Type A specific license of broad scope issued under this part shall be subject to the condition that radioactive material possessed under the license may only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety committee.

(c) Each Type B specific license of broad scope issued under this part shall be subject to the condition that radioactive material possessed under the license may only be used by, or under the direct supervision of, individuals approved by the licensee's radiation safety officer.

(d) Each Type C specific license of broad scope issued under this part shall be subject to the condition that radioactive material possessed under the license may only be used by, or under the direct supervision of, individuals who satisfy the requirements of subsection (4) of this section.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-112 (Order 184), § 246-235-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-235-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 79-12-073 (Order 1459), § 402-22-090, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-073.]

**WAC 246-235-100 Special requirements for a specific license to manufacture, assemble, repair, or distribute commodities, products, or devices which contain radioactive material.** (1) **Licensing the introduction of radioactive material into products in exempt concentrations.** In addition to the requirements set forth in WAC 246-235-020, a specific license authorizing the introduction of radioactive material into a product or material owned by or in the possession of the licensee or another to be transferred to persons exempt under WAC 246-232-010 (2)(a) will be issued if:

(a) The applicant submits a description of the product or material into which the radioactive material will be introduced, intended use of the radioactive material and the product or material into which it is introduced, method of introduction, initial concentration of the radioactive material in the product or material, control methods to assure that no more than the specified concentration is introduced into the product or material, estimated time interval between introduction and transfer of the product or material, and estimated concentration of the radioactive material in the product or material at the time of transfer; and

(b) The applicant provides reasonable assurance that the concentrations of radioactive material at the time of transfer will not exceed the concentrations in WAC 246-232-130, Schedule C, that reconstruction of the radioactive material in concentrations exceeding those in WAC 246-232-130, Schedule C, is not likely, that use

of lower concentrations is not feasible, and that the product or material is not likely to be incorporated in any food, beverage, cosmetic, drug or other commodity or product designed for ingestion or inhalation by, or application to a human being.

(c) Each person licensed under subsection (1) of this section shall file an annual report with the department which shall identify the type and quantity of each product or material into which radioactive material has been introduced during the reporting period; name and address of the person who owned or possessed the product and material, into which radioactive material has been introduced, at the time of introduction; the type and quantity of radionuclide introduced into each such product or material; and the initial concentrations of the radionuclide in the product or material at time of transfer of the radioactive material by the licensee. If no transfers of radioactive material have been made pursuant to subsection (1) of this section during the reporting period, the report shall so indicate. The report shall cover the year ending June 30, and shall be filed within thirty days thereafter.

**(2) Licensing the distribution of radioactive material in exempt quantities.\***

\*Note: Authority to transfer possession or control by the manufacturer, processor or producer of any equipment, device, commodity or other product containing source material or byproduct material whose subsequent possession, use, transfer and disposal by all other persons who are exempted from regulatory requirements may be obtained only from the United States Nuclear Regulatory Commission, Washington, D.C. 20555.

(a) An application for a specific license to distribute naturally occurring and accelerator-produced radioactive material (NARM) to persons exempted from these regulations pursuant to WAC 246-232-010 (2)(b) will be approved if:

(i) The radioactive material is not contained in any food, beverage, cosmetic, drug or other commodity designed for ingestion or inhalation by, or application to, a human being;

(ii) The radioactive material is in the form of processed chemical elements, compounds, or mixtures, tissue samples, bioassay samples, counting standards, plated or encapsulated sources, or similar substances, identified as radioactive and to be used for its radioactive properties, but is not incorporated into any manufactured or assembled commodity, product, or device intended for commercial distribution; and

(iii) The applicant submits copies of prototype labels and brochures and the department approves such labels and brochures.

(b) The license issued under paragraph (2)(a) of this section is subject to the following conditions:

(i) No more than ten exempt quantities shall be sold or transferred in any single transaction. However, an exempt quantity may be composed of fractional parts of one or more of the exempt quantity provided the sum of the fractions shall not exceed unity.

(ii) Each exempt quantity shall be separately and individually packaged. No more than ten such packaged

exempt quantities shall be contained in any outer package for transfer to persons exempt pursuant to WAC 246-232-010 (2)(b). The outer package shall be such that the dose rate at the external surface of the package does not exceed 0.5 millirem per hour.

(iii) The immediate container of each quantity or separately packaged fractional quantity of radioactive material shall bear a durable, legible label which:

(A) Identifies the radionuclide and the quantity of radioactivity; and

(B) Bears the words "radioactive material."

(iv) In addition to the labeling information required by item (2)(b)(iii) of this section, the label affixed to the immediate container, or an accompanying brochure, shall:

(A) State that the contents are exempt from licensing state requirements;

(B) Bear the words "Radioactive material—Not for human use—Introduction into foods, beverages, cosmetics, drugs, or medicinals, or into products manufactured for commercial distribution is prohibited—Exempt quantities should not be combined"; and

(C) Set forth appropriate additional radiation safety precautions and instructions relating to the handling, use, storage and disposal of the radioactive material.

(c) Each person licensed under paragraph (2)(a) of this section shall maintain records identifying, by name and address, each person to whom radioactive material is transferred for use under WAC 246-232-010 (2)(b) or the equivalent regulations of a licensing state, and stating the kinds and quantities of radioactive material transferred. An annual summary report stating the total quantity of each radionuclide transferred under the specific license shall be filed with the department. Each report shall cover the year ending June 30, and shall be filed within thirty days thereafter. If no transfers of radioactive material have been made pursuant to subsection (2) of this section during the reporting period, the report shall so indicate.

(3) **Licensing the incorporation of naturally occurring and accelerator-produced radioactive material into gas and aerosol detectors.** An application for a specific license authorizing the incorporation of NARM into gas and aerosol detectors to be distributed to persons exempt under WAC 246-232-010 (2)(c)(iii) will be approved if the application satisfies requirements equivalent to those contained in Section 32.26 of 10 CFR Part 32.

(4) **Licensing the manufacture and distribution of devices to person generally licensed under WAC 246-233-020(4).**

(a) An application for a specific license to manufacture or distribute devices containing radioactive material, excluding special nuclear material, to persons generally licensed under WAC 246-233-020(4) or equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state will be approved if:

(i) The applicant satisfies the general requirements of WAC 246-235-020;

(ii) The applicant submits sufficient information relating to the design, manufacture, prototype testing,

quality control, labels, proposed uses, installation, servicing, leak testing, operating and safety instructions, and potential hazards of the device to provide reasonable assurance that:

(A) The device can be safely operated by persons not having training in radiological protection;

(B) Under ordinary conditions of handling, storage and use of the device, the radioactive material contained in the device will not be released or inadvertently removed from the device, and it is unlikely that any person will receive in any period of one calendar quarter a dose in excess of ten percent of the limits specified in the table in WAC 246-221-010(1); and

(C) Under accident conditions (such as fire and explosion) associated with handling, storage and use of the device, it is unlikely that any person would receive an external radiation dose or dose commitment in excess of the following organ doses:

Whole body; head and trunk; active blood-forming organs; gonads; or lens of eye 15 rems

Hands and forearms; feet and ankles; localized areas of skin averaged over areas no larger than one square centimeter 200 rems

Other organs 50 rems

(iii) Each device bears a durable, legible, clearly visible label or labels approved by the department, which contain in a clearly identified and separate statement:

(A) Instructions and precautions necessary to assure safe installation, operation and servicing of the device (documents such as operating and service manuals may be identified in the label and used to provide this information);

(B) The requirement, or lack of requirement, for leak testing, or for testing any on-off mechanism and indicator, including the maximum time interval for such testing, and the identification of radioactive material by isotope, quantity of radioactivity, and date of determination of the quantity; and

(C) The information called for in one of the following statements, as appropriate, in the same or substantially similar form:

(aa) The receipt, possession, use and transfer of this device, Model \_\_\_\_\_, Serial No. \_\_\_\_\_ Note\*, are subject to a general license or the equivalent, and the regulations of the United States Nuclear Regulatory Commission or a state with which the United States Nuclear Regulatory Commission has entered into an agreement for the exercise of regulatory authority. This label shall be maintained on the device in a legible condition. Removal of this label is prohibited.

CAUTION - RADIOACTIVE MATERIAL

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(Name of manufacturer or distributor)\*

(bb) The receipt, possession, use and transfer of this device, Model \_\_\_\_\_, Serial No. \_\_\_\_\_ Note\*, are subject to a general license or the equivalent, and the regulations of a licensing state. This label shall



be maintained on the device in a legible condition. Removal of this label is prohibited.

CAUTION - RADIOACTIVE MATERIAL

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 (Name of manufacturer or  
 distributor)\*

\*Note: The model, serial number, and name of the manufacturer or distributor may be omitted from this label provided the information is elsewhere specified in labeling affixed to the device.

(b) In the event the applicant desires that the device be required to be tested at intervals longer than six months, either for proper operation of the on-off mechanism and indicator, if any, or for leakage of radioactive material or for both, the applicant shall include in the application sufficient information to demonstrate that such longer interval is justified by performance characteristics of the device or similar devices and by design features which have a significant bearing on the probability or consequences of leakage of radioactive material from the device or failure of the on-off mechanism and indicator. In determining the acceptable interval for the test for leakage of radioactive material, the department will consider information which includes, but is not limited to:

- (i) Primary containment (source capsule);
- (ii) Protection of primary containment;
- (iii) Method of sealing containment;
- (iv) Containment construction materials;
- (v) Form of contained radioactive material;
- (vi) Maximum temperature withstood during prototype tests;
- (vii) Maximum pressure withstood during prototype tests;
- (viii) Maximum quantity of contained radioactive material;
- (ix) Radiotoxicity of contained radioactive material; and
- (x) Operating experience with identical devices or similarly designed and constructed devices.

(c) In the event the applicant desires that the general licensee under WAC 246-233-020(4), or under equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state be authorized to install the device, collect the sample to be analyzed by a specific licensee for leakage of radioactive material, service the device, test the on-off mechanism and indicator, or remove the device from installation, the applicant shall include in the application written instructions to be followed by the general licensee, estimated calendar quarter doses associated with such activity or activities, and bases for such estimates. The submitted information shall demonstrate that performance of such activity or activities by an individual untrained in radiological protection, in addition to other handling, storage, and use of devices under the general license, is unlikely to cause that individual to receive a calendar quarter dose in excess of ten percent of the limits specified in the table in WAC 246-221-010(1).

(d) Each person licensed under paragraph (4)(a) of this section to distribute devices to generally licensed persons shall:

(i) Furnish a copy of the general license contained in WAC 246-233-020(4) to each person to whom the person directly or through an intermediate person transfers radioactive material in a device for use pursuant to the general license contained in WAC 246-233-020(4);

(ii) Furnish a copy of the general license contained in the United States Nuclear Regulatory Commission's, agreement state's, or licensing state's regulation equivalent to WAC 246-233-020(4), or alternatively, furnish a copy of the general license contained in WAC 246-233-020(4) to each person to whom, directly or through an intermediate person, is transferred radioactive material in a device for use pursuant to the general license of the United States Nuclear Regulatory Commission, the agreement state or the licensing state. If a copy of the general license in WAC 246-233-020(4) is furnished to such a person, it shall be accompanied by a note explaining that the use of the device is regulated by the United States Nuclear Regulatory Commission, agreement state or licensing state under requirements substantially the same as those in WAC 246-233-020(4);

(iii) Report to the department all transfers of such devices to persons for use under the general license in WAC 246-233-020(4). Such report shall identify each general licensee by name and address, an individual by name and/or position who may constitute a point of contact between the department and the general licensee, the type and model number of device transferred, and the quantity and type of radioactive material contained in the device. If one or more intermediate persons will temporarily possess the device at the intended place of use prior to its possession by the user, the report shall include identification of each intermediate person by name, address, contact, and relationship to the intended user. If no transfers have been made to persons generally licensed under WAC 246-233-020(4) during the reporting period, the report shall so indicate. The report shall cover each calendar quarter and shall be filed within thirty days thereafter.

(iv) Reports to other departments.

(A) Report to the United States Nuclear Regulatory Commission all transfers of such devices to persons for use under the United States Nuclear Regulatory Commission general license in Section 31.5 of 10 CFR Part 31.

(B) Report to the responsible department all transfers of devices manufactured and distributed pursuant to subsection (4) of this section for use under a general license in that state's regulations equivalent to WAC 246-233-020(4).

(C) Such reports shall identify each general licensee by name and address, an individual by name and/or position who may constitute a point of contact between the department and the general licensee, the type and model of the device transferred, and the quantity and type of radioactive material contained in the device. If one or more intermediate persons will temporarily possess the device at the intended place of use prior to its possession

by the user, the report shall include identification of each intermediate person by name, address, contact, and relationship to the intended user. The report shall be submitted within thirty days after the end of each calendar quarter in which such a device is transferred to the generally licensed person.

(D) If no transfers have been made to United States Nuclear Regulatory Commission licensees during the reporting period, this information shall be reported to the United States Nuclear Regulatory Commission.

(E) If no transfers have been made to general licensees within a particular state during the reporting period, this information shall be reported to the responsible department upon request of the department.

(v) Keep records showing the name, address and the point of contact for each general licensee to whom the person directly or through an intermediate person transfers radioactive material in devices for use pursuant to the general license provided in WAC 246-233-020(4), or equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state. The records shall show the date of each transfer, the radionuclide and the quantity of radioactivity in each device transferred, the identity of any intermediate person, and compliance with the report requirements of paragraph (4)(d) of this section.

(5) **Special requirements for the manufacture, assembly or repair of luminous safety devices for use in aircraft.** An application for a specific license to manufacture, assemble or repair luminous safety devices containing tritium or promethium-147 for use in aircraft for distribution to persons generally licensed under WAC 246-233-020(5) will be approved subject to the following conditions:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020; and

(b) The applicant satisfies the requirements of Sections 32.53, 32.54, 32.55, 32.56, 32.101 of 10 CFR Part 32 or their equivalent.

(6) **Special requirements for license to manufacture calibration sources containing americium-241, plutonium or radium-226 for distribution to persons generally licensed under WAC 246-233-020(7).** An application for a specific license to manufacture calibration and reference sources containing americium-241, plutonium or radium-226 to persons generally licensed under WAC 246-233-020(7) will be approved subject to the following conditions:

(a) The applicant satisfies the general requirement of WAC 246-235-020; and

(b) The applicant satisfies the requirements of Sections 32.57, 32.58, 32.59, 32.102 of 10 CFR Part 32 and Section 70.39 of 10 CFR Part 70 or their equivalent.

(7) **Manufacture and distribution of radioactive material for certain *in vitro* clinical or laboratory testing under general license.** An application for a specific license to manufacture or distribute radioactive material for use under the general license of WAC 246-233-020(8) will be approved if:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020;

(b) The radioactive material is to be prepared for distribution in prepackaged units of:

(i) Iodine-125 in units not exceeding 10 microcuries each;

(ii) Iodine-131 in units not exceeding 10 microcuries each;

(iii) Carbon-14 in units not exceeding 10 microcuries each;

(iv) Hydrogen-3 (tritium) in units not exceeding 50 microcuries each;

(v) Iron-59 in units not exceeding 20 microcuries each;

(vi) Cobalt-57 in units not exceeding 10 microcuries each;

(vii) Selenium-75 in units not exceeding 10 microcuries each;

(viii) Mock Iodine-125 in units not exceeding 0.05 microcurie of iodine-129 and 0.005 microcurie of americium-241 each.

(c) Each prepackaged unit bears a durable, clearly visible label:

(i) Identifying the radioactive contents as to chemical form and radionuclide, and indicating that the amount of radioactivity does not exceed 10 microcuries of iodine-125, iodine-131, carbon-14, cobalt-57, or selenium-75; 50 microcuries of hydrogen-3 (tritium); 20 microcuries of iron-59; or Mock Iodine-125 in units not exceeding 0.05 microcurie of iodine-129 and 0.005 microcurie of americium-241 each; and

(ii) Displaying the radiation caution symbol described in WAC 246-221-120 (1)(a) and the words, "CAUTION, RADIOACTIVE MATERIAL," and "Not for internal or external use in humans or animals."

(d) One of the following statements, as appropriate, or a substantially similar statement which contains the information called for in one of the following statements, appears on a label affixed to each prepackaged unit or appears in a leaflet or brochure which accompanies the package:

(i) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of the United States Nuclear Regulatory Commission or of a state with which the commission has entered into an agreement for the exercise of regulatory authority.

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Name of manufacturer

(ii) This radioactive material may be received, acquired, possessed and used only by physicians, veterinarians, clinical laboratories or hospitals and only for *in vitro* clinical or laboratory tests not involving internal or external administration of the material, or the radiation

therefrom, to human beings or animals. Its receipt, acquisition, possession, use and transfer are subject to the regulations and a general license of a licensing state.

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Name of manufacturer

(e) The label affixed to the unit, or the leaflet or brochure which accompanies the package, contains adequate information as to the precautions to be observed in handling and storing such radioactive material. In the case of the Mock Iodine-125 reference or calibration source, the information accompanying the source must also contain directions to the licensee regarding the waste disposal requirements set out in WAC 246-221-170 of these regulations.

(8) **Licensing the manufacture and distribution of ice detection devices.** An application for a specific license to manufacture and distribute ice detection devices to persons generally licensed under WAC 246-233-020(9) will be approved subject to the following conditions:

(a) The applicant satisfies the general requirements of WAC 246-235-020; and

(b) The criteria of Sections 32.61, 32.62, 32.103 of 10 CFR Part 32 are met.

(9) **Manufacture and distribution of radiopharmaceuticals containing radioactive material for medical use under group licenses.** An application for a specific license to manufacture and distribute radiopharmaceuticals containing radioactive material for use by persons licensed pursuant to WAC 246-235-080(3) for the uses listed in Group I, Group II, Group IV, or Group V of WAC 246-235-120, Schedule A, will be approved if:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020 of this part;

(b) The applicant submits evidence that:

(i) The radiopharmaceutical containing radioactive material will be manufactured, labeled and packaged in accordance with the Federal Food, Drug and Cosmetic Act or the Public Health Service Act, such as a new drug application (NDA) approved by the United States Food and Drug Administration (FDA), a biologic product license issued by FDA or a "notice of claimed investigational exemption for a new drug" (IND) that has been accepted by the FDA; or

(ii) The manufacture, compounding and distribution of the radiopharmaceutical containing radioactive material is not subject to the Federal Food, Drug and Cosmetic Act and the Public Health Service Act;

(c) The applicant submits information on the radionuclide, chemical and physical form, packaging including maximum activity per package, and shielding provided by the packaging of the radioactive material which is appropriate for safe handling and storage of radiopharmaceuticals by group licensees; and

(d) The label affixed to each package of the radiopharmaceutical contains information on the radionuclide, quantity and date of assay, and the label affixed to each package, or the leaflet or brochure which accompanies each package, contains a statement that the radiopharmaceutical is licensed by the department for distribution to persons licensed pursuant to WAC 246-

235-080(3) and 246-235-120 Schedule A, Group I, Group II, Group IV, and Group V, as appropriate, or under equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state. The labels, leaflets or brochures required by subsection (9) of this section are in addition to the labeling required by the Food and Drug Administration (FDA) and they may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

(10) **Manufacture and distribution of generators or reagent kits for preparation of radiopharmaceuticals containing radioactive material.** An application for a specific license to manufacture and distribute generators or reagent kits containing radioactive material for preparation of radiopharmaceuticals by persons licensed pursuant to WAC 246-235-080(3) for the uses listed in Group III of WAC 246-235-120, Schedule A will be approved if:

(a) The applicant satisfies the general requirements specified in WAC 246-235-020;

(b) The applicant submits evidence that:

(i) The generator or reagent kit is to be manufactured, labeled and packaged in accordance with the Federal Food, Drug and Cosmetic Act or the Public Health Service Act, such as a new drug application (NDA) approved by the Food and Drug Administration (FDA), a biologic product license issued by FDA, or a "Notice of claimed investigational exemption for a new drug" (IND) that has been accepted by the FDA; or

(ii) The manufacture and distribution of the generator or reagent kit are not subject to the Federal Food, Drug and Cosmetic Act and the Public Health Service Act;

(c) The applicant submits information on the radionuclide, chemical and physical form, packaging including maximum activity per package, and shielding provided by the packaging of the radioactive material contained in the generator or reagent kit;

(d) The label affixed to the generator or reagent kit contains information on the radionuclide, quantity, and date of assay; and

(e) The label affixed to the generator or reagent kit, or the leaflet or brochure which accompanies the generator or reagent kit; contains:

(i) Adequate information, from a radiation safety standpoint, on the procedures to be followed and the equipment and shielding to be used in eluting the generator or processing radioactive material with the reagent kit; and

(ii) A statement that this generator or reagent kit (as appropriate) is approved for use by persons licensed by the department pursuant to WAC 246-235-080(3) and Group III of WAC 246-235-120, Schedule A, or under equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state. The labels, leaflets or brochures required by subsection (10) of this section are in addition to the labeling required by FDA and they may be separate from or, with the approval of FDA, may be combined with the labeling required by FDA.

Note: Although the department does not regulate the manufacture and distribution of reagent kits that do not contain radioactive material, it does regulate the use of such reagent kits for the preparation of radiopharmaceuticals containing radioactive material as part of its licensing and regulation of the users of radioactive material. Any manufacturer of reagent kits that do not contain radioactive material who desires to have reagent kits approved by the department for use by persons licensed pursuant to WAC 246-235-080(3) and Group III of WAC 246-235-120 Schedule A may submit the pertinent information specified in subsection (10) of this section.

(11) **Manufacture and distribution of sources or devices containing radioactive material for medical use.** An application for a specific license to manufacture and distribute sources and devices containing radioactive material to persons licensed pursuant to WAC 246-235-080(3) for use as a calibration or reference source or for the uses listed in Group VI of WAC 246-235-120 Schedule A of this part will be approved if:

(a) The applicant satisfies the general requirements in WAC 246-235-020 of this part;

(b) The applicant submits sufficient information regarding each type of source or device pertinent to an evaluation of its radiation safety, including:

(i) The radioactive material contained, its chemical and physical form and amount;

(ii) Details of design and construction of the source or device;

(iii) Procedures for, and results of, prototype tests to demonstrate that the source or device will maintain its integrity under stresses likely to be encountered in normal use and accidents;

(iv) For devices containing radioactive material, the radiation profile of a prototype device;

(v) Details of quality control procedures to assure that production sources and devices meet the standards of the design and prototype tests;

(vi) Procedures and standards for calibrating sources and devices;

(vii) Legend and methods for labeling sources and devices as to their radioactive content; and

(viii) Instructions for handling and storing the source or device from the radiation safety standpoint, these instructions are to be included on a durable label attached to the source or device or attached to a permanent storage container for the source or device: *Provided*, That instructions which are too lengthy for such label may be summarized on the label and printed in detail on a brochure which is referenced on the label.

(c) The label affixed to the source or device, or to the permanent storage container for the source or device, contains information on the radionuclide, quantity and date of assay, and a statement that the named source or device is licensed by the department for distribution to persons licensed pursuant to WAC 246-235-080(3) and Group VI of WAC 246-235-120 Schedule A or under equivalent regulations of the United States Nuclear Regulatory Commission, an agreement state or a licensing state: *Provided*, That such labeling for sources which do not require long term storage (e.g., gold-198 seeds) may be on a leaflet or brochure which accompanies the source.

(d) In the event the applicant desires that the source or device be required to be tested for leakage of radioactive material at intervals longer than six months, the applicant shall include in the application sufficient information to demonstrate that such longer interval is justified by performance characteristics of the source or device or similar sources or devices and by design features that have a significant bearing on the probability or consequences of leakage of radioactive material from the source.

(e) In determining the acceptable interval for test of leakage of radioactive material, the department will consider information that includes, but is not limited to:

(i) Primary containment (source capsule);

(ii) Protection of primary containment;

(iii) Method of sealing containment;

(iv) Containment construction materials;

(v) Form of contained radioactive material;

(vi) Maximum temperature withstood during prototype tests;

(vii) Maximum pressure withstood during prototype tests;

(viii) Maximum quantity of contained radioactive material;

(ix) Radiotoxicity of contained radioactive material; and

(x) Operating experience with identical sources or devices or similarly designed and constructed sources or devices.

(12) **Requirements for license to manufacture and distribute industrial products containing depleted uranium for mass-volume applications.**

(a) An application for a specific license to manufacture industrial products and devices containing depleted uranium for use pursuant to WAC 246-233-010(4) or equivalent regulations of the United States Nuclear Regulatory Commission or an agreement state will be approved if:

(i) The applicant satisfies the general requirements specified in WAC 246-235-020;

(ii) The applicant submits sufficient information relating to the design, manufacture, prototype testing, quality control procedures, labeling or marking, proposed uses and potential hazards of the industrial product or device to provide reasonable assurance that possession, use or transfer of the depleted uranium in the product or device is not likely to cause any individual to receive in any period of one calendar quarter a radiation dose in excess of ten percent of the limits specified in WAC 246-221-010(1); and

(iii) The applicant submits sufficient information regarding the industrial product or device and the presence of depleted uranium for a mass-volume application in the product or device to provide reasonable assurance that unique benefits will accrue to the public because of the usefulness of the product or device.

(b) In the case of an industrial product or device whose unique benefits are questionable, the department will approve an application for a specific license under subsection (12) of this section only if the product or device is found to combine a high degree of utility and low

probability of uncontrolled disposal and dispersal of significant quantities of depleted uranium into the environment.

(c) The department may deny any application for a specific license under subsection (12) of this section if the end use(s) of the industrial product or device cannot be reasonably foreseen.

(d) Each person licensed pursuant to paragraph (12)(a) of this section shall:

(i) Maintain the level of quality control required by the license in the manufacture of the industrial product or device, and in the installation of the depleted uranium into the product or device;

(ii) Label or mark each unit to:

(A) Identify the manufacturer of the product or device and the number of the license under which the product or device was manufactured, the fact that the product or device contains depleted uranium, and the quantity of depleted uranium in each product or device; and

(B) State that the receipt, possession, use and transfer of the product or device are subject to a general license or the equivalent and the regulations of the United States Nuclear Regulatory Commission or of an agreement state;

(iii) Assure that the depleted uranium before being installed in each product or device has been impressed with the following legend clearly legible through any plating or other covering: "Depleted uranium";

(iv) Furnish to each person to whom depleted uranium in a product or device is transferred for use pursuant to the general license contained in WAC 246-233-010(4) or its equivalent:

(A) A copy of the general license contained in WAC 246-233-010(4) and a copy of department Form RHF-20; or

(B) A copy of the general license contained in the United States Nuclear Regulatory Commission's or agreement state's regulation equivalent to WAC 246-233-010(4) and a copy of the United States Nuclear Regulatory Commission's or agreement state's certificate, or alternatively, furnish a copy of the general license contained in WAC 246-233-010(4) and a copy of department Form RHF-20 with a note explaining that use of the product or device is regulated by the United States Nuclear Regulatory Commission or an agreement state under requirements substantially the same as those in WAC 246-233-010(4).

(v) Report to the department all transfers of industrial products or devices to persons for use under the general license in WAC 246-233-010(4). Such report shall identify each general licensee by name and address, an individual by name and/or position who may constitute a point of contact between the department and the general licensee, the type and model number of device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within thirty days after the end of each calendar quarter in which such a product or device is transferred to the generally licensed person. If no transfers have been made to persons generally licensed under chapter

246-233 WAC during the reporting period, the report shall so indicate;

(vi) Provide certain other reports as follows:

(A) Report to the United States Nuclear Regulatory Commission all transfers of industrial products or devices to persons for use under the United States Nuclear Regulatory Commission general license in Section 40.25 of 10 CFR Part 40;

(B) Report to the responsible department all transfers of devices manufactured and distributed pursuant to subsection (12) of this section for use under a general license in that state's regulations equivalent to WAC 246-233-010(4);

(C) Such report shall identify each general licensee by name and address, an individual by name and/or position who may constitute a point of contact between the department and the general licensee, the type and model number of the device transferred, and the quantity of depleted uranium contained in the product or device. The report shall be submitted within thirty days after the end of each calendar quarter in which such product or device is transferred to the generally licensed person;

(D) If no transfers have been made to United States Nuclear Regulatory Commission licensees during the reporting period, this information shall be reported to the United States Nuclear Regulatory Commission;

(E) If no transfers have been made to general licensees within a particular agreement state during the reporting period, this information shall be reported to the responsible department; and

(vii) Keep records showing the name, address and point of contact for each general licensee to whom the person transfers depleted uranium in industrial products or devices for use pursuant to the general license provided in WAC 246-233-010(4) or equivalent regulations of the United States Nuclear Regulatory Commission or of an agreement state. The records shall be maintained for a period of two years and shall show the date of each transfer, the quantity of depleted uranium in each product or device transferred, and compliance with the report requirements of this section.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-100, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-110, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-110, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-076.]

**WAC 246-235-110 Special requirements for issuance of specific licenses for source material milling.** In addition to the requirements set forth in WAC 246-235-020, a specific license for source material milling will be issued if the applicant submits to the department a satisfactory application as described herein and meets the other conditions specified below:

(1) An application for a license to receive title to, receive, possess, and use source material for milling or by-product material as defined in WAC 246-220-010 shall address the following:

(a) Description of the proposed project or action.

(b) Area/site characteristics including geology, demography, topography, hydrology and meteorology.

(c) Radiological and nonradiological impacts of the proposed project or action, including waterway and groundwater impacts.

(d) Environmental effects of accidents.

(e) Tailings disposal and decommissioning.

(f) Site and project alternatives.

(g) Description of how the provisions of chapter 246-252 WAC shall be met.

(2) Pursuant to WAC 246-235-080 (6)(a)(i) the applicant shall not commence construction of the project until the department has weighed the environmental, economic, technical, and other benefits against the environmental costs and has concluded that the issuance of the license is appropriate.

(3) Prior to issuance of a license, a public hearing shall be held. The scope shall extend to the question of license issuance and the adequacy of the reclamation, disposal, decommissioning, and decontamination plans.

(4) At least one full year prior to any major site construction, a preoperational monitoring program shall be conducted to provide complete baseline data on a milling site and its environs. Throughout the construction and operating phases of the mill, an operational monitoring program shall be conducted to measure or evaluate compliance with applicable standards and regulations; to evaluate performance of control systems and procedures; to evaluate environmental impacts of operation; and to detect potential long-term effects.

(5) Prior to issuance of the license, the mill operator shall establish financial surety arrangements consistent with the requirements of WAC 246-252-030.

(6) The applicant shall provide procedures describing the means employed to meet the following requirements during the operational phase of any project.

(a) Milling operations shall be conducted so that all effluent releases are reduced to as low as is reasonably achievable below the limits of chapter 246-221 WAC.

(b) The mill operator shall conduct at least daily inspection of any tailings or waste retention systems. Records of such inspections shall be maintained for review by the department.

(c) The mill operator shall immediately notify the department of the following:

(i) Any failure in a tailings or waste retention system which results in a release of tailings or waste into unrestricted areas; and

(ii) Any unusual conditions (conditions not contemplated in the design of the retention system) which if not corrected could lead to failure of the system and result in a release of tailings or waste into unrestricted areas.

(7) An application for a license to own, receive, possess and use byproduct material as defined in WAC 246-220-010 shall contain proposed specifications relating to the emissions control and disposition of the byproduct material to achieve the requirements and objectives set forth in the criteria listed in WAC 246-252-030.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-15-112 (Order 184), § 246-235-110, filed 7/24/91, effective 8/24/91. Statutory

Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-235-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-22-150, filed 12/11/86. Statutory Authority: Chapter 70.121 RCW, 81-16-031 (Order 1683), § 402-22-150, filed 7/28/81.]

**WAC 246-235-120 Schedule A groups of medical uses of radioactive material (ref. WAC 246-235-080(3) and 246-235-100(9)). (1) Group I.** Use of prepared radiopharmaceuticals for certain diagnostic studies involving measurements of uptake, dilution and excretion. This group does not include imaging or localization studies.

(a) Any radioactive material in a radiopharmaceutical and for a diagnostic use involving measurements of uptake, dilution or excretion for which a "Notice of claimed investigational exemption for a new drug" (IND) has been accepted by the Food and Drug Administration (FDA) or for which a "New drug application" (NDA) is in effect.

(b) The provisions of (a) of this subsection notwithstanding, no radioactive material in gaseous form or for use as an aerosol is permitted by this subsection except as specifically authorized in a license.

(2) **Group II.** Use of prepared radiopharmaceuticals for diagnostic imaging and localization studies.

(a) Any radioactive material in a radiopharmaceutical and for a diagnostic use involving imaging or localizing for which a "Notice of claimed investigational exemption for a new drug" (IND) has been accepted by the Food and Drug Administration (FDA) or for which a "New drug application" (NDA) is in effect;

(b) The provisions of (a) of this subsection notwithstanding, no radioactive material in gaseous form or for use as an aerosol is permitted by this subsection except as specifically authorized by a license or subsection (3)(b) of this section.

(3) **Group III.** Use of generators and reagent kits for the preparation and use of radiopharmaceuticals containing radioactive material for diagnostic imaging and localization studies.

(a) Any generator or reagent kit for preparation and diagnostic use of a radiopharmaceutical containing radioactive material for which generator or reagent kit a "Notice of claimed investigational exemption of a new drug" (IND) has been accepted by the Food and Drug Administration (FDA) or for which a "New drug application" (NDA) is in effect.

(b) The provisions of (a) of this subsection notwithstanding, no generator or reagent kit is authorized for preparation of any gaseous form or aerosol of a radioactive material, except Technetium-99m as sodium pentetate as an aerosol for pulmonary function studies when used only with an approved and shielded delivery system, and disposed in accordance with applicable requirements, or as specifically authorized in a license.

(4) **Group IV.** Use of prepared radiopharmaceuticals for certain therapeutic uses that do not normally require hospitalization for purposes of radiation safety.

(a) Iodine-131 as iodide for treatment of hyperthyroidism and cardiac dysfunction;

(b) Phosphorus-32 as soluble phosphate for treatment of polycythemia vera, leukemia and bone metastases;

(c) Phosphorus-32 as colloidal chromic phosphate for intracavitary treatment of malignant effusions;

(d) Any radioactive material in a radiopharmaceutical and for a therapeutic use not normally requiring hospitalization for purposes of radiation safety for which a "Notice of claimed investigational exemption for a new drug" (IND) has been accepted by the Food and Drug Administration (FDA) or for which a "New drug application" (NDA) is in effect.

(5) **Group V.** Use of prepared radiopharmaceuticals for certain therapeutic uses that normally require hospitalization for purposes of radiation safety.

(a) Gold-198 as colloid for intracavitary treatment of malignant effusions;

(b) Iodine-131 as iodide for treatment of thyroid carcinoma;

(c) Any radioactive material in a radiopharmaceutical and for a therapeutic use normally requiring hospitalization for radiation safety reasons for which a "Notice of claimed investigational exemption for a new drug" (IND) has been accepted by the Food and Drug Administration (FDA) or for which a "New drug application" (NDA) is in effect.

(6) **Group VI.** Use of sources and devices containing radioactive material for certain medical uses.

(a) Americium-241 as a sealed source in a device for bone mineral analysis;

(b) Cesium-137 encased in needles and applicator cells for topical, interstitial, and intracavitary treatment of cancer;

(c) Cobalt-60 encased in needles and applicator cells for topical, interstitial, and intracavitary treatment of cancer;

(d) Gold-198 as seeds for interstitial treatment of cancer;

(e) Iodine-125 as a sealed source in a device for bone mineral analysis;

(f) Gadolinium-153 as a sealed source in a device for bone mineral analysis;

(g) Iridium-192 as seeds encased in nylon ribbon for interstitial treatment of cancer;

(h) Strontium-90 sealed in an applicator for treatment of superficial eye conditions; and

(i) Iodine-125 as seeds for interstitial treatment of cancer.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-200, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-22-200, filed 12/8/80. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-200, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-260.]

**WAC 246-235-130 Appendix--General laboratory rules for safe use of unsealed sources.** (1) In addition to the requirements set forth in WAC 246-235-020, a specific licensee who uses unsealed, unplated and/or liquid sources should possess adequate facilities including ventilation systems which are compatible with the proposed uses: and,

(2) Possess, use, and store, radioactive materials in accordance with, but not limited to, the following:

(a) Receive, handle, and store radioactive materials only at specifically designated locations within the applicant's facility. Vessels containing radioactive material must be labeled as required by chapter 246-221 WAC.

(b) Wear disposable gloves at all times when handling dispersible radioactive material or potentially contaminated items.

(c) Wear personnel monitoring devices (film badge and/or TLD), when required, at all times when working with, or in the vicinity of, radioactive materials. Extremity doses shall be considered in evaluating the need for separate extremity dosimeters. Calculations based on whole body badge results for photon emitters may be used in lieu of separate extremity dosimeters. Extremity dosimetry should be worn when working with millicurie or greater quantities of material (excluding low energy beta emitters and pure alpha emitters). Monitoring devices, when not in use, shall be stored only in a designated low-background area.

(d) Use remote tools, lead shields, lead-glass shields, and/or plexiglass shields as appropriate.

(e) Prohibit eating, chewing, drinking, smoking, and application of cosmetics in any area where radioactive material is used or stored.

(f) Do not store food, drink or personal effects in any area, container, or refrigerator designated for radioactive materials use or storage.

(g) Do not pipette radioactive materials or perform any similar operation by employing mouth suction.

(h) Use disposable absorbent material with impervious backing to cover work surfaces where spillage is possible.

(i) Properly dress and protect open wounds on exposed body surfaces before working with radioactive materials.

(j) Wear laboratory coats when working with radioactive material. Potentially contaminated laboratory coats shall not be worn outside the immediate work area.

(k) Nuclides in volatile form, or with a high potential for volatilization should be used only in areas with ventilation systems which conform to the requirements of WAC 246-221-040 and 246-221-070.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-240, filed 12/11/86; 83-19-050 (Order 2026), § 402-22-240, filed 9/16/83.]

**WAC 246-235-140 Schedule B, limits for broad licenses.** (See also WAC 246-235-090)

| Radioactive Material | Col. I curies | Col. II curies |
|----------------------|---------------|----------------|
| Antimony-122         | 1             | 0.01           |
| Antimony-124         | 1             | 0.01           |
| Antimony-125         | 1             | 0.01           |
| Arsenic-73           | 10            | 0.1            |
| Arsenic-74           | 1             | 0.01           |
| Arsenic-76           | 1             | 0.01           |
| Arsenic-77           | 10            | 0.1            |

| Radioactive Material | Col. I curies | Col. II curies | Radioactive Material | Col. I curies | Col. II curies |
|----------------------|---------------|----------------|----------------------|---------------|----------------|
| Barium-131           | 10            | 0.1            | Iridium-192          | 1             | 0.01           |
| Barium-140           | 1             | 0.01           | Iridium-194          | 10            | 0.1            |
| Beryllium-7          | 10            | 0.1            | Iron-55              | 10            | 0.1            |
| Bismuth-210          | 0.1           | 0.001          | Iron-59              | 1             | 0.01           |
| Bromine-82           | 10            | 0.1            | Krypton-85           | 100           | 1.             |
| Cadmium-109          | 1             | 0.01           | Krypton-87           | 10            | 0.1            |
| Cadmium-115m         | 1             | 0.01           | Lanthanum-140        | 1             | 0.01           |
| Cadmium-115          | 10            | 0.1            | Lutetium-177         | 10            | 0.1            |
| Calcium-45           | 1             | 0.01           | Manganese-52         | 1             | 0.01           |
| Calcium-47           | 10            | 0.1            | Manganese-54         | 1             | 0.01           |
| Carbon-14            | 100           | 1.             | Manganese-56         | 10            | 0.1            |
| Cerium-141           | 10            | 0.1            | Mercury-197m         | 10            | 0.1            |
| Cerium-143           | 10            | 0.1            | Mercury-197          | 10            | 0.1            |
| Cerium-144           | 0.1           | 0.001          | Mercury-203          | 1             | 0.01           |
| Cesium-131           | 100           | 1.             | Molybdenum-99        | 10            | 0.1            |
| Cesium-134m          | 100           | 1.             | Neodymium-147        | 10            | 0.1            |
| Cesium-134           | 0.1           | 0.001          | Neodymium-149        | 10            | 0.1            |
| Cesium-135           | 1             | 0.01           | Nickel-59            | 10            | 0.1            |
| Cesium-136           | 10            | 0.1            | Nickel-63            | 1             | 0.01           |
| Cesium-137           | 0.1           | 0.001          | Nickel-65            | 10            | 0.1            |
| Chlorine-36          | 1             | 0.01           | Niobium-93m          | 1             | 0.01           |
| Chlorine-38          | 100           | 1.             | Niobium-95           | 1             | 0.01           |
| Chromium-51          | 100           | 1.             | Niobium-97           | 100           | 1.             |
| Cobalt-57            | 10            | 0.1            | Osmium-185           | 1             | 0.01           |
| Cobalt-58m           | 100           | 1.             | Osmium-191m          | 100           | 1.             |
| Cobalt-58            | 1             | 0.01           | Osmium-191           | 10            | 0.1            |
| Cobalt-60            | 0.1           | 0.001          | Osmium-193           | 10            | 0.1            |
| Copper-64            | 10            | 0.1            | Palladium-103        | 10            | 0.1            |
| Dysprosium-165       | 100           | 1.             | Palladium-109        | 10            | 0.1            |
| Dysprosium-166       | 10            | 0.1            | Phosphorus-32        | 1             | 0.01           |
| Erbium-169           | 10            | 0.1            | Platinum-191         | 10            | 0.1            |
| Erbium-171           | 10            | 0.1            | Platinum-193m        | 100           | 1.             |
| Europium-152 (9.2h)  | 10            | 0.1            | Platinum-193         | 10            | 0.1            |
| Europium-152 (13 y)  | 0.1           | 0.001          | Platinum-197m        | 100           | 1.             |
| Europium-154         | 0.1           | 0.001          | Platinum-197         | 10            | 0.1            |
| Europium-155         | 1             | 0.01           | Polonium-210         | 0.01          | 0.0001         |
| Fluorine-18          | 100           | 1.             | Potassium-42         | 1             | 0.01           |
| Gadolinium-153       | 1             | 0.01           | Praseodymium-142     | 10            | 0.1            |
| Gadolinium-159       | 10            | 0.1            | Praseodymium-143     | 10            | 0.1            |
| Gallium-72           | 10            | 0.1            | Promethium-147       | 1             | 0.01           |
| Germanium-71         | 100           | 1.             | Promethium-149       | 10            | 0.1            |
| Gold-198             | 10            | 0.1            | Radium-226           | 0.01          | 0.0001         |
| Gold-199             | 10            | 0.1            | Rhenium-186          | 10            | 0.1            |
| Hafnium-181          | 1             | 0.01           | Rhenium-188          | 10            | 0.1            |
| Holmium-166          | 10            | 0.1            | Rhodium-103m         | 1,000         | 10.            |
| Hydrogen-3           | 100           | 1.             | Rhodium-105          | 10            | 0.1            |
| Indium-113m          | 100           | 1.             | Rubidium-86          | 1             | 0.01           |
| Indium-114m          | 1             | 0.01           | Rubidium-87          | 1             | 0.01           |
| Indium-115m          | 100           | 1.             | Ruthenium-97         | 100           | 1.             |
| Indium-115           | 1             | 0.01           | Ruthenium-103        | 1             | 0.01           |
| Iodine-125           | 0.1           | 0.001          | Ruthenium-105        | 10            | 0.1            |
| Iodine-126           | 0.1           | 0.001          | Ruthenium-106        | 0.1           | 0.001          |
| Iodine-129           | 0.1           | 0.001          | Samarium-151         | 1             | 0.01           |
| Iodine-131           | 0.1           | 0.001          | Samarium-153         | 10            | 0.1            |
| Iodine-132           | 10            | 0.1            | Scandium-46          | 1             | 0.01           |
| Iodine-133           | 1             | 0.01           | Scandium-47          | 10            | 0.1            |
| Iodine-134           | 10            | 0.1            | Scandium-48          | 1             | 0.01           |
| Iodine-135           | 1             | 0.01           | Selenium-75          | 1             | 0.01           |



| Radioactive Material | Col. I curies | Col. II curies |
|----------------------|---------------|----------------|
| Silicon-31           | 10            | 0.1            |
| Silver-105           | 1             | 0.01           |
| Silver-110m          | 0.1           | 0.001          |
| Silver-111           | 10            | 0.1            |
| Sodium-22            | 0.1           | 0.001          |
| Sodium-24            | 1             | 0.01           |
| Strontium-85m        | 1,000         | 10.            |
| Strontium-85         | 1             | 0.01           |
| Strontium-89         | 1             | 0.01           |
| Strontium-90         | 0.01          | 0.0001         |
| Strontium-91         | 10            | 0.1            |
| Strontium-92         | 10            | 0.1            |
| Sulphur-35           | 10            | 0.1            |
| Tantalum-182         | 1             | 0.01           |
| Technetium-96        | 10            | 0.1            |
| Technetium-97m       | 10            | 0.1            |
| Technetium-97        | 10            | 0.1            |
| Technetium-99m       | 100           | 1.             |
| Technetium-99        | 1             | 0.01           |
| Tellurium-125m       | 1             | 0.01           |
| Tellurium-127m       | 1             | 0.01           |
| Tellurium-127        | 10            | 0.1            |
| Tellurium-129m       | 1             | 0.01           |
| Tellurium-129        | 100           | 1.             |
| Tellurium-131m       | 10            | 0.1            |
| Tellurium-132        | 1             | 0.01           |
| Terbium-160          | 1             | 0.01           |
| Thallium-200         | 10            | 0.1            |
| Thallium-201         | 10            | 0.1            |
| Thallium-202         | 10            | 0.1            |
| Thallium-204         | 1             | 0.01           |
| Thulium-170          | 1             | 0.01           |
| Thulium-171          | 1             | 0.01           |
| Tin-113              | 1             | 0.01           |
| Tin-125              | 1             | 0.01           |
| Tungsten-181         | 1             | 0.01           |
| Tungsten-185         | 1             | 0.01           |
| Tungsten-187         | 10            | 0.1            |
| Vanadium-48          | 1             | 0.01           |
| Xenon-131m           | 1,000         | 10.            |
| Xenon-133            | 100           | 1.             |
| Xenon-135            | 100           | 1.             |
| Ytterbium-175        | 10            | 0.1            |
| Yttrium-90           | 1             | 0.01           |
| Yttrium-91           | 1             | 0.01           |
| Yttrium-92           | 10            | 0.1            |
| Yttrium-93           | 1             | 0.01           |
| Zinc-65              | 1             | 0.01           |
| Zinc-69m             | 10            | 0.1            |
| Zinc-69              | 100           | 1.             |
| Zirconium-93         | 1             | 0.01           |
| Zirconium-95         | 1             | 0.01           |

| Radioactive Material  | Col. I curies | Col. II curies |
|---|---------------|----------------|
| Zirconium-97  | 1             | 0.01           |
| Any radioactive material other than source material, special nuclear material, or alpha emitting radioactive material not listed above. | 0.1           | 0.001          |

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-140, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-22-250, filed 11/30/79, effective 1/1/80. Formerly WAC 402-20-270.]

### Chapter 246-239 WAC

#### RADIATION PROTECTION--NUCLEAR MEDICINE

##### WAC

|             |                                    |
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| 246-239-010 | Definitions.                       |
| 246-239-020 | Radiation safety committee.        |
| 246-239-030 | Personnel monitoring.              |
| 246-239-040 | Radiopharmaceuticals.              |
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| 246-239-080 | Calibration and reference sources. |
| 246-239-090 | Instrumentation.                   |
| 246-239-100 | Radioactive gases.                 |

**WAC 246-239-010 Definitions.** (1) "Nuclear medicine" means the intentional internal or external administration of unsealed radioactive material to human beings.

(2) "Nuclear medicine technologist" means any individual who performs nuclear medical procedures under the supervision of a physician licensed pursuant to chapter 246-235 WAC.

(3) "Training" means instruction or experience acquired under the direct supervision of a physician, a certified/registered nuclear medicine technologist, and/or a qualified expert who has the necessary knowledge and training to advise personnel on radiation protection.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-030, filed 9/16/83.]

**WAC 246-239-020 Radiation safety committee.** (1) Where required by license condition or pursuant to WAC 246-235-080(1), the radiation safety committee, shall meet at least once every six months. Where required by license condition, the committee shall meet at the frequency stated in the license or application. Such meetings shall be documented by written minutes and those minutes shall be maintained for inspection by the department for at least two years.

(2) Evaluation of the adequacy of the licensee's radiation safety program shall be conducted at least once each calendar year. Such evaluations may be performed

by the radiation safety officer, a competent outside agent, or by qualified personnel at the licensee's own facility. These evaluations shall be documented, maintained for inspection by the department, and presented to the radiation safety committee for review and approval.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-050, filed 9/16/83.]

**WAC 246-239-030 Personnel monitoring.** In addition to the requirements of WAC 246-221-090 and the conditions of the license, extremity monitoring (such as TLD ring badges) shall be provided and used on a monthly exchange basis for those personnel who elute Tc 99<sup>m</sup>/Mo 99 generators.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-090, filed 9/16/83.]

**WAC 246-239-040 Radiopharmaceuticals.** (1) Radioactive material to be administered to humans shall be the subject of an FDA-approved "new drug application" (NDA) or an FDA-accepted "notice of claimed investigational exemption for a new drug" (IND), unless otherwise stated in the license.

(2) Any licensee using radioactive material for clinical procedures other than those specified in the product labeling (package insert) shall comply with the product labeling regarding:

- (a) Chemical and physical form;
- (b) Route of administration; and
- (c) Dosage range.

(3) No licensee shall receive, possess, or use radioactive material as a radiopharmaceutical except when it has been:

(a) Manufactured in the form to be administered to the patient, and labeled, packaged, and distributed, in accordance with a specific license; or

(b) Prepared from reagent kits and/or radionuclide generators approved in accordance with WAC 246-235-080 (3)(b) and 246-235-100(10).

(4) The provisions of this part notwithstanding:

(a) No radioactive material in gaseous form or for use as an aerosol is permitted except Technetium-99m pentetate used as an aerosol for lung function studies, or as specifically authorized by license condition. Radioactive aerosols must be administered with a closed, shielded system that either is vented to the outside atmosphere through an air exhaust or provides for collection and disposal of the aerosol; and

(b) No generator or reagent kit is authorized for preparation of any gaseous form or aerosol of the radioactive material, except as specifically authorized by license condition.

(5) Radioactive material to be administered to humans shall be assayed for activity to determine the dose

within ten percent accuracy of the prescribed dose prior to being administered to patients.

(a) In the absence of a certificate from a supplier which specifies the activity of each dose, the license shall establish written procedures for the personnel to perform assays to an accuracy of ten percent of the prescribed dose prior to being administered to patients.

(b) The licensee shall maintain for inspection by the department, records of the results of each assay performed to determine the activity of each dose administered to a patient. Records shall be maintained for two years following performance of each assay.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-100, filed 9/16/83.]

**WAC 246-239-060 Laboratory safety.** In addition to those requirements found in WAC 246-235-130, the licensee shall utilize syringe shields or other shielding devices for all manipulations. Syringe shields should be used for injections whenever practicable.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-34-140, filed 12/11/86; 83-19-050 (Order 2026), § 402-34-140, filed 9/16/83.]

**WAC 246-239-080 Calibration and reference sources.** (1) Any licensee who owns, receives, acquires, possesses, uses, or transfers calibration reference sources pursuant to the general license authorized in WAC 246-233-020(7) shall:

(a) Maintain a file or log identifying such sources, including isotope, amount, model and serial numbers, manufacturer, date of receipt, date of transfer, and to whom transferred (where applicable);

(b) Possess at any one time, and at any one location of storage or use, no more than five uCi of Am-241 and five uCi of Pu and five uCi of Ra-226 in such sources;

(c) Store such source(s), except when the source(s) is being used, in a closed container adequately designed and constructed to contain Americium-241, Plutonium, or Radium 226 which might otherwise escape during storage; and

(d) Not use such source(s) for any purpose other than the calibration of radiation detectors or the standardization of other sources.

(2) Any licensee who receives, possesses, or uses calibration and reference standards pursuant to the group licensing provisions of WAC 246-235-080 (3)(c):

(a) Shall conduct leak tests in accordance with WAC 246-235-080 (3)(d);

(b) Shall follow the radiation safety and handling instructions approved by the department, the United States Nuclear Regulatory Commission, and agreement state or a licensing state and furnished by the manufacturer on the label attached to the source, or permanent

container thereof, or in the leaflet or brochure that accompanies the source, and maintain such instruction in a legible and conveniently available form; and

(c) Shall conduct a quarterly physical inventory to account for all sources received and possessed. Records of the inventory shall be maintained for inspection by the department, and shall include, but not be limited to, the quantities and kinds of radioactive material, location of sources, and the date of inventory.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-170, filed 9/16/83.]

**WAC 246-239-090 Instrumentation.** (1) Instrumentation used to conduct surveys shall be appropriate for the nuclide(s) and radiation levels present.

(2) Portable and stationary survey instruments shall be calibrated at least once each calendar year, and after any repair using either approved procedures or by a facility specifically licensed to perform calibrations. Records shall be maintained for inspection by the department.

(3) An operational check utilizing an appropriate check source shall be conducted.

(4) Imaging systems shall have a flood performed daily when the system is used. In addition, mobile nuclear medicine services employing imaging systems which are moved from one facility to another shall perform a flood prior to use at each location. Bar phantoms shall be performed weekly. Records of such quality assurance for imaging systems, shall be maintained for inspection by the departments.

(5) Appropriate source(s) for calibration and reference of dose calibrators shall be used. Dose calibrators shall receive:

- (a) Daily constancy checks;
- (b) Quarterly linearity tests;
- (c) Annual tests for accuracy; and
- (d) Geometry tests upon installation and following major repair.

(6) Quality assurance procedures for dose calibrators found in subsection (5) of this section, excluding daily constancy checks shall be conducted by individuals qualified to perform these tests, and shall be documented for future inspection by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-34-190, filed 9/16/83.]

**WAC 246-239-100 Radioactive gases.** (1) Licensees utilizing radioactive gases, such as Xenon-133 or Krypton-81m, shall have and use by January 1, 1984 a ventilation system adequate for such use, including an approved trap. Radioactive gas shall be disposed only as specifically authorized by the license.

(2) Licensees utilizing radioactive gases shall maintain emissions in accordance with limits specified in

chapters 246-221 and 246-247 WAC. Verification shall be documented. Such verification may be made by calculation, air samples, or the use of constant monitoring instrumentation.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-239-100, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-239-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-34-210, filed 12/11/86; 83-19-050 (Order 2026), § 402-34-210, filed 9/16/83.]

## Chapter 246-240 WAC

### RADIATION PROTECTION—MEDICAL THERAPY

#### WAC

- 246-240-020 Interstitial, intracavitary and superficial applications.
- 246-240-030 Teletherapy.
- 246-240-040 Special requirements for teletherapy licensees.

**WAC 246-240-020 Interstitial, intracavitary and superficial applications.** (1) **Accountability, storage, and handling.**

(a) Except as otherwise specifically authorized by the department, each licensee shall provide accountability of sealed sources and shall keep a record of the issue and return of all sealed sources to their place of storage.

(b) Each licensee shall conduct a quarterly physical inventory to account for all sources and devices received and possessed. Records of the inventories shall be maintained for inspection by the department and shall include the quantities and kinds of radioactive material, location of sources and devices, and the date of the inventory.

(c) Each licensee shall follow the radiation safety and handling instructions approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state and furnished by the manufacturer on the label attached to the source, device or permanent container thereof, or in the leaflet or brochure which accompanies the source or device, and maintain such instruction in a legible and conveniently available form.

(d) Each licensee shall assure that needles or standard medical applicator cells containing Radium-226, or Cobalt-60 as wire are not opened while in the licensee's possession unless specifically authorized by license condition.

(2) **Testing sealed sources for leakage and contamination.**

(a) All sealed sources containing more than 100 microcuries of radioactive material with a half-life greater than thirty days, except Iridium-192 seeds encased in nylon ribbon, shall be tested for contamination and/or leakage at intervals not to exceed six months or at such other intervals as are approved by the department, the United States Nuclear Regulatory Commission, an agreement state or a licensing state and described by the manufacturer on the label attached to the source, device, or permanent container thereof, or in the leaflet or brochure which accompanies the source or device. Each source or device shall be so tested prior to its first use

unless the supplier furnishes a certificate that the source or device has been so tested within six months prior to the transfer.

(b) Leak tests shall be capable of detecting the presence of 0.005 microcurie of radioactive material on the test sample or in the case of radium, the escape of radon at the rate of 0.001 microcurie per twenty-four hours. The test sample shall be taken from the source or from the surfaces of the device in which the source is permanently or semipermanently mounted or stored on which one might expect contamination to accumulate. Records of leak test results shall be kept in units of microcuries and maintained for inspection by the department.

(c) Any leak test conducted pursuant to (a) of this subsection which reveals the presence of 0.005 microcurie or more of removable contamination or in the case of radium, the escape of radon at the rate of 0.001 microcurie per twenty-four hours, shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the source from use and cause it to be decontaminated and repaired or to be disposed of in accordance with department regulations. A report shall be filed within five days of the test with the department, describing the equipment involved, the test results, and the corrective action taken.

### (3) Radiation surveys.

(a) The maximum radiation level at a distance of one meter from the patient in whom brachytherapy sources have been inserted shall be determined by measurement or calculation. This radiation level shall be entered on the patient's chart and other signs as required under subsection (4) of this section.

(b) The radiation levels in the patient's room and the surrounding area shall be determined, recorded, and maintained for inspection by the department.

(c) The licensee shall assure that patients treated with Cobalt-60, Cesium-137, Iridium-192, or Radium-226 or any other nonpermanent implants remain hospitalized until a source count and a radiation survey of the patient and the patient's room confirm that all implants have been removed and are accounted for.

### (4) Signs and records.

(a) In addition to the requirements of WAC 246-221-120, the bed, cubicle, or room of the hospital brachytherapy patient shall be marked with a sign indicating the presence of brachytherapy sources. This sign shall incorporate the radiation symbol and specify the radionuclide, the activity, date, and the individual(s) to contact for radiation safety instructions. The sign is not required provided the exception in WAC 246-221-130(2) is met.

(b) The following information shall be included for the duration of the patient's treatment in the patient's official hospital medical record/chart:

(i) The radionuclide administered, number of sources, activity in millicuries and time and date of administration;

(ii) The exposure rate at one meter, the time the determination was made, and by whom;

(iii) The radiation symbol; and

(iv) The precautionary instructions necessary to assure that the exposure of individuals does not exceed that permitted under WAC 246-221-010.

(5) Information required by subsection (4)(b)(i) and (ii) of this section shall be retained for review by the department.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-240-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-240-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-32-020, filed 12/11/86; 83-19-050 (Order 2026), § 402-32-020, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-32-020, filed 12/8/80; Order 1084, § 402-32-020, filed 1/14/76; Order 1, § 402-32-020, filed 1/8/69; Rules (part), filed 10/26/66.]

### WAC 246-240-030 Teletherapy. (1) Equipment.

(a) The housing shall be so constructed that, at one meter from the source, the maximum exposure rate does not exceed ten milliroentgens per hour when the beam control mechanism is in the "off" position. The average exposure rate measured at a representative number of points about the housing, each one meter from the source, shall not exceed two milliroentgens per hour.

(b) For teletherapy equipment installed after the effective date of these regulations, the leakage radiation measured at one meter from the source when the beam control mechanism is in the "on" position shall not exceed 0.1 percent of the useful beam exposure rate.

(c) Adjustable or removable beam-defining diaphragms shall allow transmission of not more than five percent of the useful beam exposure rate.

(d) The beam control mechanism shall be of a positive design capable of acting in any orientation of the housing for which it is designed to be used. In addition to an automatic closing device, the mechanism shall be designed so that it can be manually returned to the "off" position with a minimum risk of exposure.

(e) The closing device shall be so designed as to return automatically to the "off" position in the event of any breakdown or interruption of the activating force and shall stay in the "off" position until activated from the control panel.

(f) Beam control mechanisms.

(i) When any door to the treatment room is opened, the beam control mechanism shall automatically and rapidly restore the unit to the "off" position and cause it to remain there until the unit is reactivated from the control panel.

(ii) Beam control mechanisms shall be tested at intervals not to exceed three months for proper function. Records of these tests shall be maintained for inspection by the department.

(g) There shall be at the housing and at the control panel a warning device that plainly indicates whether the beam is on or off.

(h) The equipment shall be provided with a locking device to prevent unauthorized use.

(i) The control panel shall be provided with a timer that automatically terminates the exposure after a pre-set time.

(j) Provision shall be made to permit continuous observation of patients during irradiation.

(k) The treatment room shall be equipped with a permanent radiation monitor which shall:

(i) Continuously monitor the condition of the teletherapy beam;

(ii) Provide a continuous visible signal to the teletherapy unit operator and any person entering the treatment room, of a unit malfunction;

(iii) Each radiation monitor must be equipped with an emergency power supply separate from the power supply to the teletherapy unit. This emergency power supply may be a battery system;

(iv) Each radiation monitor must be tested for proper operation each day before the teletherapy unit is used for treatment of patients; and

(v) If a radiation monitor is inoperable for any reason, any person entering the teletherapy room shall use a properly operating portable survey instrument or audible alarm personal dosimeter to monitor for any malfunction of the source exposure mechanism that may have resulted in an exposed or partially exposed source. Survey instruments or dosimeters must be tested daily before use.

(2) **Operation.** Except in the emergency condition when a source fails to retract, no individual shall be in the treatment room during irradiation unless that individual is the patient. Mechanical restraining or supporting devices shall be used for positioning the patient, if necessary.

(3) **Testing for leakage and contamination.** Teletherapy sources shall be tested for leakage and contamination in accordance with the procedures described in WAC 246-240-020(2). Tests of leakage may be made by wiping accessible surfaces of the housing port or collimator while the source is in the "off" position and measuring these wipes for transferred contamination.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-240-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-240-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-32-030, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-32-030, filed 12/8/80; Order 1084, § 402-32-030, filed 1/14/76; Order 1, § 402-32-030, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-240-040 Special requirements for teletherapy licensees. (1) Requirement to perform full calibration requirements of teletherapy units.**

(a) Any licensee authorized under WAC 246-235-080 to use teletherapy units for treating humans shall cause full calibration measurements to be performed on each teletherapy unit:

(i) Prior to the first use of the unit for treating humans:

(A) Whenever spot-check measurements indicate that the output value differs by more than five percent from the value obtained at the last full calibration corrected mathematically for physical decay;

(B) Following replacement of the radiation source or following reinstallation of the teletherapy unit in a new location;

(C) Following any repair of the teletherapy unit that includes removal of the source or major repair of the components associated with the source exposure assembly; and

(D) At intervals not exceeding one year.

(b) Full calibration measurements required by (a) of this subsection shall include determination of:

(i) The exposure rate or dose rate to an accuracy within  $\pm 3$  percent for the range of field sizes and for the range of distances (or for the axis distance) used in radiation therapy;

(ii) The congruence between the radiation field and the field indicated by the light beam localizing device;

(iii) The uniformity of the radiation field and its dependence upon the orientation of the useful beam;

(iv) Timer accuracy; and

(v) The accuracy of all distance measuring devices used for treating humans.

(c) Full calibration measurements shall be made in accordance with the procedures recommended by the Scientific Committee on Radiation Dosimetry of the American Association of Physicists in Medicine (Physics in Medicine and Biology, Vol. 16, No. 3, 1971, pp. 379-386).<sup>1</sup>

(d) The exposure rate or dose rate values determined in (b)(i) of this subsection shall be corrected mathematically for physical decay for intervals not exceeding one month for units employing a Cobalt-60 source and six months for units employing a Cesium-137 source.

(e) Full calibration measurements required by (a) of this subsection and physical decay corrections required by (d) of this subsection shall be performed by an expert qualified by training and experience in accordance with subsection (4) of this section.

(2) **Requirement to perform periodic spot-check measurements of teletherapy units.**

(a) Any licensee authorized under WAC 246-235-080(4) to use teletherapy units for treating humans shall cause spot-check measurements to be performed on each teletherapy unit at intervals not exceeding one month.

(b) Spot-check measurements required by (a) of this subsection shall include determination of:

(i) Timer accuracy;

(ii) The congruence between the radiation field and the field indicated by the light beam localizing device;

(iii) The accuracy of all distance measuring devices used for treating humans;

(iv) The exposure rate, dose rate, or a quantity related in a known manner to these rates for one typical set of operating conditions; and

(v) The difference between the measurement made in (b) of this subsection and the anticipated output, expressed as a percentage of the anticipated output (i.e., the value obtained at last full calibration corrected mathematically for physical decay).

(c) Spot-check measurements required by (a) of this subsection shall be performed in accordance with procedures established by an expert qualified by training and

experience in accordance with subsection (4) of this section. (A qualified expert need not actually perform the spot-check measurements.) If a qualified expert does not perform the spot-check measurements, the results of the spot-check measurements shall be reviewed by a qualified expert within fifteen days.

**(3) Requirement to calibrate instruments used for full calibration and spot-check measurements.**

(a) Full calibration measurements required by subsection (1) of this section shall be performed using a dosimetry system that has been calibrated by the National Bureau of Standards or by a Regional Calibration Laboratory accredited by the American Association of Physicists in Medicine. The dosimetry system shall have been calibrated within the previous two years and after any servicing that may have affected system calibration.

(b) Spot-check measurements required by subsection (2) of this section shall be performed using a dosimetry system that has been calibrated in accordance with (a) of this subsection. Alternatively, a dosimetry system used solely for spot-check measurements may be calibrated by direct intercomparison with a system that has been calibrated in accordance with (a) of this subsection. This alternative calibration method shall have been performed within the previous one year and after each servicing that may have affected system calibration. Dosimetry systems calibrated by this alternative method shall not be used for full calibration measurements. The use of thermoluminescent dosimeter does not satisfy the requirements of this section.

**(4) Qualified expert.** The licensee shall determine if a person is an expert qualified by training and experience to calibrate a teletherapy unit and establish procedures for (and review the results of) spot-check measurements. The licensee shall determine that the qualified expert:

(a) Is certified by the American Board of Radiology in Therapeutic Radiological Physics, Radiological Physics, Roentgen-Ray and Osmin-Ray Physics, or X-ray and Radium Physics; or

(b) Has the following minimum training and experience:

(i) A master's or doctor's degree in physics, biophysics, radiological physics or health physics;

(ii) One year of full-time training in therapeutic radiological physics; and

(iii) One year of full-time experience in a radiotherapy facility including personal calibration and spot-check of at least one teletherapy unit.

Note: The requirements of subsection (4) of this section are in addition to those set forth under "Qualified expert" in WAC 246-220-010.

**(5) Records.**

The licensee shall maintain, for inspection by the department, records of the measurements, tests, corrective actions, and instrument calibrations made under subsections (1) and (2) of this section and records of the licensee's evaluation of the qualified expert's training and experience made under subsection (4) of this section.

(a) Records of (i) full calibration measurements and (ii) calibration of instruments used to make these measurements shall be preserved for five years after completion of the full calibration.

(b) Records of (i) spot-check measurements and corrective actions and (ii) calibration of instruments used to make spot-check measurements shall be preserved for two years after completion of the spot-check measurements and corrective actions.

(c) Records of the licensee's evaluation of the qualified expert's training and experience shall be preserved for five years after the qualified expert's last performance of a full calibration of the licensee's teletherapy unit.

**(6) Inspection and servicing of the source exposure mechanism.**

(a) Each teletherapy machine shall be fully inspected and serviced during source replacement or at intervals not to exceed five years, whichever comes first, to assure proper function of the source exposure mechanism. This inspection and servicing must be performed by persons specifically authorized to do so by the department, the United States Nuclear Regulatory Commission, or an agreement state, and a complete written report of the inspection and servicing must be kept on file for review by the department.

(b) The following shall be performed only by persons specifically authorized by the department, the United States Nuclear Regulatory Commission, or an agreement state to perform such services:

(i) Installation, inspection, servicing, relocation, or removal of teletherapy units containing sources.

(ii) Source exchange.

(iii) Any maintenance or repair operations on a teletherapy unit involving work on the source drawer, the shutter, or other mechanism that could expose the source, reduce the shielding around the source or compromise the safety of the unit and result in increased radiation levels.

<sup>1</sup>Licensees that have their teletherapy units calibrated by persons who do not meet these criteria for minimum training and experience may require a license amendment exempting them from the requirements of subsection (4) of this section. The request should include the name of the proposed qualified expert, a description of his or her training and experience including information similar to that specified by subsection (4) of this section and a report of at least one calibration and spot-check program based on measurements personally made by the proposed expert within the last ten years and written endorsement of the technical qualifications of the proposed expert from personal knowledge by a physicist certified by the American Board of Radiology in one of the specialties listed therein.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-240-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-240-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031. (Order 2450), § 402-32-100, filed 12/11/86; 83-19-050 (Order 2026), § 402-32-100, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-32-100, filed 12/8/80.]

## Chapter 246-243 WAC

RADIATION PROTECTION--INDUSTRIAL  
RADIOGRAPHY

## WAC

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| 246-243-220 | Special requirements for permanent radiographic installation.  |

**WAC 246-243-020 Definitions.** As used in this part:

(1) "Enclosed radiography" means industrial radiography employing radiation machines conducted in an enclosed cabinet or room and includes cabinet radiography and shielded room radiography.

(a) "Cabinet radiography" means industrial radiography employing radiation machines conducted in an enclosure or cabinet so shielded that every location at the exterior meets the conditions specified in WAC 246-221-060 of these regulations.

(i) "Cabinet x-ray system" means an x-ray system with the x-ray tube installed in an enclosure (hereinafter termed "cabinet") which, independently of existing architectural structure except the floor on which it may be placed, is intended to contain at least that portion of a material being irradiated, provide radiation attenuation, and exclude personnel from its interior during generation of x radiation. Included are all x-ray systems designed primarily for the inspection of carry-on baggage at airline, railroad, and bus terminals, and in similar facilities. An x-ray tube used within a shielded part of a building, or x-ray equipment which may temporarily or occasionally incorporate portable shielding is not considered a cabinet x-ray system.

(b) "Shielded-room radiography" means industrial radiography conducted in a room so shielded that every location on the exterior meets the conditions specified in WAC 246-221-060 of these regulations.

(2) "Industrial radiography" means the examination of the macroscopic structure of materials by nondestructive methods utilizing sources of radiation. Industrial radiography as used in this chapter does not include well logging operations.

(3) "Permanent radiographic installation" means a shielded installation or structure designed or intended

for radiography employing a radiographic exposure device and in which radiography is regularly performed, regardless of ownership.

(4) "Personal supervision" means supervision by a radiographer such that the radiographer is physically present at the radiography site and in such proximity that communication can be maintained and immediate assistance given as required. When a radiographer's assistant is using or handling sources of radiation, the radiographer must maintain direct surveillance.

(5) "Radiographer" means any individual who performs or who, in attendance at the site where sources of radiation are being used, personally supervises industrial radiographic operations and who is responsible to the licensee or registrant for assuring compliance with the requirements of these regulations and all license conditions.

(6) "Radiographer's assistant" means any individual who, under the personal supervision of a radiographer, uses sources of radiation, related handling tools, or radiation survey instruments in industrial radiography.

(7) "Radiographic exposure device" means any instrument containing a sealed source fastened or contained therein, in which the sealed source or shielding thereof may be moved, or otherwise changed, from a shielded to unshielded position for purposes of making a radiographic exposure.

(8) "Shielded position" means the location within the radiographic exposure device or storage container which, by manufacturer's design, is in one proper location for storage of the sealed source.

(9) "Source changer" means a device designed and used for replacement of sealed sources in radiographic exposure devices, including those also used for transporting and storage of sealed sources.

(10) "Storage container" means a device in which sealed sources are transported or stored.

(11) Temporary job site refers to any location which is not specifically authorized and described in a license or registration.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-025, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-025, filed 12/8/80; Order 1084, § 402-36-025, filed 1/14/76.]

**WAC 246-243-060 Locking of radiographic exposure devices.** (1) Each radiographic exposure device shall be provided with a lock or outerlocked container designed to prevent unauthorized or accidental production of radiation or removal or exposure of a sealed source and shall be locked when returned to the shielded position at all times. In addition, during radiographic operations the sealed source assembly shall be locked in the shielded position each time the source is returned to that position.

(2) Each sealed source storage container and source changer shall have a lock or outer locked container designed to prevent unauthorized or accidental removal of

the sealed source from its shielded position. Storage containers and source changers shall be kept locked when containing sealed sources except when under the direct surveillance of a radiographer or a radiographer's assistant.

(3) Radiographic exposure devices, source changers, and storage containers, prior to being moved from one location to another and also prior to being secured at a given location, shall be locked and surveyed to assure that the sealed source is in the shielded position.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-040, filed 12/8/80; Order 1084, § 402-36-040, filed 1/14/76; Order 1, § 402-36-040, filed 1/8/69; Rules (part), filed 10/26/66.]

#### WAC 246-243-080 Radiation survey instruments.

(1) The licensee or registrant shall maintain sufficient calibrated and operable radiation survey instruments to make physical radiation surveys as required by this part and chapter 246-221 WAC. Instrumentation required by this section shall have a range such that two milliroentgens per hour through one roentgen per hour can be measured.

(2) Each radiation survey instrument shall be calibrated:

(a) At energies appropriate for use and at intervals not to exceed three months and after each instrument servicing;

(b) Such that accuracy within  $\pm 20$  percent traceable to a national standard can be demonstrated; and

(c) At two or more widely separated points, other than zero, on each scale.

(3) Records shall be maintained of these calibrations for two years after the calibration date for inspection by the department.

(4) The requirements of this section do not apply to registrants using only radiation machines in enclosed radiographic systems.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-060, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-060, filed 12/8/80; Order 1084, § 402-36-060, filed 1/14/76; Order 1, § 402-36-060, filed 1/8/69; Rules (part), filed 10/26/66.]

#### WAC 246-243-090 Leak testing, repair, tagging, opening, modification, and replacement of sealed sources.

(1) The replacement of any sealed source fastened to or contained in a radiographic exposure device and leak testing, repair, tagging, opening, or any other modification of any sealed source shall be performed only by persons specifically authorized to do so by the department, the United States Nuclear Regulatory Commission, or any agreement state.

(2) Each sealed source shall be tested for leakage at intervals not to exceed six months. In the absence of a certificate from a transferor that a test has been made

within the six-month period prior to the transfer, the sealed source shall not be put into use until tested and results obtained.

(3) The leak test shall be capable of detecting the presence of 0.005 microcurie of removable contamination on the sealed source. An acceptable leak test for sealed sources in the possession of a radiography licensee would be to test at the nearest accessible point to the sealed source storage position, or other appropriate measuring point, by a procedure to be approved pursuant to WAC 246-235-080 (5)(e). Records of leak test results shall be kept in units of microcuries and maintained for inspection by the department for two years after the leak test is performed.

(4) Any test conducted pursuant to subsections (2) and (3) of this section which reveals the presence of 0.005 microcurie or more of removable radioactive material shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the equipment involved from use and shall cause it to be decontaminated and repaired or to be disposed in accordance with regulations of the department. Within five days after obtaining results of the test, the licensee shall file a report with the department describing the involved equipment, the test results, and the corrective action taken.

(5) A sealed source which is not fastened to or contained in a radiographic exposure device shall have permanently attached to it a durable tag at least one inch square bearing the prescribed radiation caution symbol in conventional colors magenta or purple on a yellow background, and at least the instructions: "Danger - Radioactive material - Do not handle - Notify civil authorities if found."

(6) Each radiographic exposure device shall have permanently and conspicuously attached to it a durable label at least two inches square bearing the prescribed radiation caution symbol in conventional colors (magenta or purple on a yellow background), and at a minimum the instructions, "Danger - Radioactive material - Do not handle - Notify civil authorities if found."

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-36-070, filed 12/11/86; 83-19-050 (Order 2026), § 402-36-070, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-070, filed 12/8/80; Order 1084, § 402-36-070, filed 1/14/76; Order 1, § 402-36-070, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-110 Utilization logs.** (1) Each licensee and/or registrant shall maintain current logs, which shall be kept available for inspection by the department for two years from the date of the recorded event, at the address specified in the license showing for each radiation exposure device the following information:

(a) A description (or make and model number) of each radiation exposure device or storage container in which the sealed source is located;



(b) The identity of the radiographer to whom assigned; and

(c) Locations where used and dates of use.

(2) The requirements of subsection (1) of this section shall not apply in industrial radiography utilizing radiation machines in enclosed interlocked cabinets or rooms which are not occupied during radiographic operations, which are equipped with interlocks such that the radiation machine will not operate unless all openings are securely closed and which is so shielded that every location on the exterior meets conditions for an unrestricted area, as specified in WAC 246-221-060.

(3) A separately identified utilization log is not required if the equivalent information is available in records of the licensee or registrant and available at the address specified in the license.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-110, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-090, filed 12/8/80; Order 1084, § 402-36-090, filed 1/14/76; Order 1, § 402-36-090, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-120 Inspection and maintenance of radiographic exposure devices, control cables, storage containers and source changers.** (1) The licensee shall conduct a program for inspection and maintenance of radiographic exposure devices, storage containers, control units (to include cables), and source changers at intervals, not to exceed three months or prior to first use thereafter to assure proper functioning of components important to safety. Records of these inspections and maintenance shall be kept for two years.

(2) The licensee shall check for obvious defects in radiographic exposure devices, storage containers, control assemblies, and source changers prior to use each day the equipment is used.

(3) The licensee's program shall include a thorough visual inspection for corrosion, and specific maintenance procedures that address corrosion removal and prevention.

(4) If any inspection conducted pursuant to subsections (1) or (2) of this section reveals damage to components critical to radiation safety, the device shall be removed from service until proper repairs have been made.

(5) Any maintenance performed on radiographic exposure devices and accessories shall be in accordance with the manufacturer's specifications.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-095, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-095, filed 12/8/80; Order 1084, § 402-36-095, filed 1/14/76.]

**WAC 246-243-130 Limitations--Personal radiation safety requirements for radiographers and radiographers' assistants.** (1) No licensee or registrant shall permit any

individual to act as a radiographer as defined in this chapter until such individual:

(a) Has been instructed in the subjects outlined in WAC 246-243-230;

(b) Has received copies of and instruction in the regulations contained in chapters 246-220, 246-222, 246-221, and 246-243 WAC and the applicable sections of appropriate license(s), and the licensee's or registrant's operating and emergency procedures, and shall have demonstrated understanding thereof;

(c) Has demonstrated competence to use the source of radiation, related handling tools, and radiation survey instruments which will be employed in the individual's assignment; and

(d) Has demonstrated understanding of the instructions in this paragraph by successful completion of written test and a field examination on the subjects covered.

(2) No licensee or registrant shall permit any individual to act as a radiographer's assistant as defined in this part until such individual:

(a) Has received copies of and instruction in the licensee's or registrant's operating and emergency procedures;

(b) Has demonstrated competence to use under the personal supervision of the radiographer the sources of radiation, related handling tools, and radiation survey instruments which will be employed in the individual's assignment;

(c) Has demonstrated understanding of the instructions in this paragraph by successfully completing a written or oral test and a field examination on the subjects covered; and

(d) Records of the above training including copies of written tests and dates of oral tests and field examinations shall be maintained for three years.

(3) Each licensee or registrant shall maintain, for inspection by the department, records of training and testing which demonstrate that the requirements of subsections (1) and (2) of this section and WAC 246-235-080 (5)(a) are met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-100, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-100, filed 12/8/80; Order 1084, § 402-36-100, filed 1/14/76; Order 1, § 402-36-100, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-140 Operating and emergency procedures.** The licensee's or registrant's operating and emergency procedures shall include instructions in at least the following:

(1) The handling and use of sources of radiation to be employed such that no individual is likely to be exposed to radiation doses in excess of the limits established in chapter 246-221 WAC Standards for protection against radiation;

(2) Methods and occasions for conducting radiation surveys;

(3) Methods for controlling access to radiographic areas;

(4) Methods and occasions for locking and securing sources of radiation;

(5) Personnel monitoring and the use of personnel monitoring equipment including steps that must be taken immediately by radiography personnel in the event a pocket dosimeter is found to be off-scale;

(6) Transportation to field locations, including packing of sources of radiation in the vehicles, posting of vehicles, and control of sources of radiation during transportation;

(7) Minimizing exposure of individuals in the event of an accident;

(8) The procedure for notifying proper personnel in the event of a theft, loss, overexposure or accident involving sources of radiation;

(9) Maintenance of records; and

(10) The inspection and maintenance of radiographic exposure devices and storage containers.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-140, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-110, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-110, filed 12/8/80; Order 1084, § 402-36-110, filed 1/14/76; Order 708, § 402-36-110, filed 8/24/72; Order 1, § 402-36-110, filed 7/2/71; Order 1, § 402-36-110, filed 1/8/69; Rules (part), filed 10/26/66.]

#### **WAC 246-243-150 Personnel monitoring control.**

(1) No licensee or registrant shall permit any individual to act as a radiographer or as a radiographer's assistant unless, at all times during radiographic operations, each such individual shall wear a film or TLD badge and a direct reading pocket dosimeter. Pocket dosimeters shall be capable of measuring doses from zero to at least 200 milliroentgens. A film or TLD badge shall be assigned to and worn by only one individual.

(2) Pocket dosimeters shall be read and doses recorded daily. Pocket dosimeters shall be charged at the beginning of each working day. Pocket dosimeters shall be checked at periods not to exceed one year for correct response to radiation. Acceptable dosimeters shall read within plus or minus 30 percent of the true radiation exposure. A film or TLD badge shall be immediately processed if a pocket dosimeter is discharged beyond its range during normal use. The film or TLD badge reports received from the film or TLD badge processor and records of pocket dosimeter readings shall be maintained for inspection by the department until it authorizes their disposal.

(3) The requirements for use of pocket dosimeter or pocket chamber shall not apply in industrial radiography utilizing radiation machines in enclosed interlocked cabinets or rooms which are not occupied during radiographic operations, which are equipped with interlocks such that the radiation machine will not operate unless all openings are securely closed and which are so shielded that every location on the exterior meets conditions for an unrestricted area, as specified in WAC 246-221-060.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-150, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-120, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-120, filed 12/8/80; Order 1084, § 402-36-120, filed 1/14/76; Order 1, § 402-36-120, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-160 Supervision of radiographers' assistants.** Whenever a radiographer's assistant uses radiographic exposure devices, uses sealed sources or related source handling tools, or conducts radiation surveys required by WAC 246-243-190 (2), (3), or (4) to determine that the sealed source has returned to the shielded position after an exposure, he or she shall be under the personal supervision of a radiographer, as defined in WAC 246-243-020. Personal supervision shall include (1) the radiographer's personal presence at the site where the sealed sources are being used, (2) the ability of the radiographer to communicate and give immediate assistance if required, and (3) the radiographer's ability to observe the performance of his/her assistant during the operations referred to in this section.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-125, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-125, filed 12/8/80.]

**WAC 246-243-170 Security--Precautionary procedures in radiographic operations.** (1) During each radiographic operation, the radiographer or radiographer's assistant shall maintain a direct surveillance of the operation to protect against unauthorized entry into a high radiation area, as defined in chapter 246-220 WAC except:

(a) Where the high radiation area is equipped with a control device or alarm system as described in WAC 246-221-120 (1)(e)(ii) or

(b) Where the high radiation area is locked to protect against unauthorized or accidental entry.

(2) When not in operation or when not under direct surveillance, portable radiation exposure devices and mobile or portable radiation machines shall be physically secured to prevent removal by unauthorized personnel.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-170, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-130, filed 12/8/80; Order 1084, § 402-36-130, filed 1/14/76; Order 1, § 402-36-130, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-180 Posting.** Notwithstanding any provisions in paragraph WAC 246-221-130 areas in which radiography is being performed or in which a radiographic exposure device is being stored shall be conspicuously posted and access to the area shall be controlled as required by WAC 246-221-120.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-180, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-140, filed 12/8/80; Order 1084, § 402-36-140, filed 1/14/76; Order 1, § 402-36-140, filed 1/8/69; Rules (part), filed 10/26/66.]

**WAC 246-243-200 Records required at temporary job sites.** Each licensee or registrant conducting industrial radiography at a temporary site shall have the following records available at that site for inspection by the department:

- (1) Appropriate license;
- (2) Operating and emergency procedures;
- (3) Applicable regulations;
- (4) Survey records required pursuant to WAC 246-243-190 for the period of operation at the site;
- (5) Daily pocket dosimeter records for the period of operation at the site;
- (6) The latest instrument calibration and leak test record for specific devices in use at the site.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-200, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-153, filed 12/8/80.]

**WAC 246-243-210 Special requirements for enclosed radiography.** (1) Systems for enclosed radiography designed to allow admittance of individuals during x-radiation generation shall:

(a) Comply with all applicable requirements of chapter 246-243 WAC and WAC 246-221-060 of these regulations.

(b) Be evaluated at intervals not to exceed one year to assure compliance with the applicable requirements as specified in (a) of this subsection. Records of these evaluations shall be maintained for inspection by the department for a period of two years after the evaluation.

(c) Interlocks are required on all enclosed radiographic systems, such that the exposure will terminate if a door or port accessible to individuals is opened during the exposure, except for those systems employing conveyor belts or sample ports.

(2) Cabinet x-ray systems designed to exclude individuals during x-radiation are exempt from the requirements of chapter 246-243 WAC except that:

(a) Operating personnel must be provided with either a film badge or a thermoluminescent dosimeter and reports of the results must be maintained for inspection by the department.

(b) No registrant shall permit any individual to operate a cabinet x-ray system until such individual has received a copy of and instruction in the operating procedures for the unit and has demonstrated competence in its use. Records which demonstrate compliance with this subparagraph shall be maintained for inspection by the department until disposition is authorized by the department.

(c) Tests for proper operation of high radiation area control devices or alarm systems, where applicable, must be conducted at the beginning of each day of use and recorded.

(d) The registrant shall perform an evaluation, at intervals not to exceed one year, to determine conformance with WAC 246-221-060 of these regulations.

Records of these evaluations shall be maintained for inspection by the department for a period of two years after the evaluation.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-210, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-155, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-155, filed 12/8/80; Order 1084, § 402-36-155, filed 1/14/76.]

**WAC 246-243-220 Special requirements for permanent radiographic installation.** Permanent radiographic installations having high radiation area entrance controls of the types described in WAC 246-221-120 (1)(e)(ii) or where the high radiation area is locked to protect against unauthorized or accidental entry, shall also meet the following special requirements.

(1) Each entrance that is used for personnel access to the high radiation area in a permanent radiographic installation to which this section applies shall have both visible and audible warning signals to warn of the presence of radiation. The visible signal shall be actuated by radiation whenever the source is exposed. The audible signal shall be actuated when an attempt is made to enter the installation while the source is exposed.

(2) Both visible and audible alarm systems are required and shall be tested prior to the first use of a source in the installation and thereafter at intervals not to exceed three months. Records of the tests shall be kept for two years.

(3) The department shall review and approve, in advance of construction, plans for permanent radiographic installations whose construction had not commenced by the effective date of these regulations. Construction of the permanent facility shall be in accordance with the plans approved by the department.

(4) A physical radiation survey shall be conducted and results recorded following construction or major modification of the facility to be used in the installation. Radiography shall not be conducted if exposure levels in unrestricted areas are greater than 2 mR in any hour. Any increase in source strength will require resurvey of the installation prior to the conduct of industrial radiography.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-220, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-157, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-157, filed 12/8/80.]

## Chapter 246-244 WAC

## RADIATION PROTECTION--WIRELINE SERVICES

## WAC

|             |   |
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**WAC 246-244-001 Purpose.** This chapter establishes radiation safety requirements for persons using sources of radiation for wireline service operations including mineral logging, radioactive markers, and/or subsurface tracers studies. The requirements of this chapter are in addition to, and not in substitution for, requirements of chapters 246-220, 246-221, 246-222, 246-232, and 246-235 WAC.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-010, filed 12/11/86.]

**WAC 246-244-030 Prohibitions.** No licensee shall perform wireline service operations with a sealed source(s) or conduct subsurface tracer studies with sources of radiation unless, prior to commencement of the operation, the licensee has a written agreement with the well operator, well owner, drilling contractor, or land owner that:

(1) In the event a sealed source is lodged downhole every reasonable effort at recovery will be made;

(2) Potentially contaminated equipment or areas will not be released until an acceptable and documented survey is performed;

(3) Specific types of recovery operations which could endanger the integrity of the sealed source encapsulation will not be permitted or conducted; and

(4) In the event a decision is made to abandon the sealed source downhole, requirements of WAC 246-244-240 shall be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-040, filed 12/11/86.]

**WAC 246-244-040 Limits on levels of radiation.** Sources of radiation shall be used, stored, and transported in such a manner that the transportation requirements of WAC 246-232-090 and the dose limitation requirements of chapter 246-221 WAC are met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-060, filed 12/11/86.]

**WAC 246-244-060 Transport precautions.** (1) Transport containers shall be physically secured to the transporting vehicle to prevent accidental loss, tampering, or unauthorized removal.

(2) Transport of radioactive material shall be in accordance with applicable provisions of the United States Department of Transportation, as required by WAC 246-232-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-100, filed 12/11/86.]

**WAC 246-244-080 Leak testing of sealed sources.** Each licensee utilizing sealed sources of radioactive material shall have the sources tested for leakage and/or contamination in accordance with WAC 246-221-080.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-140, filed 12/11/86.]

**WAC 246-244-140 Training requirements.** (1) The licensee may not permit an individual to act as a logging supervisor until that person:

(a) Has completed at least forty hours of formal training in a course recognized by the department, the United States Nuclear Regulatory Commission, an agreement state, or a licensing state covering the subjects outlined in subsection (5) of this section;

(b) Has received copies of and instruction in:

(i) Washington state regulations contained in this chapter and in the applicable chapters 246-220, 246-221, and 246-222 WAC or their equivalent;

(ii) The license under which the logging supervisor will perform well-logging operations; and

(iii) The licensee's operating, recordkeeping, and emergency procedures.

(c) Has completed three months of on-the-job training and demonstrated competence in the use of licensed materials, remote handling tools, and radiation survey instruments by a field evaluation; and

(d) Has demonstrated understanding of the requirements in (a) and (b) of this subsection by successfully completing a closed book written test.

(2) The licensee may not permit an individual to act as a logging assistant until that person:

(a) Has received copies of and instruction in the licensee's operating and emergency procedures;

(b) Has demonstrated understanding of the materials listed in subsection (1)(a) and (b) of this section by successfully completing a closed book written test; and

(c) Has received instructions in the use, under the personal supervision of the logging supervisor, of tracer material, sealed sources, remote handling tools, and radiation survey instruments, as appropriate.

(3) Each licensee shall provide for documented refresher training of logging supervisors and logging assistants at intervals not to exceed twelve months.

(4) Each licensee shall maintain a record of each logging supervisor's and logging assistant's training, including copies and dates of written tests for a minimum of three years following the termination of employment.

(5) Each licensee shall include the following subjects in the formal training required by this chapter:

(a) **Fundamentals of radiation safety:**

(i) Characteristics of radiation;

(ii) Units of radiation dose and quantity of radioactivity;

(iii) Hazards of exposure to radiation;

(iv) Levels of radiation from licensed material;

(v) Methods of controlling radiation dose:

(A) Working time;

(B) Working distances;

(C) Shielding;

(D) Radiation safety practices, including prevention and contamination and methods of decontamination;

(b) **Radiation detection instrumentation to be used:**

(i) Use of radiation survey instruments:

(A) Operation;

(B) Calibration;

(C) Limitations;

(ii) Survey techniques;

(iii) Use of personnel monitoring equipment;

(c) **Equipment to be used:**

(i) Handling equipment and remote handling tools;

(ii) Licensed materials;

(iii) Storage, control, and disposal of equipment and licensed material;

(iv) Operation and control of equipment and licensed materials;

(v) Maintenance of equipment;

(d) Requirements of pertinent state and federal regulations;

(e) Case histories and potential consequences of accidents in well-logging operations.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-140, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-260, filed 12/11/86.]

**WAC 246-244-150 Operating and emergency procedures.** The licensee's operating and emergency procedures shall include instruction in at least the following:

(1) Handling and use of sources of radiation to be employed such that no individual is likely to be exposed to radiation doses in excess of the standards established in chapter 246-221 WAC;

(2) Methods and occasions for conducting radiation surveys;

(3) Methods and occasions for locking and securing sources of radiation;

(4) Personnel monitoring and the use and care of personnel monitoring equipment;

(5) Transportation of sources of radiation to temporary job sites and field stations, including the marking, labeling, packaging, and placing of sources of radiation in vehicles, shipping papers, placarding of vehicles, and physical securing of sources of radiation to transport vehicles during transportation to prevent accidental loss, tampering, or unauthorized removal;

(6) Minimizing personnel exposure, including that from inhalation and ingestion of licensed material, during well-logging operations and in the event of an accident;

(7) Procedure for notifying proper personnel in the event of an accident;

(8) Maintenance of records;

(9) Inspection and maintenance of source holders, logging tools, source handling tools, storage containers, transport containers, and injection tools;

(10) Procedures to be followed in the event a sealed source is lodged downhole or ruptured;

(11) Procedures to be used for picking up, receiving, and opening packages containing radioactive material;

(12) The procedure and the use of tools for remote handling of sealed sources and radioactive tracer material, except low activity calibration sources;

(13) The procedure to use for detecting contamination and for preventing the spread of contamination; and

(14) The procedure to be used to decontaminate the environment, equipment, and/or personnel if any or all are contaminated.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-150, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-280, filed 12/11/86.]

**WAC 246-244-160 Personnel monitoring.** (1) The licensee may not permit an individual to act as a logging supervisor or logging assistant unless that person wears, at all times during well-logging operations, either a film badge or thermoluminescent dosimeter (TLD). Each film badge or TLD must be assigned to and worn by only one individual. The film badge must be exchanged and analyzed at least monthly and TLD badges exchanged and analyzed at least every three months. The licensee shall have each badge or TLD processed in a timely fashion.

(2) The licensee shall provide appropriate bioassay services to individuals using licensed materials for subsurface tracer studies.

(3) The licensee shall keep reports received from the badge or TLD processor and from the bioassay service laboratory for inspection until the department authorizes disposition or terminates the license.

(4) Personnel monitoring devices and equipment shall monitor for beta, gamma, and neutron radiation as appropriate.

(5) Each licensee shall adhere to the requirements of the department's Regulatory Guide 8.20 *Bioassay Program Criteria for I-125 and I-131*.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-300, filed 12/11/86.]

**WAC 246-244-180 Security.** During each logging or tracer application, the logging supervisor or other designated employee shall maintain direct surveillance of the operation to protect against unauthorized and/or unnecessary entry into the restricted area (as defined in WAC 246-220-010).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-180, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-340, filed 12/11/86.]

**WAC 246-244-220 Documents and records required at field stations.** Each licensee shall maintain for inspection by the department the following documents and records for the specific devices and sources at the field station:

- (1) Appropriate license or equivalent documents;
- (2) Operating and emergency procedures;
- (3) Applicable regulations;
- (4) Records of the latest survey instrument calibrations required pursuant to WAC 246-244-070;
- (5) Records of the latest leak test results required pursuant to WAC 246-244-080;
- (6) Records of inventories required pursuant to WAC 246-244-090;
- (7) Utilization records required pursuant to WAC 246-244-100;
- (8) Records of inspection and maintenance required pursuant to WAC 246-244-130;
- (9) Survey records required pursuant to WAC 246-244-210; and
- (10) Training records required pursuant to WAC 246-244-140.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-220, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-420, filed 12/11/86.]

**WAC 246-244-230 Documents and records required at temporary job sites.** Each licensee conducting operations at a temporary job site shall have the following documents and records available at all times at that site for inspection by the department:

- (1) Current operating and emergency procedure(s);
- (2) Survey records required pursuant to WAC 246-244-210 for the period of operation at the site;
- (3) Actual current calibration certificates (or photocopies) for the radiation survey instruments used at the site;
- (4) When operating in the state of Washington under reciprocity, a copy of the appropriate license, and the Washington state rules and regulations for radiation protection;

(5) Records of current leak tests for all sealed sources which require such tests at the job site;

(6) Use logs required pursuant to WAC 246-244-100;

(7) Current United States Department of Transportation shipping papers and transport container certifications for the material transported; and

(8) Records of spotmarker inventories made prior to arrival required pursuant to WAC 246-244-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-230, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-440, filed 12/11/86.]

**WAC 246-244-240 Notification of incidents, abandonment, and lost sources.** (1) Notification of incidents and sources lost in other than downhole logging operations shall be made in accordance with appropriate provisions of chapter 246-221 WAC.

(2) The licensee shall immediately notify the state of Washington division of radiation protection by telephone (206/753-3468) and subsequently within five days by confirmatory letter if:

(a) Licensed material has been lost in or near a fresh water aquifer; or

(b) A sealed source has been ruptured. This notice must designate the well or other location and describe the magnitude and extent of licensed materials, assess the consequences of the loss or rupture, and explain efforts planned or being taken to mitigate these consequences.

(3) Whenever a sealed source or device containing radioactive material is lodged downhole, the licensee shall:

(a) Monitor the surface for the presence of radioactive contamination with an appropriate radiation survey instrument (not the logging tool itself) during logging tool recovery operations; and

(b) Notify the department immediately by telephone if radioactive contamination is detected at the surface or if the source appears to be damaged.

(4) When it becomes apparent that efforts to recover the radioactive source will not be successful, the licensee shall:

(a) Advise the well operator or owner, as appropriate, of the regulations of the state of Washington regarding abandonment, and an appropriate method of abandonment. The licensee shall ensure that such abandonment procedures are implemented within thirty days after the sealed source has been classified as irretrievable. Such abandonment procedures shall include:

(i) Immobilization and sealing in place of the radioactive source with a cement plug;

(ii) The setting of a whipstock or deflection device; and

(iii) The mounting of a permanent identification plaque at the surface of the well, containing the appropriate information required by subsection (5) of this section;

(b) Immediately notify the department by telephone (206/753-3468), giving the circumstances of the loss,

and request and receive approval of the proposed abandonment procedures; and

(c) File a written report with the department within thirty days of the abandonment, setting forth the following information:

(i) Date and time of occurrence and a brief description of attempts to recover the source;

(ii) A description of the radioactive source(s) involved, including radionuclide, quantity, make, model and serial number, and chemical and physical form;

(iii) Surface location and identification of well;

(iv) Results of efforts to immobilize and seal the source in place;

(v) Depth of the radioactive source in meters or feet;

(vi) Depth to the top of cement plug in meters or feet;

(vii) Depth of the well in meters or feet; and

(viii) Information contained on the permanent identification plaque.

(5) Whenever a sealed source containing radioactive material is not recovered and is abandoned downhole, the licensee shall provide a permanent plaque at least eighteen centimeters square for posting the well or well bore (see Appendix A). This plaque shall:

(a) Be constructed of long lasting material, such as stainless steel or monel; and

(b) Contain the following information permanently and conspicuously engraved on its face:

(i) The word "CAUTION (or DANGER)";

(ii) The radiation symbol(s) with or without the conventional color requirement;

(iii) The date of abandonment (month/day/year);

(iv) The name of the well operator or well owner;

(v) The well name and well identification number(s) or other designation;

(vi) The sealed source(s) by radionuclide and quantity of activity (if more than one source is involved, information for each source shall be included);

(vii) The source depth and the depth to the top of the plug in meters or feet; and

(viii) An appropriate warning, depending on the specific circumstances of each abandonment.<sup>1</sup>

(6) The department may, at its own discretion, impose such other requirements as it may deem necessary.

<sup>1</sup> An example of a suggested plaque is shown in Appendix A of this section. Appropriate warnings may include:

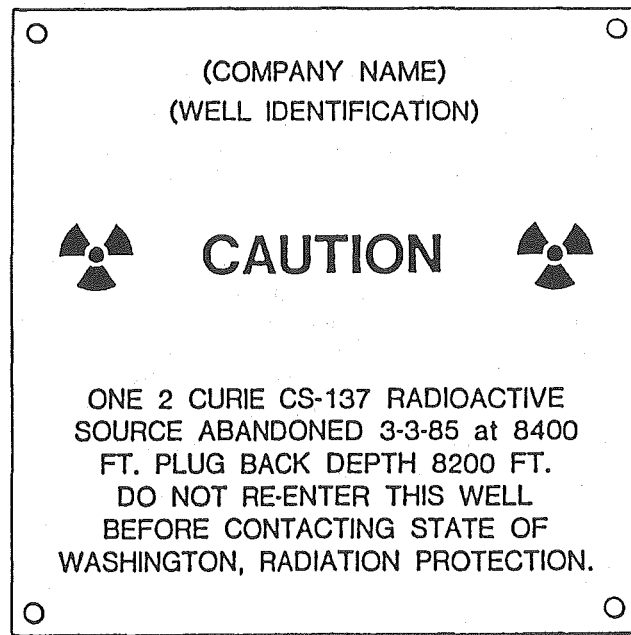
(a) "Do not drill below plug back depth";

(b) "Do not enlarge casing"; and/or

(c) "Do not reenter the hole before contacting the state of Washington division of radiation protection."

#### APPENDIX A

#### Example of Plaque for Identifying Wells Containing Sealed Sources Containing Radioactive Material Abandoned Downhole



The size of the plaque should be convenient for use on active or inactive wells, and shall be at least eighteen centimeters square. Letter size of the word "CAUTION" or "DANGER" shall be approximately twice the letter size of the rest of the information, e.g., one-half inch and one-fourth inch letter size, respectively.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-244-240, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-244-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-38-500, filed 12/11/86.]

#### Chapter 246-249 WAC

#### RADIOACTIVE WASTE—USE OF THE COMMERCIAL DISPOSAL SITE

##### WAC

|             |  |
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**WAC 246-249-001 Purpose and scope.** This chapter provides rules governing generators and brokers of low-level radioactive waste seeking to dispose of such waste at any commercial disposal facility in the state of Washington. These rules are in addition to applicable

requirements of the United States Nuclear Regulatory Commission (NRC), the United States Department of Transportation (DOT), and other requirements of Title 246 WAC, the requirements of the department of ecology, Title 173 WAC, and conditions of the license issued to the disposal site operator(s).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-001, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-010, filed 12/11/86.]

**WAC 246-249-010 Definitions.** As used in this chapter, the following definitions apply:

(1) "Low-level radioactive waste" has the same meaning as in the Low-Level Radioactive Waste Policy Amendments Act of 1985, Public Law 99-240, that is, radioactive waste not classified as high-level radioactive waste, spent nuclear fuel, or by-product material as defined in section 11e.(2) of the Atomic Energy Act.

(2) "Broker" means a person who performs one or more of the following functions for a low-level radioactive waste generator:

(a) Arranges for transportation of the low-level radioactive waste;

(b) Collects and/or consolidates shipments of such low-level radioactive waste;

(c) Processes such low-level radioactive waste in some manner; provided it shall not mean a carrier whose sole function is to transport such low-level radioactive waste.

(3) "Shipper" or "consignor" means the last licensee to possess the low-level radioactive waste prior to transportation to the low-level radioactive waste disposal site, normally the generator when no broker is involved; otherwise, the broker.

(4) "Generator" means the last person who puts radioactive material to practical use, and who then declares it to be no longer of use or value.

(5) "Motor vehicle" means any vehicle, truck, tractor, semi-trailer, or trailer (or any permitted combination of these), driven by mechanical power and used upon the highways to carry property.

(6) "Motor common carrier" means a person holding itself out to the general public to provide motor vehicle transportation for compensation over regular or irregular routes, or both.

(7) "Motor contract carrier" means a person other than a common carrier providing motor vehicle transportation of property for compensation under continuing agreements with one or more persons.

(8) "Motor private carrier" means a person, other than a motor carrier, transporting property by motor vehicle when the person is the owner, lessee, or bailee of the property being transported; and the property is being transported for sale, lease, rent, or bailment, or to further a commercial enterprise.

(9) "Motor carrier" means a motor common carrier and a motor contract carrier.

(10) "Shipment" means the total low-level radioactive waste material transported in one motor vehicle.

(11) "Transuranic waste" means material contaminated with elements that have an atomic number greater than 92.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-020, filed 12/11/86.]

**WAC 246-249-020 Site use permit.** (1) Each generator and each broker of low-level radioactive waste shall possess a valid and unencumbered site use permit prior to the shipment of such waste to, or the disposal of such waste at any commercial disposal facility in the state of Washington and shall have complied with the permit requirements of the department of ecology.

(2) Suspension or revocation of permit.

(a) The failure of one or more packages in a shipment of waste to be in compliance with one or more of the requirements of the license issued to the commercial low-level radioactive waste disposal site operator, Title 246 WAC, the United States Nuclear Regulatory Commission, the United States Department of Transportation, or conditions of the disposal site operator's radioactive materials license may cause the suspension of the site use permit of the responsible generator and/or broker.

(b) The site use permit of a generator and/or broker may be suspended or revoked if any other licensed commercial low-level radioactive waste disposal site in the United States has refused to accept waste from that generator or broker.

(c) A suspended site use permit may be reinstated provided the generator and/or broker submits a quality assurance procedure designed to correct previous problems and to achieve compliance with all applicable requirements.

(3) Brokered shipments.

(a) It is the broker's responsibility to assure that a generator of waste has a valid unencumbered site use permit prior to shipment of waste for disposal.

(b) A broker, as consignor, assumes coresponsibility with a generator for all aspects of that generator's waste until it can be documented to the department's satisfaction that the broker's sphere of responsibility was limited.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-020, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-030, filed 12/11/86.]

**WAC 246-249-030 Waste shipment certification.**

(1) A low-level radioactive waste shipment certification, Form RHF-31, must accompany each shipment of radioactive waste to a licensed low-level radioactive waste burial site. All three sections of the form must be completed. The certification shall be submitted at the disposal site to the department of health or its designee, and must be judged to be properly executed prior to the acceptance of the waste by the site operator. If a broker is involved, the broker's and carrier's sections must bear



original signatures. The generator's signature need not be an original signature. If a broker is acting as the processor and/or packager of the waste, the broker may act as the agent of the generator and may sign the certification statement for the generator, provided the name and site use permit number of the original generator are identified. If no broker is involved, the generator shall so signify by entry in the broker's section of the form that no broker was involved, e.g., "no broker," and the generator and carrier's section must bear original signatures.

(2) In the case of brokered shipments from more than a single generator, information on each generator's certification shall include data clearly identifying, without reference to other documentation, each package transferred from that generator to the broker. The data shall be compatible with package identifications on the shipment manifest (RSR) from the broker, and with identification markings on the packages.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-030, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-040, filed 12/11/86.]

**WAC 246-249-040 Classification of radioactive waste for near-surface disposal.** (1) **Considerations.** Determination of the classification of waste involves two considerations. First, consideration must be given to the concentration of long-lived radionuclides (and their shorter-lived precursors) whose potential hazard will persist long after such precautions as institutional controls, improved waste form, and deeper disposal have ceased to be effective. These precautions delay the time when long-lived radionuclides could cause exposures. In addition, the magnitude of the potential dose is limited by the concentration and availability of the radionuclide at the time of exposure. Second, consideration must be given to the concentration of shorter-lived radionuclides for which requirements on institutional controls, waste form, and disposal methods are effective.

(2) **Classes of waste.**

(a) Class A waste is waste that is usually segregated from other waste classes at the disposal site. The physical form and characteristics of Class A waste must meet the minimum requirements set forth in WAC 246-249-050(1). If Class A waste also meets the stability requirements set forth in WAC 246-249-050(2), it is not necessary to segregate the waste for disposal.

(b) Class B waste is waste that must meet more rigorous requirements on waste form to ensure stability after disposal. The physical form and characteristics of Class B waste must meet both the minimum and stability requirements set forth in WAC 246-249-050.

(c) Class C waste is waste that not only must meet more rigorous requirements on waste form to ensure stability but also requires additional measures at the disposal facility to protect against inadvertent intrusion. The physical form and characteristics of Class C waste must meet both the minimum and stability requirements set forth in WAC 246-249-050.

(3) **Classification determined by long-lived radionuclides.** If the waste contains only radionuclides listed in Table 1, classification shall be determined as follows:

(a) If the concentration does not exceed 0.1 times the value in Table 1, the waste is Class A.

(b) If the concentration exceeds 0.1 times the value in Table 1, but does not exceed the value in Table 1, the waste is Class C.

(c) If the concentration exceeds the value in Table 1, the waste is not generally acceptable for near-surface disposal.

(d) For waste containing mixtures of radionuclides listed in Table 1, the total concentration shall be determined by the sum of fractions rule described in subsection (7) of this section.

Table 1

| Radionuclide   | Concentration<br>Curies/Cubic<br>Meter |
|--|--|
| C-14   | 8                                      |
| C-14 in activated metal  | 80                                     |
| Ni-59 in activated metal   | 220                                    |
| Nb-94 in activated metal   | 0.2                                    |
| Tc-99  | 3                                      |
| I-129  | 0.08                                   |
| Alpha emitting transuranic radionuclides<br>with half-life greater than five years | 100 <sup>1</sup>                       |
| Pu-241   | 3,500 <sup>1</sup>                     |
| Cm-242   | 20,000 <sup>1</sup>                    |
| Ra-226   | 100 <sup>1</sup>                       |

<sup>1</sup> Units are nanocuries per gram, to convert to becquerels (Bq) per gram multiply by 37, to convert from curies to gigabecquerels (GBq) multiply by 37. Specific approval of the department is required for disposal of these radionuclides if their concentration is greater than ten percent of the Table 1 value.

(4) **Classification determined by short-lived radionuclides.** If the waste does not contain any of the radionuclides listed in Table 1, classification shall be determined based on the concentrations shown in Table 2. If the radioactive waste does not contain any radionuclides listed in either Table 1 or 2, it is Class A.

(a) If the concentration does not exceed the value of Column 1, the waste is Class A.

(b) If the concentration exceeds the value in Column 1, but does not exceed the value in Column 2, the waste is Class B.

(c) If the concentration exceeds the value in Column 2, but does not exceed the value in Column 3, the waste is Class C.

(d) If the concentration exceeds the value in Column 3, the waste is not generally acceptable for near-surface disposal.

(e) For wastes containing mixtures of the radionuclides listed in Table 2, the total concentration shall be determined by the sum of fractions rule described in subsection (7) of this section.

Table 2

| Radionuclide   | Concentration, Curies/<br>Cubic Meter |          |          |
|--|---------------------------------------|----------|----------|
|  | Column 1                              | Column 2 | Column 3 |
| Total of all radionuclides<br>with less than 5-year<br>half-life | 700                                   | (*)      | (*)      |
| H-3  | 40                                    | (*)      | (*)      |
| Co-60  | 700                                   | (*)      | (*)      |
| Ni-63  | 3.5                                   | 70       | 700      |
| Ni-63 in activated metal   | 35                                    | 700      | 7,000    |
| Sr-90  | 0.04                                  | 150      | 7,000    |
| Cs-137   | 1                                     | 44       | 4,600    |

(\*) There are no limits established for these radionuclides in Class B or C wastes. Practical consideration such as the effects of external radiation and internal heat generation on transportation, handling, and disposal will limit the concentrations for these wastes. These wastes shall be Class B unless the concentrations of other radionuclides in Table 2 determine the waste to be Class C independent of these radionuclides. Specific approval of the department is required prior to packaging of Class B tritium waste.

(5) **Classification determined by both long-lived and short-lived radionuclides.** If the waste contains a mixture of radionuclides, some of which are listed in Table 1, and some of which are listed in Table 2, classification shall be determined as follows:

(a) If the concentration of a radionuclide listed in Table 1 is less than 0.1 times the value listed in Table 1, the class shall be that determined by the concentration of radionuclides listed in Table 2.

(b) If the concentration of a radionuclide listed in Table 1 exceeds 0.1 times the value listed in Table 1, the waste shall be Class C, provided the concentration of radionuclides listed in Table 2 does not exceed the value shown in Column 3 of Table 2.

(6) **Classification of waste with radionuclides other than those listed in Tables 1 and 2.** If the waste does not contain any radionuclides listed in either Table 1 or 2, it is Class A.

(7) **The sum of fractions rule for mixtures of radionuclides.** For determining classification for waste that contains a mixture of radionuclides, it is necessary to determine the sum of fractions by dividing each radionuclide's concentration by the appropriate limit and adding the resulting values. The appropriate limits must all be taken from the same column of the same table. The sum of the fractions for the column must be less than or equal to 1.0 if the waste class is to be determined by that column. Example: A waste contains Sr-90 in a concentration of 50 Ci/m<sup>3</sup> and Cs-137 in a concentration of 22 Ci/m<sup>3</sup>. Since the concentrations both exceed the values in Column 1, Table 2, they must be compared to Column 2 values. For Sr-90 fraction, 50/150 = 0.33; for Cs-137 fraction, 22/44 = 0.5; the sum of the fractions = 0.83. Since the sum is less than 1.0, the waste is Class B.

(8) **Determination of concentration in wastes.** The concentration of a radionuclide may be determined by

indirect methods such as use of scaling factors which relate to the inferred concentration of one radionuclide to another that is measured, or radionuclide material accountability, if there is reasonable assurance that the indirect methods can be correlated with actual measurement. The concentration of a radionuclide may be averaged over the volume of the waste, or weight of the waste if the units are expressed as nanocuries per gram.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-040, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-050, filed 12/11/86.]

#### WAC 246-249-050 Acceptable radioactive waste forms and packaging. (1) Packaging.

(a) Wastes shall be packaged in conformance with the conditions of the license issued to the site operator to which the waste will be shipped. Where the conditions of the site license are more restrictive than the provisions of these regulations, the site license condition shall govern. As a minimum, radioactive waste must be packaged in such a manner that waste containers received at the facility do not show:

- (i) Significant deformation;
- (ii) Loss or dispersal of contents;
- (iii) An increase in the external radiation levels recorded on the manifest, within instrument tolerances; or
- (iv) Significant containment degradation due to rust or other chemical actions.

(b) Wastes shall not be packaged for disposal in cardboard or fiberboard. Wood boxes are prohibited after February 28, 1987.

(c) A process control program shall be used which validates the following:

(i) Liquid waste shall be packaged in sufficient approved absorbent material to absorb twice the volume of the liquid, solidified using an approved solidification agent, or stabilized using an approved stabilization agent.

(ii) Solid wastes containing liquid shall contain as little free-standing and noncorrosive liquid as is reasonably achievable, but in no case shall the liquid exceed one percent of the volume.

(d) Waste shall not be readily capable of detonation or of explosive decomposition or reaction at normal pressures and temperatures, or of explosive reaction with water.

(e) Waste shall not contain, or be capable of generating quantities of toxic gases, vapors, or fumes harmful to persons transporting, handling, or disposing of the waste. This does not apply to radioactive gaseous waste packaged in accordance with (g) of this subsection.

(f) Pyrophoric materials contained in wastes shall be treated, prepared, and packaged to be nonflammable.

(g) Waste in gaseous form must be packaged at a pressure that does not exceed 1.5 atmospheres at 20°C. Total activity shall not exceed 100 curies (3.7 x 10<sup>12</sup>

Bqs) per container. Class A gaseous waste shall be contained within United States Department of Transportation specification cylinders. Specific approval of the department is required if the gaseous waste is Class B or C.

(h) Wastes containing hazardous, biological, pathogenic, or infectious material shall be treated to reduce the maximum extent practicable the potential hazard from the nonradiological materials. Wastes subject to regulation under Resource Conservation and Recovery Act (RCRA) are not allowed at the disposal site.

(i) Radioactive consumer products, the use and disposal of which is exempt from licensing control, may be received without regard to concentration limits of WAC 246-249-040 Table 2 provided the entire unit is received and is packaged with sufficient sorbent material so as to preclude breakage and rupture of its contents. This subsection allows the disposal of such consumer products as intact household or industrial smoke detector units containing Americium-241 foils and radium or radioactive materials incorporated into self-luminous devices and electron tubes.

(2) The following requirements are intended to provide stability of the waste. Stability is intended to ensure that the waste does not degrade and affect overall stability of the site through slumping, collapse, or other failure of the disposal unit and thereby lead to water infiltration. Stability is also a factor in limiting exposure to an inadvertent intruder, since it provides a recognizable and nondispersible waste form.

(a) Classes B, C, and A stable waste shall have structural stability. A structurally stable waste form will generally maintain its physical dimensions and its form, under the expected disposal conditions such as weight of overburden and compaction equipment, the presence of moisture, and microbial activity, and internal factors such as radiation effects and chemical changes. Structural stability can be provided by the waste form itself, processing the waste to a stable form, or placing the waste in a disposal container or structure that provides stability after disposal.

(b) Notwithstanding the provisions in subsection (1)(c) and (d) of this section, liquid waste, or waste containing liquid, shall be converted into a form that contains as little free-standing and noncorrosive liquid as is reasonably achievable, but in no case shall the liquid exceed one percent of the volume of the waste when the waste is in a disposal container designed to ensure stability, or 0.5 percent of the volume of the waste for waste processed to a stable form.

(c) Void spaces within the radioactive waste and between the waste and its package shall be reduced to the extent practicable. Unless specifically approved by the department, void spaces in Class A stable, Class B, and Class C waste packages shall be less than 15 percent of the total volume of the disposal package, provided the disposal package is not a high integrity container nor contains activated metals that are too large to put into high integrity containers. For Class B and Class C waste

packages containing activated metals, voids shall be reduced to the extent practicable, and shall be demonstrated to be structurally stable by any of the methods discussed in (a) of this subsection.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-050, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-060, filed 12/11/86.]

**WAC 246-249-060 Labeling.** Each package of waste must be clearly labeled to identify whether it is Class A waste, Class B waste, or Class C waste in accordance with WAC 246-249-040. This marking is in addition to any transportation markings or labeling required by the United States Nuclear Regulatory Commission or the United States Department of Transportation and shall consist of lettering one-half inch high or greater in a durable contrasting color with the background surrounding the lettering. The classification marking shall be visible on the same side as the radioactive marking or label and in close proximity (within six inches). Waste packages marked "Radioactive," "Limited Quantity" or "Radioactive LSA" need only one classification marking whereas waste packages labeled White I, Yellow II, or Yellow III shall have classification markings in close proximity (within six inches) to each label.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-060, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-070, filed 12/11/86.]

**WAC 246-249-070 Variances.** It is inevitable that a small portion of wastes cannot be treated to fully comply with the waste form requirements of this chapter consistent with the ALARA philosophy of chapter 246-220 WAC. A waste disposal site operator may apply to the department for a variance provided:

- (1) The variance requested is not for a continuing process or waste stream;
- (2) An equivalent or greater degree of protection is provided by the proposed alternative; and
- (3) All reasonable methods of complying with the existing requirement have been considered.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-070, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-080, filed 12/11/86.]

**WAC 246-249-080 Large volumes of naturally occurring material.** (1) In addition to requirements for a disposal site use permit contained in WAC 246-249-020, permittees and single generators of radioactive wastes shall obtain the specific approval of the department prior to offering wastes for disposal which: (a) Contain naturally occurring radioactive material, excluding source material, (b) contain an average total

concentration less than, or equal to, 0.002 microcuries per gram, and (c) total in excess of 1,000 cubic feet per year.

(2) Applications for specific departmental approval shall describe: (a) The chemical processes which produce or have produced the waste, (b) the volume of waste to be disposed per year, (c) an estimate of how long the permittee's disposal needs will continue, (d) actions which have been taken or are planned which could decrease the volume of the waste, and (e) alternative methods of disposal which have been considered by the permittee.

(3) A request for specific approval may be approved if the department finds the material to be: (a) Consistent with disposal site volume utilization, (b) in conformance with conditions of all licenses and permits issued to the disposal site operator, (c) more appropriately disposed at Hanford than by alternative means consistent with the concepts contained in P.L. 99-240 Low Level Radioactive Waste Policy Amendments Act of 1985, and (d) consistent with protection of the public health, safety and environment.

(4) Denial by the department of a request for specific approval shall not be interpreted as an approval to dispose of naturally occurring radioactive material without regard to its radioactivity.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-249-080, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-249-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-62-090, filed 12/11/86.]

**WAC 246-249-090 Transfer for disposal and manifests.** (1) Each shipment of waste to a licensed land disposal facility shall be accompanied by a shipment manifest that contains the name, address, and telephone number of the person generating the waste. The manifest shall also include the name, address, and telephone number of the person transporting the waste to the land disposal facility. The manifest shall also indicate as completely as practicable: A physical description of the waste; the waste volume; radionuclide identity and quantity; the total radioactivity; and the principal chemical form. The solidification, stabilization, or sorption agent shall be specified. Wastes containing more than 0.1 percent chelating agents by weight shall be identified and the weight percentage of the chelating agent estimated. Wastes classified as Class A, Class B, or Class C in WAC 246-249-040 shall be clearly identified as such in the manifest unless transferred to a waste processor who treats or repackages wastes. The total quantity of the radionuclides H-3, C-14, Tc-99 and I-129 must be shown.

(2) The manifest required in subsection (1) of this section may be shipping papers used to meet United States Department of Transportation or United States Environmental Protection Agency regulations or requirements of the receiver, provided all of the required information is included.

(3) Each manifest shall include a certification by the waste generator that the transported materials are properly classified, described, packaged, marked, and labeled and are in proper condition for transportation according to the applicable regulations of the United States Department of Transportation and the agency. An authorized representative of the waste generator shall sign and date the manifest.

(4) Any generator licensee who transfers waste to a land disposal facility or a licensed waste collector shall comply with the following requirements. Any licensee who transfers waste to a licensed waste processor who treats or repackages waste shall comply with the requirements of (d) through (h) of this subsection. A licensee shall:

(a) Prepare all wastes so the waste is classified according to WAC 246-249-040 and meets the waste characteristics requirements in WAC 246-249-050.

(b) Label each package of waste to identify whether it is a Class A waste, Class B waste or Class C waste, in accordance with WAC 246-249-040;

(c) Conduct a quality control program to assure compliance with WAC 246-249-040 and 246-249-050; the program must include management evaluation of audits;

(d) Prepare shipping manifests to meet the requirements of subsections (1) and (3) of this section;

(e) Forward a copy of the manifest to the intended recipient, at the time of shipment; or, deliver to a broker at the time the waste is collected, obtaining acknowledgement of receipt in the form of a signed copy of the manifest from the broker;

(f) Include one copy of the manifest with the shipment;

(g) Retain a copy of the manifest with documentation of acknowledgement of receipt as the record of transfer of licensed material as required by these regulations;

(h) For any shipments or any part of a shipment for which acknowledgement of receipt has not been received within the times set forth in this section, conduct an investigation in accordance with subsection (8) of this section.

(5) Any waste broker licensee who handles prepackaged waste shall:

(a) Acknowledge receipt of the waste from the generator within one week of receipt by returning a signed copy of the manifest.

(b) Prepare a new manifest to reflect consolidated shipments; the new manifest shall serve as a listing or index for the detailed generator manifests. Copies of the generator manifests shall be a part of the new manifest.

The waste broker may prepare a new manifest without attaching the generator manifests, provided the new manifest contains for each package the information specified in subsection (1) of this section. The broker licensee shall certify that nothing has been done to the waste which would invalidate the generator's certification.

(c) Forward a copy of the new manifest to the land disposal facility operator at the time of shipment;

(d) Include the new manifest with the shipment to the disposal site.

(e) Retain a copy of the manifest with documentation of acknowledgement of receipt as the record of transfer of licensed material as required by these regulations, and retain information from generator manifests as required by these regulations, and retain information from generator manifests until disposition is authorized by the agency; and

(f) For any shipments or any part of a shipment for which acknowledgement of receipt is not received within the times set forth in this section, conduct an investigation in accordance with subsection (8) of this section.

(6) Any licensed waste processor who treats or repackages wastes shall:

(a) Acknowledge receipt of the waste from the generator within one week of receipt by returning a signed copy of the manifest.

(b) Prepare a new manifest that meets the requirements of subsections (1), (2), and (3) of this section. Preparation of the new manifest reflects that the processor is responsible for the waste;

(c) Prepare all wastes so that the waste is classified according to WAC 246-249-040 and meets the waste characteristics requirement in WAC 246-249-050.

(d) Label each package of waste to identify whether it is Class A waste, Class B waste, or Class C waste, in accordance with WAC 246-249-040 and 246-249-060.

(e) A quality control program shall be conducted to assure compliance with WAC 246-249-040 and 246-249-050. The program shall include management evaluation of audits;

(f) Forward a copy of the new manifest to the disposal site operator or waste broker at the time of shipment, or deliver to a broker at the time the waste is collected, obtaining acknowledgement of receipt in the form of a signed copy of the manifest by the broker.

(g) Include the new manifest with the shipment;

(h) Retain copies of the original manifests and new manifests with documentation of acknowledgement of receipt as the record of transfer of licensed material required by these regulations.

(i) For any shipment or part of a shipment for which acknowledgement is not received within the times set forth in this section, conduct an investigation in accordance with subsection (8) of this section.

(7) The land disposal facility operator shall:

(a) Acknowledge receipt of the waste within one week of receipt by returning a signed copy of the manifest to the shipper. The shipper to be notified is the licensee who last possessed the waste and transferred the waste to the operator. The returned copy of the manifest shall indicate any discrepancies between materials listed on the manifest and materials received;

(b) Maintain copies of all completed manifests until the agency authorizes their disposition; and

(c) Notify the shipper (i.e., the generator or the broker) and the agency when any shipment or part of a shipment has not arrived within sixty days after the advanced manifest was received.

(8) Any shipment or part of a shipment for which acknowledgement is not received within the time set forth in this section must:

(a) Be investigated by the shipper if the shipper has not received notification of receipt within twenty days after transfer; and

(b) Be traced and reported. The investigation shall include tracing the shipment and filing a report with the agency. Each licensee who conducts a trace investigation shall file a written report with the agency within two weeks of completion of the investigation.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-249-090, filed 8/7/91, effective 9/7/91.]

### Chapter 246-250 WAC

## RADIOACTIVE WASTE--LICENSING LAND DISPOSAL

### WAC

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**WAC 246-250-001 Purpose and scope.** (1) The regulations in this chapter establish procedures, criteria, and terms and conditions upon which the department issues licenses for land disposal of low-level radioactive wastes received from other persons. (Applicability of the requirements in this chapter to department licenses for waste disposal facilities in effect on the effective date of this regulation will be determined on a case-by-case basis and implemented through terms and conditions of the license or by orders issued by the department.) The requirements of this chapter are in addition to, and not in substitution for, other applicable requirements of these regulations or other state regulations.

(2) The regulations in this chapter do not apply to disposal of by-product material as defined in WAC 246-220-010 (7)(b) in quantities greater than 10,000 kilograms and containing more than five millicuries of radium 226, or disposal of waste provided in WAC 246-221-070, 246-221-190, or 246-221-200.

(3) This chapter establishes procedural requirements and performance objectives applicable to any method of land disposal. It establishes specific technical requirements for near-surface disposal of radioactive waste which involves disposal in the uppermost portion of the earth.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-001, filed 8/7/91, effective 9/7/91. Statutory

Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-010, filed 12/11/86.]

**WAC 246-250-010 Definitions.** As used in this chapter, the following definitions apply:

(1) "Active maintenance" means any significant activity needed during the period of institutional control to maintain a reasonable assurance that the performance objectives of WAC 246-250-170 and 246-250-180 are met. Such active maintenance includes ongoing activities such as the pumping and treatment of water from a disposal unit or one-time measures such as replacement of a disposal unit cover. Active maintenance does not include custodial activities such as repair of fencing, repair or replacement of monitoring equipment, revegetation, minor additions to soil cover, minor repair of disposal unit covers, and general disposal site upkeep such as mowing grass.

(2) "Buffer zone" means a portion of the disposal site that is controlled by the licensee or by the United States Department of Energy and that lies under the disposal units and between the disposal units and the boundary of the site.

(3) "Chelating agent" means amine polycarboxylic acids, hydroxy-carboxylic acids, gluconic acid, and polycarboxylic acids.

(4) "Commencement of construction" means any clearing of land, excavation, or other substantial action that would adversely affect the environment of a land disposal facility. The term does not mean disposal site exploration, necessary roads for disposal site exploration, borings to determine foundation conditions, or other preconstruction monitoring or testing to establish background information related to the suitability of the disposal site or the protection of environmental values.

(5) "Custodial agency" means an agency of the government designated to act on behalf of the government owner of the disposal site.

(6) "Disposal" means the isolation of wastes from the biosphere inhabited by man and his food chains by emplacement in a land disposal facility.

(7) "Disposal site" means that portion of a land disposal facility which is used for disposal of waste. It consists of disposal units and a buffer zone.

(8) "Disposal unit" means a discrete portion of the disposal site into which waste is placed for disposal. For near-surface disposal, the unit is usually a trench.

(9) "Engineered barrier" means a man-made structure or device that is intended to improve the land disposal facility's ability to meet the performance objectives in this chapter.

(10) "Explosive material" means any chemical compound, mixture, or device which produces a substantial instantaneous release of gas and heat spontaneously or by contact with sparks or flame.

(11) "Hazardous waste" means those wastes designated as hazardous by United States Environmental Protection Agency regulations in 40 CFR Part 261.

(12) "Hydrogeologic unit" means any soil or rock unit or zone which by virtue of its porosity or permeability,

or lack thereof, has a distinct influence on the storage or movement of groundwater.

(13) "Inadvertent intruder" means a person who might occupy the disposal site after closure and engage in normal activities, such as agriculture, dwelling construction, or other pursuits in which an individual might be unknowingly exposed to radiation from the waste.

(14) "Intruder barrier" means a sufficient depth of cover over the waste that inhibits contact with waste and helps to ensure that radiation exposures to an inadvertent intruder will meet the performance objectives set forth in this chapter, or engineered structures that provide equivalent protection to the inadvertent intruder.

(15) "Land disposal facility" means the land, buildings, and equipment which are intended to be used for the disposal of wastes into the subsurface of the land.

(16) "Monitoring" means observing and making measurements to provide data to evaluate the performance and characteristics of the disposal site.

(17) "Near-surface disposal facility" means a land disposal facility in which waste is disposed within approximately the upper thirty meters of the earth's surface.

(18) "Pyrophoric liquid" means any liquid that ignites spontaneously in dry or moist air at or below 130°F (54.4°C).

(19) "Pyrophoric solid" means any solid material, other than one classed as an explosive, which under normal conditions, is liable to cause fires through friction, retained heat from manufacturing or processing, or which can be ignited readily and, when ignited, burns so vigorously and persistently as to create a serious transportation, handling, or disposal hazard. Included are spontaneously combustible and water-reactive materials.

(20) "Site closure and stabilization" means those actions that are taken upon completion of operations that prepare the disposal site for custodial care and that assure that the disposal site will remain stable and will not need ongoing active maintenance.

(21) "Stability" means structural stability.

(22) "Surveillance" means monitoring and observation of the disposal site for purposes of visual detection of need for maintenance, custodial care, evidence of intrusion, and compliance with other license and regulatory requirements.

(23) "Waste" means those low-level radioactive wastes that are acceptable for disposal in a land disposal facility. For the purposes of this definition, low-level waste has the same meaning as in the Low-Level Radioactive Waste Policy Amendments Act of 1985, Public Law 99-240, that is, radioactive waste not classified as high-level radioactive waste, spent nuclear fuel, or by-product material as defined in section 11 e.(2) of the Atomic Energy Act (uranium or thorium tailings and waste).

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-020, filed 12/11/86.]

**WAC 246-250-020 License required.** (1) No person may receive, possess, or dispose of waste received from other persons at a land disposal facility unless authorized by a license issued by the department pursuant to this chapter, and chapter 246-235 WAC.

(2) Each person shall file an application with the department pursuant to chapter 246-235 WAC and obtain a license as provided in this chapter before commencement of construction of a land disposal facility. Failure to comply with this requirement may be grounds for denial of a license.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-020, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-030, filed 12/11/86.]

**WAC 246-250-030 Content of application.** In addition to the requirements set forth in chapter 246-235 WAC, an application to receive from others, possess, and dispose of wastes shall consist of general information, specific technical information, institutional information, and financial information as set forth in WAC 246-250-040 through 246-250-080.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-030, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-040, filed 12/11/86.]

**WAC 246-250-050 Specific technical information.** The specific technical information shall include the following information needed for demonstration that the performance objectives and the applicable technical requirements of this chapter will be met. The specific technical information shall be in the form of an environmental report which the department can use to independently evaluate the project under the provisions of the State Environmental Policy Act (SEPA):

(1) A description of the natural and demographic disposal site characteristics as determined by disposal site selection and characterization activities. The description shall include geologic, geochemical, geotechnical, hydrologic, ecologic, archaeologic, meteorologic, climatologic, and biotic features of the disposal site and vicinity.

(2) A description of the design features of the land disposal facility and the disposal units. For near-surface disposal, the description shall include those design features related to infiltration of water; integrity of covers for disposal units; structural stability of backfill, wastes, and covers; contact of wastes with standing water; disposal site drainage; disposal site closure and stabilization; elimination to the extent practicable of long-term disposal site maintenance; inadvertent intrusion; occupational exposures; disposal site monitoring; and adequacy of the size of the buffer zone for monitoring and potential mitigative measures.

(3) A description of the principal design criteria and their relationship to the performance objectives.

(4) A description of the design basis natural events or phenomena and their relationship to the principal design criteria.

(5) A description of codes and standards which the applicant has applied to the design and which will apply to construction of the land disposal facilities.

(6) A description of the construction and operation of the land disposal facility. The description shall include as a minimum the methods of construction of disposal units; waste emplacement; the procedures for and areas of waste segregation; types of intruder barriers; onsite traffic and drainage systems; survey control program; methods and areas of waste storage; and methods to control surface water and groundwater access to the wastes. The description shall also include a description of the methods to be employed in the handling and disposal of wastes containing chelating agents or other nonradiological substances that might affect meeting the performance objectives of this chapter.

(7) A description of the disposal site closure plan, including those design features which are intended to facilitate disposal site closure and to eliminate the need for ongoing active maintenance.

(8) An identification of the known natural resources at the disposal site, whose exploitation could result in inadvertent intrusion into the wastes after removal of active institutional control.

(9) A description of the kind, amount, classification, and specifications of the radioactive material proposed to be received, possessed, and disposed of at the land disposal facility.

(10) A description of the quality control program for the determination of natural disposal site characteristics and for quality control during the design, construction, operation, and closure of the land disposal facility and the receipt, handling, and emplacement of waste. Audits and managerial controls must be included.

(11) A description of the radiation safety program for control and monitoring of radioactive effluents to ensure compliance with the performance objective in WAC 246-250-170 and occupational radiation exposure to ensure compliance with the requirements of chapter 246-221 WAC and to control contamination of personnel, vehicles, equipment, buildings, and the disposal site. Both routine operations and accidents shall be addressed. The program description must include procedures, instrumentation, facilities, and equipment.

(12) A description of the environmental monitoring program to provide data to evaluate potential health and environmental impacts and the plan for taking corrective measures if migration is indicated.

(13) A description of the administrative procedures that the applicant will apply to control activities at the land disposal facility.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-050, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-060, filed 12/11/86.]

**WAC 246-250-060 Technical analyses.** The specific technical information shall also include the following analyses needed to demonstrate that the performance objectives of this chapter will be met:

(1) Pathways analyzed in demonstrating protection of the general population from releases of radioactivity shall include air, soil, groundwater, surface water, plant uptake, and exhumation by burrowing animals. The analyses shall clearly identify and differentiate between the roles performed by the natural disposal site characteristics and design features in isolating and segregating the wastes. The analyses shall clearly demonstrate that there is reasonable assurance that the exposures to humans from the release of radioactivity will not exceed the limits set forth in WAC 246-250-170.

(2) Analyses of the protection of individuals from inadvertent intrusion shall include demonstration that there is reasonable assurance the waste classification and segregation requirements will be met and that adequate barriers to inadvertent intrusion will be provided.

(3) Analyses of the protection of individuals during operations shall include assessments of expected exposures due to routine operations and likely accidents during handling, storage, and disposal of waste. The analyses shall provide reasonable assurance that exposures will be controlled to meet the requirements of chapter 246-221 WAC.

(4) Analyses of the long-term stability of the disposal site and the need for ongoing active maintenance after closure shall be based upon analyses of active natural processes such as erosion, mass wasting, slope failure, settlement of wastes and backfill, infiltration through covers over disposal areas and adjacent soils, and surface drainage of the disposal site. The analyses shall provide reasonable assurance that there will not be a need for ongoing active maintenance of the disposal site following closure.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-060, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-070, filed 12/11/86.]

**WAC 246-250-070 Institutional information.** The institutional information submitted by the applicant shall include:

(1) A certification by the federal or state agency which owns the disposal site that the federal or state agency is prepared to accept transfer of the license when the provisions of WAC 246-250-140 are met and will assume responsibility for institutional control after site closure and postclosure observation and maintenance.

(2) Where the proposed disposal site is on land not owned by the federal or state government, the applicant shall submit evidence that arrangements have been made for assumption of ownership in fee by the federal or state agency before the department issues a license.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-070, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-070, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-080, filed 12/11/86.]

**WAC 246-250-090 Requirements for issuance of a license.** A license for the receipt, possession, and disposal of waste containing or contaminated with radioactive material will be issued by the department upon finding that:

(1) The issuance of the license will not constitute an unreasonable risk to the health and safety of the public;

(2) The applicant is qualified by reason of training and experience to carry out the disposal operations requested in a manner that protects health and minimizes danger to life or property;

(3) The applicant's proposed disposal site, disposal design, land disposal facility operations, including equipment, facilities, and procedures, disposal site closure, and postclosure institutional control are adequate to protect the public health and safety in that they provide reasonable assurance that the general population will be protected from releases of radioactivity as specified in the performance objective in WAC 246-250-170.

(4) The applicant's proposed disposal site, disposal site design, land disposal facility operations (including equipment, facilities, and procedures), disposal site closure, and postclosure institutional control are adequate to protect the public health and safety in that they will provide reasonable assurance that individual inadvertent intruders are protected in accordance with the performance objective in WAC 246-250-180.

(5) The applicant's proposed land disposal facility operations (including equipment, facilities, and procedures), are adequate to protect the public health and safety in that they will provide reasonable assurance that the standards for radiation protection set out in chapter 246-221 WAC will be met;

(6) The applicant's proposed disposal site, disposal site design, land disposal facility operations, disposal site closure, and postclosure institutional control are adequate to protect the public health and safety in that they will provide reasonable assurance that long-term stability of the disposed waste and the disposal site will be achieved and will eliminate to the extent practicable the need for ongoing active maintenance of the disposal site following closure;

(7) The applicant's demonstration provides reasonable assurance that the applicable technical requirements of this chapter will be met;

(8) The applicant's proposal for institutional control provides reasonable assurance that such control will be provided for the length of time found necessary to ensure the findings in subsections (3) through (6) of this section and that the institutional control meets the requirements of WAC 246-250-360.

(9) The financial or surety arrangements meet the requirements of this chapter.

(10) The provisions of the State Environmental Policy Act have been met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-090, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-090, filed 12/27/90, effective 1/31/91. Statutory Authority:



RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-100, filed 12/11/86.]

**WAC 246-250-110 Application for renewal or closure.** (1) An application for renewal must be filed at least ninety days prior to license expiration.

(2) An application for closure under WAC 246-250-120 must be filed at least one year prior to proposed closure.

(3) Applications for renewal of a license must be filed in accordance with WAC 246-250-030 through 246-250-080. Applications for closure must be filed in accordance with WAC 246-250-120. Information contained in previous applications, statements, or reports filed with the department under the license may be incorporated by reference if the references are clear, specific, and remain pertinent.

(4) In any case in which a licensee has filed an application in proper form for renewal of a license, the license shall not expire until the department has taken final action on the application for renewal.

(5) In determining whether a license will be renewed, the department will apply the criteria set forth in WAC 246-250-090.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-110, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-120, filed 12/11/86.]

**WAC 246-250-120 Contents of application for site closure and stabilization.** (1) Prior to final closure of the disposal site, or as otherwise directed by the department, the applicant shall submit an application to amend the license for closure. This closure application shall include a final revision and specific details of the disposal site closure plan included as part of the license application submitted under WAC 246-250-050(7) that includes each of the following:

(a) Any additional geologic, hydrologic, or other data pertinent to the long-term containment of emplaced wastes obtained during the operational period.

(b) The results of tests, experiments, or any other analyses relating to backfill of excavated areas, closure and sealing, waste migration and interaction with emplacement media, or any other tests, experiments, or analysis pertinent to the long-term containment of emplaced waste within the disposal site.

(c) Any proposed revision of plans for:

(i) Decontamination and/or dismantlement of surface facilities;

(ii) Backfilling of excavated areas; or

(iii) Stabilization of the disposal site for postclosure care.

(d) Any significant new information regarding the environmental impact of closure activities and long-term performance of the disposal site.

(2) Upon review and consideration of an application to amend the license for closure submitted in accordance with subsection (1) of this section, the department shall

issue an amendment authorizing closure if there is reasonable assurance that the long-term performance objectives of this chapter will be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-120, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-130, filed 12/11/86.]

**WAC 246-250-130 Postclosure observation and maintenance.** The licensee shall observe, monitor, and carry out necessary maintenance and repairs at the disposal site until the site closure is complete and the license is transferred by the department in accordance with WAC 246-250-140. Responsibility for the disposal site must be maintained by the licensee for five years. A shorter or longer time period for postclosure observation and maintenance may be established and approved as part of the site closure plan, based on site-specific conditions.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-130, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-140, filed 12/11/86.]

**WAC 246-250-140 Transfer of license.** Following closure and the period of postclosure observation and maintenance, the licensee may apply for an amendment to transfer the license to the disposal site owner. The license shall be transferred when the department finds:

(1) That the closure of the disposal site has been made in conformance with the licensee's disposal site closure plan, as amended and approved as part of the license;

(2) That reasonable assurance has been provided by the licensee that the performance objectives of this chapter are met;

(3) That any funds and necessary records for care will be transferred to the disposal site owner;

(4) That the postclosure monitoring program is operational for implementation by the disposal site owner; and

(5) That the federal or state agency which will assume responsibility for institutional control of the disposal site is prepared to assume responsibility and ensure that the institutional requirements found necessary under WAC 246-250-090(8) will be met.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-140, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-150, filed 12/11/86.]

**WAC 246-250-150 Termination of license.** (1) Following any period of institutional control needed to meet the requirements found necessary under WAC 246-250-090, the licensee may apply for an amendment to terminate the license.

(2) This application will be reviewed in accordance with the provisions of chapter 246-235 WAC.

(3) A license shall be terminated only when the department finds:

(a) That the institutional control requirements found necessary under WAC 246-250-090(8) have been met;

(b) That any additional requirements resulting from new information developed during the institutional control period have been met; and

(c) That permanent monuments or markers warning against intrusion have been installed.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-150, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-160, filed 12/11/86.]

**WAC 246-250-160 General requirement.** Land disposal facilities shall be sited, designed, operated, closed, and controlled after closure so that reasonable assurance exists that exposures to individuals are within the requirements established in the performance objectives in WAC 246-250-170 through 246-250-200.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-160, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-170, filed 12/11/86.]

**WAC 246-250-190 Protection of individuals during operations.** After the effective date of these regulations, operations at the land disposal facility shall be conducted in compliance with the standards for radiation protection set out in chapter 246-221 WAC, except for releases of radioactivity in effluents from the land disposal facility, which shall be governed by WAC 246-250-170. Every reasonable effort should be made to maintain radiation exposures as low as is reasonably achievable.

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-190, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-200, filed 12/11/86.]

**WAC 246-250-330 Land disposal facility operation and disposal site closure.** (1) Near-surface disposal facility operation and disposal site closure.

(a) Wastes designated as Class A pursuant to chapter 246-249 WAC shall be segregated from other wastes by placing in disposal units which are sufficiently separated from disposal units for the other waste classes so that any interaction between Class A wastes and other wastes will not result in the failure to meet the performance objectives of this chapter. This segregation is not necessary for Class A wastes if they meet the stability requirements in chapter 246-249 WAC.

(b) Wastes designated as Class C pursuant to chapter 246-249 WAC shall be disposed of so that the top of the waste is a minimum of five meters below the top surface

of the cover or must be disposed of with intruder barriers that are designed to protect against an inadvertent intrusion for at least five hundred years.

(c) Except as provided in (l) of this subsection, only waste classified as Class A, B, or C shall be acceptable for near-surface disposal. All waste shall be disposed of in accordance with the requirements of (d) through (k) of this subsection.

(d) Wastes shall be emplaced in a manner that maintains the package integrity during emplacement, minimizes the void spaces between packages, and permits the void spaces to be filled.

(e) Void spaces between waste packages shall be filled with earth or other material to reduce future subsidence within the fill.

(f) Waste shall be placed and covered in a manner that limits the radiation dose rate at the surface of the cover to levels that at a minimum will permit the licensee to comply with all provisions of chapter 246-221 WAC at the time the license is transferred pursuant to WAC 246-250-140.

(g) The boundaries and locations of each disposal unit shall be accurately located and mapped by means of a land survey. Near-surface disposal units shall be marked in such a way that the boundaries of each unit can be easily defined. Three permanent survey marker control points, referenced to United States Geological Survey (USGS) or National Geodetic Survey (NGS) survey control stations, shall be established on the site to facilitate surveys. The USGS or NGS control stations shall provide horizontal and vertical controls as checked against USGS or NGS record files.

(h) A buffer zone of land shall be maintained between any buried waste and the disposal site boundary and beneath the disposed waste. The buffer zone shall be of adequate dimensions to carry out environmental monitoring activities specified in WAC 246-250-340(4) and take mitigative measures if needed.

(i) Closure and stabilization measures as set forth in the approved site closure plan shall be carried out as each disposal unit is filled and covered.

(j) Active waste disposal operations shall not have an adverse effect on completed closure and stabilization measures.

(k) Only wastes containing or contaminated with radioactive material shall be disposed of at the disposal site.

(l) Proposals for disposal of waste that is not generally acceptable for near-surface disposal because the waste form and disposal methods must be different and, in general, more stringent than those specified for Class C waste, may be submitted to the department for approval.

(2) (Reserved.)

[Statutory Authority: RCW 70.98.050 and 70.98.080, 91-16-109 (Order 187), § 246-250-330, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-250-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080, 87-01-031 (Order 2450), § 402-61-240, filed 12/11/86.]

**WAC 246-250-350 Alternative requirements for design and operations.** The department may, upon request

or on its own initiative, authorize provisions other than those set forth in WAC 246-250-300 through 246-250-340 for the segregation and disposal of waste and for the design and operation of a land disposal facility on a specific basis, if it finds reasonable assurance of compliance with the performance objectives of this chapter.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-350, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-260, filed 12/11/86.]

**WAC 246-250-600 Maintenance of records, reports, and transfers.** (1) Each licensee shall maintain any records and make any reports in connection with the licensed activities as may be required by the conditions of the license or by the rules, regulations, and orders of the department.

(2) Records which are required by these regulations or by license conditions shall be maintained for a period specified by the appropriate regulations or by license condition. If a retention period is not otherwise specified, these records must be maintained and transferred to the officials specified in subsection (4) of this section as a condition of license termination unless the department otherwise authorizes their disposition.

(3) Records which shall be maintained pursuant to this chapter may be the original or a reproduced copy or microfilm if this reproduced copy or microfilm is capable of producing copy that is clear and legible at the end of the required retention period.

(4) Notwithstanding subsections (1) through (3) of this section, copies of records of the location and the quantity of wastes contained in the disposal site must be transferred upon license termination to the chief executive of the nearest municipality, the chief executive of the county in which the facility is located, the county zoning board or land development and planning agency, the state governor, the United States Department of Energy, and other state, local, and federal governmental agencies as designated by the department at the time of license termination.

(5) Following receipt and acceptance of a shipment of waste, the licensee shall record the date of disposal of the waste, the specific location of waste in the disposal site, the condition of the waste packages as received, any discrepancies between materials listed on the manifest and those received, and any evidence of leaking or damaged packages or radiation or contamination levels in excess of limits specified in United States Department of Transportation and state of Washington regulations. The licensee shall briefly describe any repackaging operations of any of the waste packages included in the shipment, plus any other information required by the department as a license condition.

(6) Each licensee authorized to dispose of waste received from other persons shall file a copy of its financial report or a certified financial statement annually with the department in order to update the information base for determining financial qualifications.

(7)(a) Each licensee authorized to dispose of waste received from other persons, pursuant to this chapter, shall submit annual reports to the department. Reports shall be submitted by the end of the first calendar quarter of each year for the preceding year.

(b) The reports shall include:

(i) Specification of the quantity of each of the principal contaminants released to unrestricted areas in liquid and in airborne effluents during the preceding year;

(ii) The results of the environmental monitoring program;

(iii) A summary of licensee disposal unit survey and maintenance activities;

(iv) A summary, by waste class, of activities and quantities of radionuclides disposed of;

(v) Any instances in which observed site characteristics were significantly different from those described in the application for a license; and

(vi) Any other information the department may require.

(c) If the quantities of waste released during the reporting period, monitoring results, or maintenance performed are significantly different from those expected, the report must cover this specifically.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-600, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-600, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-320, filed 12/11/86.]

**Chapter 246-252 WAC**  
**RADIATION PROTECTION--URANIUM AND/OR**  
**THORIUM MILLING**

## WAC

|             |   |
|-------------|---|
| 246-252-001 | Reclamation and decommissioning.                                    |
| 246-252-010 | Definitions.  |
| 246-252-030 | Criteria related to disposition of uranium mill tailings or wastes. |

**WAC 246-252-001 Reclamation and decommissioning.** A specific plan for reclamation and disposal of tailings and for decommissioning the site of uranium or thorium milling operations shall be included as part of the proposed action assessed under SEPA regulations and guidelines as required by WAC 246-235-080 (6)(a) for licensing of environmentally significant operations. For any uranium or thorium mill in operation on or before the effective date of this regulation for which a plan for reclamation and disposal of tailings and decommissioning of the site has not been submitted and assessed, such a plan must be submitted to the department and a final environmental impact statement or final declaration of nonsignificance must accompany or precede the license renewal.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-252-001, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-252-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 79-12-073 (Order 1459), § 402-52-005, filed 11/30/79, effective 1/1/80.]

**WAC 246-252-010 Definitions.** The following definitions apply to the specified terms as used in this chapter.

(1) "Aquifer" means a geologic formation, group of formations, or part of a formation capable of yielding a significant amount of groundwater to wells or springs. Any saturated zone created by uranium or thorium recovery operations would not be considered an aquifer unless the zone is, or potentially is (a) hydraulically interconnected to a natural aquifer, (b) capable of discharge to surface water, or (c) reasonably accessible because of migration beyond the vertical projection of the boundary of the land transferred to long-term government ownership and care in accordance with WAC 246-252-030(11).

(2) "Closure" means the activities following operations to decontaminate and decommission the buildings and site used to produce by-product materials and reclaim the tailings and/or waste disposal area.

(3) "Closure plan" means the department approved plan to accomplish closure.

(4) "Compliance period" begins when the department sets secondary groundwater protection standards and ends when the owner or operator's license is terminated and the site is transferred to the state or federal agency for long-term care.

(5) "Dike" means an embankment or ridge of either natural or man-made materials used to prevent the movement of liquids, sludges, solids, or other materials.

(6) "Disposal area" means the area containing by-product materials to which the requirements of Criterion 6 apply.

(7) "Existing portion" means that land surface area of an existing surface impoundment on which significant quantities of uranium or thorium by-product materials had been placed prior to September 30, 1983.

(8) "Groundwater" means water below the land surface in a zone of saturation. For the purposes of this chapter, groundwater is the water contained within an aquifer as defined above.

(9) "Leachate" means any liquid, including any suspended or dissolved components in the liquid, that has percolated through or drained from the by-product material.

(10) "Licensed site" means the area contained within the boundary of a location under the control of persons generating or storing by-product materials under a department license.

(11) "Liner" means a continuous layer of natural or man-made materials, beneath or on the sides of a surface impoundment which restricts the downward or lateral escape of by-product material, hazardous constituents, or leachate.

(12) "Point of compliance" is the site specific location in the uppermost aquifer where the groundwater protection standard must be met.

(13) "Surface impoundment" means a natural topographic depression, man-made excavation, or diked area, which is designed to hold an accumulation of liquid wastes or wastes containing free liquids, and which is not an injection well.

(14) "Uppermost aquifer" means the geologic formation nearest the natural ground surface that is an aquifer, as well as lower aquifers that are hydraulically interconnected with this aquifer within the facility's property boundary.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-252-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-252-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-52-050, filed 12/11/86.]

**WAC 246-252-030 Criteria related to disposition of uranium mill tailings or wastes.** As used in this section, the term "as low as reasonably achievable" has the same meaning as in WAC 246-220-007. The term by-product material has the same meaning as WAC 246-220-010 (6)(b).

As required by WAC 246-235-110(6), each applicant for a license to possess and use source material in conjunction with uranium or thorium milling, or by-product material at sites formerly associated with such milling, is required to include in a license application proposed specifications relating to the milling operation and the disposition of tailings or waste resulting from such milling activities. This section establishes criteria relating to the siting, operation, decontamination, decommissioning, and reclamation of mills and tailings or waste systems and sites at which such mills and systems are located

and site and by-product material ownership. Applications must clearly demonstrate how these criteria have been addressed. The specifications shall be developed considering the expected full capacity of tailings or waste systems and the lifetime of mill operations. Where later expansions of systems or operations may be likely, the amenability of the disposal system to accommodate increased capacities without degradation in long-term stability and other performance factors shall be evaluated.

Licensees or applicants may propose alternatives to the specific requirements in these criteria. The alternative proposals may take into account local or regional conditions, including geology, topography, hydrology, and meteorology. The department may find that the proposed alternatives meet the department's requirements if the alternatives will achieve a level of stabilization and containment of the sites concerned, and a level of protection for public health, safety, and the environment from radiological and nonradiological hazards associated with the sites, which is equivalent to, to the extent practicable, or more stringent than the level which would be achieved by the requirements of the standards promulgated by the United States Environmental Protection Agency in 40 CFR 192, Subparts D and E.

(1) Criterion 1 – In selecting among alternative tailings disposal sites or judging the adequacy of existing tailings sites, the following site features which would contribute to meeting the broad objective of permanent isolation of the tailings and associated contaminants from man and the environment for one thousand years to the extent reasonably achievable, and in any case, for at least two hundred years without ongoing active maintenance shall be considered:

(a) Remoteness from populated areas;

(b) Hydrogeologic and other environmental conditions conducive to continued immobilization and isolation of contaminants from groundwater sources; and

(c) Potential for minimizing erosion, disturbance, and dispersion by natural forces over the long term.

The site selection process must be an optimization to the maximum extent reasonably achievable in terms of these features.

In the selection of disposal sites, primary emphasis shall be given to isolation of tailings or wastes, a matter having long-term impacts, as opposed to consideration only of short-term convenience or benefits, such as minimization of transportation or land acquisition costs. While isolation of tailings will be a function of both site characteristics and engineering design, overriding consideration shall be given to siting features given the long-term nature of the tailings hazards.

Tailings shall be disposed in a manner such that no active maintenance is required to preserve the condition of the site.

(2) Criterion 2 – To avoid proliferation of small waste disposal sites, by-product material from in-situ extraction operations, such as residues from solution evaporation or contaminated control processes, and wastes from small remote above ground extraction operations shall be

disposed at existing large mill tailings disposal sites; unless, considering the nature of the wastes, such as their volume and specific activity and the costs and environmental impacts of transporting the wastes to a large disposal site, such offsite disposal is demonstrated to be impracticable or the advantage of onsite burial clearly outweighs the benefits of reducing the perpetual surveillance obligations.

(3) Criterion 3 – The "prime option" for disposal of tailings is placement below grade, either in mines or specially excavated pits (that is, where the need for any specially constructed retention structure is eliminated).

The evaluation of alternative sites and disposal methods performed by mill operators in support of their proposed tailings disposal program (provided in applicants' environmental reports) shall reflect serious consideration of this disposal mode. In some instances, below grade disposal may not be the most environmentally sound approach, such as might be the case if a groundwater formation is relatively close to the surface or not very well isolated by overlying soils and rock. Also, geologic and topographic conditions might make full, below grade burial impracticable; for example, near-surface bedrock could create prominent excavation costs while more suitable alternate sites may be available. Where full below grade burial is not practicable, the size of the retention structures, and the size and steepness of slopes of associated exposed embankments, shall be minimized by excavation to the maximum extent reasonably achievable or appropriate, given the geologic and hydrogeologic conditions at a site. In these cases, it must be demonstrated that an above-grade disposal program will provide reasonably equivalent isolation of the tailings from natural erosional forces.

(4) Criterion 4 – The following site and design criteria shall be adhered to whether tailings or wastes are disposed of above or below grade:

(a) Upstream rainfall catchment areas must be minimized to decrease erosion potential and the size of the probable maximum flood which could erode or wash out sections of the tailings disposal area.

(b) Topographic features shall provide good wind protection.

(c) Embankment and cover slopes shall be relatively flat after final stabilization to minimize erosion potential and to provide conservative factors of safety assuring long-term stability. The broad objective should be to contour final slopes to grades which are as close as possible to those which would be provided if tailings were disposed of below grade; this could, for example, lead to slopes of about ten horizontal to one vertical (10h:1v) or less steep. In general, slopes should not be steeper than about 5h:1v. Where steeper slopes are proposed, reasons why a slope less steep than 5h:1v would be impracticable should be provided, and compensating factors and conditions which make such slopes acceptable should be identified.

(d) A fully self-sustaining vegetative cover shall be established or rock cover employed to reduce wind and water erosion to negligible levels.

Where a full vegetative cover is not likely to be self-sustaining due to climatic conditions, such as in semi-arid and arid regions, rock cover shall be employed on slopes of the impoundment system. The NRC will consider relaxing this requirement for extremely gentle slopes such as those which may exist on the top of the pile.

The following factors shall be considered in establishing the final rock cover design to avoid displacement of rock particles by human and animal traffic or by natural processes, and to preclude undercutting and piping:

(i) Shape, size, composition, gradation of rock particles (excepting bedding material, average particle size shall be at least cobble size or greater);

(ii) Rock cover thickness and zoning of particles by size; and

(iii) Steepness of underlying slopes.

(e) Individual rock fragments shall be dense, sound, and resistant to abrasion, and free from defects that would tend to unduly increase their destruction by water and frost actions. Weak, friable, or laminated aggregate shall not be used. Shale, rock laminated with shale, and cherts shall not be used.

Rock covering of slopes may not be required where top covers are on the order of ten meters or greater; impoundment slopes are on the order of 10h:1v or less; bulk cover materials have inherently favorable erosion resistance characteristics; and there is negligible drainage catchment area upstream of the pile, and there is good wind protection as described in (a) and (b) of this subsection.

(f) Impoundment surfaces shall be contoured to avoid areas of concentrated surface runoff or abrupt or sharp changes in slope gradient. In addition to rock cover on slopes, areas toward which surface runoff might be directed shall be well protected with substantial rock cover (riprap). In addition to providing for stability of the impoundment systems itself, the overall stability, erosion potential, and geomorphology of surrounding terrain shall be evaluated to assure that there are no processes, such as gully erosion, which would lead to impoundment instability.

(g) The impoundment shall not be located near a capable fault that could cause a maximum credible earthquake larger than that which the impoundment could reasonably be expected to withstand. As used in this criterion, the term "capable fault" has the same meaning as defined in Section III (g) of Appendix A of 10 CFR Part 100. The term "maximum credible earthquake" means that earthquake which would cause the maximum vibratory ground motion based upon an evaluation of earthquake potential considering the regional and local geology and seismology and specific characteristics of local subsurface material.

(h) The impoundment, where feasible, should be designed to incorporate features which will promote deposition of suspended particles. For example, design features which promote deposition of sediment suspended in any runoff which flows into the impoundment

area might be utilized; the object of such a design feature would be to enhance the thickness of cover over time.

(5) Criterion 5 - Criteria 5(a) through 5(g) and new Criterion 13 incorporate the basic groundwater protection standards imposed by the United States Environmental Protection Agency in 40 CFR Part 192, Subparts D and E (48 FR 45926; October 7, 1983) which apply during operations and prior to the end of closure. Groundwater monitoring to comply with these standards is required by Criterion 7.

(a) The primary groundwater protection standard is a design standard for surface impoundments used to manage uranium and thorium by-product material. Surface impoundments (except for an existing portion) must have a liner that is designed, constructed, and installed to prevent any migration of wastes out of the impoundment to the adjacent subsurface soil, groundwater, or surface water at any time during the active life (including the closure period) of the impoundment. The liner may be constructed of materials that may allow wastes to migrate into the liner (but not into the adjacent subsurface soil, groundwater, or surface water) during the active life of the facility, provided that impoundment closure includes removal or decontamination of all waste residues, contaminated containment system components (liners, etc.), contaminated subsoils, and structures and equipment contaminated with waste and leachate. For impoundments that will be closed with the liner material left in place, the liner must be constructed of materials that can prevent wastes from migrating into the liner during the active life of the facility.

(b) The liner required by (a) of this subsection must be:

(i) Constructed of materials that have appropriate chemical properties and sufficient strength and thickness to prevent failure due to pressure gradients (including static head and external hydrogeologic forces), physical contact with the waste or leachate to which they are exposed, climatic conditions, the stress of installation, and the stress of daily operation;

(ii) Placed upon a foundation or base capable of providing support to the liner and resistance to pressure gradients above and below the liner to prevent failure of the liner due to settlement, compression, or uplift; and

(iii) Installed to cover all surrounding earth likely to be in contact with the wastes or leachate.

(c) The applicant or licensee will be exempted from the requirements of (a) of this subsection if the department finds, based on a demonstration by the applicant or licensee, that alternate design and operating practices, including the closure plan, together with site characteristics will prevent the migration of any hazardous constituents into groundwater or surface water at any future time. In deciding whether to grant an exemption, the department will consider:

(i) The nature and quantity of the wastes;

(ii) The proposed alternate design and operation;

(iii) The hydrogeologic setting of the facility, including the attenuative capacity and thickness of the liners

and soils present between the impoundment and groundwater or surface water; and

(iv) All other factors which would influence the quality and mobility of the leachate produced and the potential for it to migrate to groundwater or surface water.

(d) A surface impoundment must be designed, constructed, maintained, and operated to prevent overtopping resulting from normal or abnormal operations; overfilling; wind and wave actions; rainfall; runoff; from malfunctions of level controllers, alarms, and other equipment; and human error.

(e) When dikes are used to form the surface impoundment, the dikes must be designed, constructed, and maintained with sufficient structural integrity to prevent massive failure of the dikes. In ensuring structural integrity, it must not be presumed that the liner system will function without leakage during the active life of the impoundment.

(f) Uranium and thorium by-product materials must be managed to conform to the following secondary groundwater protection standard: Hazardous constituents entering the groundwater from a licensed site must not exceed the specified concentration limits in the uppermost aquifer beyond the point of compliance during the compliance period. Hazardous constituents are those constituents identified by the department pursuant to (g) of this subsection. Specified concentration limits are those limits established by the department as indicated in (j) of this subsection. The department will also establish the point of compliance and compliance period on a site specific basis through license conditions and orders. The objective in selecting the point of compliance is to provide the earliest practicable warning that the impoundment is releasing hazardous constituents to the groundwater. The point of compliance must be selected to provide prompt indication of groundwater contamination on the hydraulically downgradient edge of the disposal area. The department must identify hazardous constituents, establish concentration limits, set the compliance period, and adjust the point of compliance, if needed, when the detection monitoring established under criterion 7 indicates leakage of hazardous constituents from the disposal area.

(g) A constituent becomes a hazardous constituent subject to (j) of this subsection when the constituent:

(i) Is reasonably expected to be in or derived from the by-product material in the disposal area;

(ii) Has been detected in the groundwater in the uppermost aquifer; and

(iii) Is listed in WAC 246-252-050 Appendix A.

(h) The department may exclude a detected constituent from the set of hazardous constituents on a site specific basis if it finds that the constituent is not capable of posing a substantial present or potential hazard to human health or the environment. In deciding whether to exclude constituents, the department will consider the following:

(i) Potential adverse effect on groundwater quality, considering —

(A) The physical and chemical characteristics of the waste in the licensed site, including its potential for migration;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity of groundwater and the direction of groundwater flow;

(D) The proximity and withdrawal rates of groundwater users;

(E) The current and future uses of groundwater in the area;

(F) The existing quality of groundwater, including other sources of contamination and their cumulative impact on the groundwater quality;

(G) The potential for health risks caused by human exposure to waste constituents;

(H) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents;

(I) The persistence and permanence of the potential adverse effects.

(ii) Potential adverse effects on hydraulically-connected surface water quality, considering —

(A) The volume and physical and chemical characteristics of the waste in the licensed site;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity and quality of groundwater, and the direction of groundwater flow;

(D) The patterns of rainfall in the region;

(E) The proximity of the licensed site to surface waters;

(F) The current and future uses of surface waters in the area and any water quality standards established for those surface waters;

(G) The existing quality of surface water, including other sources of contamination and the cumulative impact on surface water quality;

(H) The potential for health risks caused by human exposure to waste constituents;

(I) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents; and

(J) The persistence and permanence of the potential adverse effects.

(i) In making any determinations under (h) and (k) of this subsection about the use of groundwater in the area around the facility, the department will consider any identification of underground sources of drinking water and exempted aquifers made by the United States Environmental Protection Agency.

(j) At the point of compliance, the concentration of a hazardous constituent must not exceed —

(i) The department approved background concentration of that constituent in the groundwater;

(ii) The respective value given in the table in subsection (5)(l) of this section if the constituent is listed in the table and if the background level of the constituent is below the value listed; or

(iii) An alternate concentration limit established by the department.

(k) Conceptually, background concentrations pose no incremental hazards and the drinking water limits in (j)(i) of this subsection state acceptable hazards but these two options may not be practically achievable at a specific site. Alternate concentration limits that present no significant hazard may be proposed by licensees for department consideration. Licensees must provide the basis for any proposed limits including consideration of practicable corrective actions, that limits are as low as reasonably achievable, and information on the factors the department must consider.

The department will establish a site specific alternate concentration limit for a hazardous constituent as provided in (j) of this subsection if it finds that the constituent will not pose a substantial present or potential hazard to human health or the environment as long as the alternate concentration limit is not exceeded. In establishing alternate concentration limits, the department will apply its as low as reasonably achievable criterion in this chapter. The department will also consider the following factors:

(i) Potential adverse effects on groundwater quality, considering —

(A) The physical and chemical characteristics of the waste in the licensed site including its potential for migration;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity of groundwater and the direction of groundwater flow;

(D) The proximity and withdrawal rates of groundwater users;

(E) The current and future uses of groundwater in the area;

(F) The existing quality of groundwater, including other sources of contamination and their cumulative impact on the groundwater quality;

(G) The potential for health risks caused by human exposure to waste constituents;

(H) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents;

(I) The persistence and permanence of the potential adverse effects.

(ii) Potential adverse effects on hydraulically-connected surface water quality, considering —

(A) The volume and physical and chemical characteristics of the waste in the licensed site;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity and quality of groundwater, and the direction of groundwater flow;

(D) The patterns of rainfall in the region;

(E) The proximity of the licensed site to surface waters;

(F) The current and future uses of surface waters in the area and any water quality standards established for those surface waters;

(G) The existing quality of surface water including other sources of contamination and the cumulative impact on surface water quality;

(H) The potential for health risks caused by human exposure to waste constituents;

(I) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents; and

(J) The persistence and permanence of the potential adverse effects.

(L) MAXIMUM VALUES FOR GROUNDWATER PROTECTION:

| Constituent or Property   | Maximum Concentration |
|---|-----------------------|
|   | Milligrams per liter  |
| Arsenic.....  | 0.05                  |
| Barium.....   | 1.0                   |
| Cadmium.....  | 0.01                  |
| Chromium.....   | 0.05                  |
| Lead.....   | 0.05                  |
| Mercury.....  | 0.002                 |
| Selenium.....   | 0.01                  |
| Silver.....   | 0.05                  |
| Endrin (1,2,3,4,10,10-hexachloro-1,7 -epoxy-1,4,4a,5,6,7,8,9a-octahydro-1, 4-endo, endo-5,8-dimethano naphthalene).....   | 0.0002                |
| Lindane (1,2,3,4,5,6-hexachlorocyclohexane, gamma isomer).....  | 0.004                 |
| Methoxychlor (1,1,1-Trichloro-2,2-bis (p-methoxyphenylethane).....  | 0.1                   |
| Toxaphene (C <sub>10</sub> H <sub>10</sub> Cl <sub>6</sub> , Technical chlorinated camphene, 67-69 percent chlorine).....   | 0.005                 |
| 2,4-D (2,4-Dichlorophenoxyacetic acid).....   | 0.1                   |
| 2,4,5-TP Silvex (2,4,5-Trichlorophenoxypropionic acid).....   | 0.01                  |
|   | Picocuries per liter  |
| Combined radium - 226 and radium - 228.....   | 5                     |
| Gross alpha - particle activity (excluding radon and uranium when producing uranium by-product material or thorium when producing thorium by-product material)..... | 15                    |

(m) If the groundwater protection standards established under (f) of this subsection are exceeded at a licensed site, a corrective action program must be put into operation as soon as is practicable, and in no event later than eighteen months after the department finds that the standards have been exceeded. The licensee shall submit the proposed corrective action program and supporting rationale for department approval prior to putting the program into operation, unless otherwise directed by the department. The objective of the program is to return hazardous constituent concentration levels in groundwater to the concentration limits set as standards. The licensee's proposed program must address removing the hazardous constituents that have entered the groundwater at the point of compliance or treating them in place. The program must also address removing or treating in place any hazardous constituents that exceed concentration limits in groundwater between the point of compliance and the downgradient facility property boundary. The licensee shall continue corrective action measures to the extent necessary to achieve and maintain compliance with the groundwater protection standard. The department will determine when the licensee may terminate corrective action measures based on data from the groundwater monitoring program and other information



that provide reasonable assurance that the groundwater protection standard will not be exceeded.

(n) In developing and conducting groundwater protection programs, applicants and licensees shall also consider the following:

(i) Installation of bottom liners (where synthetic liners are used, a leakage detection system must be installed immediately below the liner to ensure major failures are detected if they occur. This is in addition to the groundwater monitoring program conducted as provided in Criterion 7. Where clay liners are proposed or relatively thin, in-situ clay soils are to be relied upon for seepage control, tests must be conducted with representative tailings solutions and clay materials to confirm that no significant deterioration of permeability or stability properties will occur with continuous exposure of clay to tailings solutions. Tests must be run for a sufficient period of time to reveal any effects if they are going to occur (in some cases deterioration has been observed to occur rather rapidly after about nine months of exposure)).

(ii) Mill process designs which provide the maximum practicable recycle of solutions and conservation of water to reduce the net input of liquid to the tailings impoundment.

(iii) Dewatering of tailings by process devices and/or in-situ drainage systems (at new sites, tailings must be dewatered by a drainage system installed at the bottom of the impoundment to lower the phreatic surface and reduce the driving head of seepage, unless tests show tailings are not amenable to such a system. Where in-situ dewatering is to be conducted, the impoundment bottom must be graded to assure that the drains are at a low point. The drains must be protected by suitable filter materials to assure that drains remain free running. The drainage system must also be adequately sized to assure good drainage).

(iv) Neutralization to promote immobilization of hazardous constituents.

(o) Where groundwater impacts are occurring at an existing site due to seepage, action must be taken to alleviate conditions that lead to excessive seepage impacts and restore groundwater quality. The specific seepage control and groundwater protection method, or combination of methods, to be used must be worked out on a site-specific basis. Technical specifications must be prepared to control installation of seepage control systems. A quality assurance, testing, and inspection program, which includes supervision by a qualified engineer or scientist, must be established to assure the specifications are met.

(p) In support of a tailings disposal system proposal, the applicant/operator shall supply information concerning the following:

(i) The chemical and radioactive characteristics of the waste solutions.

(ii) The characteristics of the underlying soil and geologic formations particularly as they will control transport of contaminants and solutions. This includes

detailed information concerning extent, thickness, uniformity, shape, and orientation of underlying strata. Hydraulic gradients and conductivities of the various formations must be determined. This information must be gathered from borings and field survey methods taken within the proposed impoundment area and in surrounding areas where contaminants might migrate to groundwater. The information gathered on boreholes must include both geologic and geophysical logs in sufficient number and degree of sophistication to allow determining significant discontinuities, fractures, and channeled deposits of high hydraulic conductivity. If field survey methods are used, they should be in addition to and calibrated with borehole logging. Hydrologic parameters such as permeability may not be determined on the basis of laboratory analysis of samples alone; a sufficient amount of field testing (e.g., pump tests) must be conducted to assure actual field properties are adequately understood. Testing must be conducted to allow estimating chemi-sorption attenuation properties of underlying soil and rock.

(iii) Location, extent, quality, capacity and current uses of any groundwater at and near the site.

(q) Steps must be taken during stockpiling of ore to minimize penetration of radionuclides into underlying soils; suitable methods include lining and/or compaction of ore storage areas.

(6) Criterion 6 - (a) In cases where waste by-product material is to be permanently disposed, an earthen cover shall be placed over tailings or wastes at the end of the milling operations and the waste disposal area shall be closed in accordance with a design<sup>1</sup> which shall provide reasonable assurance of control of radiological hazard to:

(i) Be effective for one thousand years, to the extent reasonably achievable, and, in any case, for at least two hundred years; and

(ii) Limit releases of Radon-222 from uranium by-product materials, and Radon-220 from thorium by-product materials, to the atmosphere so as to not exceed an average<sup>2</sup> release rate of twenty picocuries per square meter per second (pCi/m<sup>2</sup>s) to the extent practicable throughout the effective design life determined pursuant to (a)(i) of this subsection. In computing required tailings cover thicknesses, moisture in soils in excess of amounts found normally in similar soils in similar circumstances shall not be considered. Direct gamma exposure from the tailings or wastes should be reduced to background levels. The effects of any thin synthetic layer shall not be taken into account in determining the calculated radon exhalation level. If nonsoil materials are proposed as cover materials, it must be demonstrated that such materials will not crack or degrade by differential settlement, weathering, or other mechanism over long term time intervals.

(b) Near surface materials (i.e., within the top three meters) shall not include mine waste or rock that contains elevated levels of radium; soils used for near surface cover must be essentially the same, as far as radioactivity is concerned, as that of surrounding soils. This is to insure that surface radon exhalation is not

significantly above background because of the cover material itself.

(c) The design requirements in this criterion for longevity and control of radon releases shall apply to any portion of a licensed and/or disposal site unless such portion contains a concentration of radium in land, averaged over areas of one hundred square meters, which, as a result of by-product material does not exceed the background level by more than:

(i) Five picocuries per gram (pCi/g) of Radium-226, or, in the case of thorium by-product material, Radium-228, averaged over the first fifteen centimeters below the surface; and

(ii) Fifteen pCi/g of Radium-226, or, in the case of thorium by-product material, Radium-228, averaged over fifteen centimeters thick layers more than fifteen centimeters below the surface.

(d) The licensee must also address the nonradiological hazards associated with the wastes in planning and implementing closure. The licensee shall ensure that disposal areas are closed in a manner that minimizes the need for further maintenance. To the extent necessary to prevent threats to human health and the environment, the licensee shall control, minimize, or eliminate post-closure escape of nonradiological hazardous constituents, leachate, contaminated rainwater, or waste decomposition products to the ground or surface waters or to the atmosphere.

Footnotes:

<sup>1</sup> The standard applies to design. Monitoring for radon after installation of an appropriately designed cover is not required.

<sup>2</sup> This average shall apply to the entire surface of each disposal area over periods of at least one year, but short compared to one hundred years. Radon will come from both uranium by-product materials and from covering material. Radon emissions from covering materials should be estimated as part of developing a closure plan for each site. The standard, however, applies only to emissions from by-product materials to the atmosphere.

(7) Criterion 7 - At least one full year prior to any major site construction, a preoperational monitoring program must be conducted to provide complete baseline data on a milling site and its environs. Throughout the construction and operating phases of the mill, an operational monitoring program must be conducted to complete the following:

(a) To measure or evaluate compliance with applicable standards and regulations;

(b) To evaluate performance of control systems and procedures;

(c) To evaluate environmental impacts of operation; and

(d) To detect potential long-term effects.

The licensee shall establish a detection monitoring program needed for the department to set the site-specific groundwater protection standards in Criterion 5 of this section. For all monitoring under this paragraph, the licensee or applicant will propose for department approval as license conditions, which constituents are to be monitored on a site-specific basis. A detection monitoring program has two purposes. The initial purpose of the program is to detect leakage of hazardous constituents

from the disposal area so that the need to set groundwater protection standards is monitored. If leakage is detected, the second purpose of the program is to generate data and information needed for the department to establish the standards under Criterion 5. The data and information must provide a sufficient basis to identify those hazardous constituents which require concentration limit standards and to enable the department to set the limits for those constituents and the compliance period. They may also need to provide the basis for adjustments to the point of compliance. For licenses in effect September 30, 1983, the detection monitoring programs must have been in place by October 1, 1984. For licenses issued after September 30, 1983, the detection monitoring programs must be in place when specified by the department in orders or license conditions. Once groundwater protection standards have been established pursuant to Criterion 5, the licensee shall establish and implement a compliance monitoring program. The purpose of the compliance monitoring program is to determine that the hazardous constituent concentrations in ground water continue to comply with the standards set by the department. In conjunction with a corrective action program, the licensee shall establish and implement a corrective action monitoring program. The purpose of the corrective action monitoring program is to demonstrate the effectiveness of the corrective actions. Any monitoring program required by this paragraph may be based on existing monitoring programs to the extent the existing programs can meet the stated objective for the program.

(8) Criterion 8 - Milling operations shall be conducted so that all airborne effluent releases are reduced to as low as is reasonably achievable. The primary means of accomplishing this shall be by means of emission controls. Institutional controls, such as extending the site boundary and exclusion area, may be employed to ensure that offsite exposure limits are met, but only after all practicable measures have been taken to control emissions at the source. Notwithstanding the existence of individual dose standards, strict control of emissions is necessary to assure that population exposures are reduced to the maximum extent reasonably achievable and to avoid site contamination. The greatest potential sources of offsite radiation exposure (aside from radon exposure) are dusting from dry surfaces of the tailings disposal area not covered by tailings solution and emissions from yellowcake drying and packaging operations. During operations and prior to closure, radiation doses from radon emissions from surface impoundments shall be kept as low as is reasonably achievable. Checks shall be made and logged hourly of all parameters (e.g., differential pressure and scrubber water flow rate) which determine the efficiency of yellowcake stack emission control equipment operation. It shall be determined whether or not conditions are within a range prescribed to ensure that the equipment is operating consistently near peak efficiency; corrective action shall be taken when performance is outside of prescribed ranges. Effluent control devices shall be operative at all times during

drying and packaging operations and whenever air is exhausting from the yellowcake stack.

Drying and packaging operations shall terminate when controls are inoperative. When checks indicate the equipment is not operating within the range prescribed for peak efficiency, actions shall be taken to restore parameters to the prescribed range. When this cannot be done without shutdown and repairs, drying and packaging operations shall cease as soon as practicable.

Operations may not be restarted after cessation due to off-normal performance until needed corrective actions have been identified and implemented. All such cessations, corrective actions, and restarts shall be reported to the department in writing, within ten days of the subsequent restart.

To control dusting from tailings, that portion not covered by standing liquids shall be wetted or chemically stabilized to prevent or minimize blowing and dusting to the maximum extent reasonably achievable. This requirement may be relaxed if tailings are effectively sheltered from wind, such as may be the case where they are disposed of below grade and the tailings surface is not exposed to wind. Consideration shall be given in planning tailings disposal programs to methods which would allow phased covering and reclamation of tailings impoundments since this will help in controlling particulate and radon emissions during operation. To control dustings from diffuse sources, such as tailings and ore pads where automatic controls do not apply, operators shall develop written operating procedures specifying the methods of control which will be utilized.

Milling operations producing or involving thorium by-product material shall be conducted in such a manner as to provide reasonable assurance that the annual dose equivalent does not exceed twenty-five millirems to the whole body, seventy-five millirems to the thyroid, and twenty-five millirems to any other organ of any member of the public as a result of exposures to the planned discharge of radioactive materials, Radon-220 and its daughters excepted, to the general environment.

Uranium and thorium by-product materials shall be managed so as to conform to the applicable provisions of Title 40 of the Code of Federal Regulations, Part 440, Ore Mining and Dressing Point Source Category: Effluent Limitations Guidelines and New Source Performance Standards, Subpart C, Uranium, Radium, and Vanadium Ores Subcategory, as codified on January 1, 1983.

The licensee shall establish a detection monitoring program needed to establish the groundwater protection standards in subsection (5)(f) of this section. A detection monitoring program has two purposes. The initial purpose of the program is to detect leakage of hazardous constituents from the disposal area so that the need to set groundwater protection standards is monitored. If leakage is detected, the second purpose of the program is to generate data and information needed for the department to establish the standards under subsection (5)(f) of this section. The data and information must provide a sufficient basis to identify those hazardous constituents

which require concentration limit standards and to enable the department to set the limits for those constituents and the compliance period. They may also need to provide the basis for adjustments to the point of compliance. For licenses in effect September 30, 1983, the detection monitoring programs must have been in place by October 1, 1984. For licenses issued after September 30, 1983, the detection monitoring programs must be in place when specified by the department in orders or license conditions. Once groundwater protection standards have been established pursuant to subsection (5)(f) of this section, the licensee shall establish and implement a compliance monitoring program. The purpose of the compliance monitoring program is to determine that the hazardous constituent concentrations in groundwater continue to comply with the standards set by the department. In conjunction with a corrective action program, the licensee shall establish and implement a corrective action monitoring program. The purpose of the corrective action monitoring program is to demonstrate the effectiveness of the corrective actions. Any monitoring program required by this paragraph may be based on existing monitoring programs to the extent the existing programs can meet the stated objective for the program.

Daily inspections of tailings or waste retention systems must be conducted by a qualified engineer or scientist and documented. The department must be immediately notified of any failure in a tailings or waste retention system which results in a release of tailings or waste into unrestricted areas, and/or of any unusual conditions (conditions not contemplated in the design of the retention system) which if not corrected could indicate the potential or lead to failure of the system and result in a release of tailings or waste into unrestricted areas.

(9) Criterion 9 - (a) Pursuant to chapter 70.121 RCW, and except as otherwise provided, financial surety arrangements for site reclamation and long-term surveillance and control which may consist of surety bonds, cash deposits, certificates of deposit, deposits of government securities, irrevocable letters or lines of credit, or any combination of the above, or other arrangements approved by the department, milling operations shall be established for source material to ensure the protection of the public health and safety in the event of abandonment, default, or other inability of the licensee to meet the requirements of the act and these regulations.

(i) The amount of funds to be ensured by such surety arrangements shall be based on department-approved cost estimates.

(ii) Self-insurance, or any arrangement which essentially constitutes self-insurance (e.g., a contract with a state or federal agency), will not satisfy the surety requirement, since this provides no additional assurance other than that which already exists through license requirements.

(b) The arrangements required in (a) of this subsection shall be established prior to commencement of operations to assure that sufficient funds will be available to carry out decontamination and decommissioning of the facility.

(c) Amendments to licenses in effect on the effective date of this regulation may be issued, providing that the required surety arrangements are established within ninety days after the effective date of this subsection.

(d) For source material milling operations, the amount of funds to be ensured by such surety arrangements shall be based on department-approved cost estimates in an approved plan for (i) decontamination and decommissioning of mill buildings and the milling site to levels which would allow unrestricted use of these areas upon decommissioning, and (ii) the reclamation of tailings and/or waste disposal areas in accordance with the technical criteria delineated in this section. The licensee shall submit this plan in conjunction with an environmental report that addresses the expected environmental impacts of the milling operation, decommissioning and tailings reclamation, and evaluates alternatives for mitigating these impacts. In addition, the surety shall cover the payment of the charge for long-term surveillance and control required by the department. In establishing specific surety arrangements, the licensee's cost estimates shall take into account total costs that would be incurred if an independent contractor were hired to perform the decommissioning and reclamation work. In order to avoid unnecessary duplication and expense, the department may accept financial sureties that have been consolidated with financial or surety arrangements established to meet requirements of other federal or state agencies and/or local governing bodies for such decommissioning, decontamination, reclamation, and long-term site surveillance, provided such arrangements are considered adequate to satisfy these requirements and that portion of the surety which covers the decommissioning and reclamation of the mill, mill tailings site and associated areas, and the long-term funding charge is clearly identified and committed for use in accomplishing these activities. The licensee's surety mechanism will be reviewed annually by the department to assure that sufficient funds will be available for completion of the reclamation plan if the work had to be performed by an independent contractor. The amount of surety liability should be adjusted to recognize any increases or decreases resulting from inflation, changes in engineering plans, activities performed, and any other conditions affecting costs. Regardless of whether reclamation is phased through the life of the operation or takes place at the end of operations, an appropriate portion of surety liability shall be retained until final compliance with the reclamation plan is determined. This will yield a surety that is at least sufficient at all times to cover the costs of decommissioning and reclamation of the areas that are expected to be disturbed before the next license renewal. The term of the surety mechanism must be open ended, unless it can be demonstrated that another arrangement would provide an equivalent level of assurance. This assurance could be provided with a surety instrument which is written for a specific period of time (e.g., five years), yet which must be automatically renewed unless the surety notifies the beneficiary (the state regulatory agency) and the principal (the licensee) some reasonable time (e.g., ninety days) prior to the renewal date of their

intention not to renew. In such a situation, the surety requirement still exists and the licensee would be required to submit an acceptable replacement surety within a brief period of time to allow at least sixty days for the department to collect.

Proof of forfeiture must not be necessary to collect the surety so that in the event that the licensee could not provide an acceptable replacement surety within the required time, the surety shall be automatically collected prior to its expiration. The conditions described above would have to be clearly stated on any surety instrument which is not open-ended and must be agreed to by all parties.

Long-term care requirements. Pursuant to chapter 70.121 RCW, and as otherwise provided in WAC 246-235-080 (6)(d), a long-term care trust fund shall be established by source material milling licensees prior to the issuance of the license.

(10) Criterion 10 - (a) A minimum charge of two hundred fifty thousand dollars (1978 United States dollars) accrued as specified in WAC 246-235-080 (6)(d) to cover the costs of long-term surveillance shall be paid by each mill operator to the agency prior to the termination of a uranium or thorium mill license. If site surveillance or control requirements at a particular site are determined, on the basis of a site-specific evaluation, to be significantly greater than those specified in (a) of this subsection (e.g., if fencing is determined to be necessary), variance in funding requirements may be specified by the department. The total charge to cover the costs of long-term surveillance shall be such that, with an assumed one percent annual real interest rate, the collected funds will yield interest in an amount sufficient to cover the annual costs of site surveillance. The charge will be adjusted annually prior to actual payments to recognize inflation. The inflation rate to be used is that indicated by the change in the consumer price index published by the United States Department of Labor, Bureau of Labor Statistics. Contributions by a licensee to the long-term care trust fund pursuant to chapter 70.121 RCW shall be transferred to cover the costs assessed under this criterion.

(11) Criterion 11 - These criteria relating to ownership of tailings and their disposal sites become effective on November 8, 1981, and apply to all licenses terminated, issued, or renewed after that date.

Any uranium or thorium milling license or tailings license shall contain such terms and conditions as the United States Nuclear Regulatory Commission determines necessary to assure that prior to termination of the license, the licensee will comply with ownership requirements of this criterion for sites used for tailings disposal.

Title to the by-product material licensed pursuant to WAC 246-252-030 and land, including any interests therein (other than land owned by the United States or by the state of Washington) which is used for the disposal of any such by-product material, or is essential to ensure the long term stability of such disposal site, shall be transferred to the United States or the state of Washington. In view of the fact that physical isolation

must be the primary means of long term control, and government land ownership is a desirable supplementary measure, ownership of certain severable subsurface interests (for example, mineral rights) may be determined to be unnecessary to protect the public health and safety and the environment. In any case, the applicant/operator must demonstrate a serious effort to obtain such subsurface rights, and must, in the event that certain rights cannot be obtained, provide notification in local public land records of the fact that the land is being used for the disposal of radioactive material and is subject to either a United States Nuclear Regulatory Commission general or specific license prohibiting the disruption and disturbance of the tailings. In some rare cases, such as may occur with deep burial where no ongoing site surveillance will be required, surface land ownership transfer requirements may be waived. For licenses issued before November 8, 1981, the United States Nuclear Regulatory Commission may take into account the status of the ownership of such land, and interests therein, and the ability of a licensee to transfer title and custody thereof to the United States or the state. If the United States Nuclear Regulatory Commission, subsequent to title transfer, determines that use of the surface or subsurface estates, or both, of the land transferred to the United States or to a state will not endanger the public health, safety, welfare or environment, the United States Nuclear Regulatory Commission may permit the use of the surface or subsurface estates, or both, of such land in a manner consistent with the provisions provided in these criteria. If the United States Nuclear Regulatory Commission permits such use of such land, it will provide the person who transferred such land with the right of first refusal with respect to such use of such land.

Material and land transferred to the United States or a state in accordance with this criterion must be transferred without cost to the United States or a state other than administrative and legal costs incurred in carrying out such transfer.

The provisions of this part, respecting transfer of title and custody to land and tailings and wastes, do not apply in the case of lands held in trust by the United States for any Indian tribe, or lands owned by such Indian tribe subject to a restriction against alienation imposed by the United States. In the case of such lands which are used for the disposal of byproduct material, as defined in this section, the licensee shall enter into arrangements with the United States Nuclear Regulatory Commission as may be appropriate to assure the long-term surveillance of such lands by the United States.

(12) Criterion 12 – The final disposition of tailings or wastes at milling sites should be such that ongoing active maintenance is not necessary to preserve isolation. As a minimum, annual site inspections must be conducted by the government agency retaining ultimate custody of the site where tailings or wastes are stored, to confirm the integrity of the stabilized tailings or waste systems, and to determine the need, if any, for maintenance and/or monitoring. Results of the inspection must be reported to the United States Nuclear Regulatory Commission

within sixty days following each inspection. The United States Nuclear Regulatory Commission may require more frequent site inspections if, on the basis of a site-specific evaluation, such a need appears necessary, due to the features of a particular tailings or waste disposal system.

(13) Criterion 13 – Secondary groundwater protection standards required by Criterion 5 of this section are concentration limits for individual hazardous constituents. The list of constituents found in Appendix A of this chapter, chapter 246-252 WAC, identifies the constituents for which standards must be set and complied with if the specific constituent is reasonably expected to be in or derived from the by-product material and has been detected in groundwater. For purposes of this criterion, the property of gross alpha activity will be treated as if it is a hazardous constituent. Thus, when setting standards under subsection (5)(j) of this section, the department will also set a limit for gross alpha activity.

[Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-252-030, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-252-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-52-100, filed 12/11/86. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-52-100, filed 7/28/81.]

### Chapter 246-254 WAC RADIATION PROTECTION—FEES

|             |  |
|-------------|--|
| WAC         |  |
| 246-254-001 | Purpose and scope.   |
| 246-254-010 | Definitions.   |
| 246-254-020 | Payment of fees.   |
| 246-254-030 | Small business discount provision and optional fee payment schedule applicable to radioactive materials licensees. |
| 246-254-040 | Denial, revocation, suspension, and reinstatement.   |
| 246-254-050 | Method of payment.   |
| 246-254-053 | Radiation machine facility registration fees.  |
| 246-254-057 | Repealed.  |
| 246-254-058 | Repealed.  |
| 246-254-070 | Fees for specialized radioactive material licenses.  |
| 246-254-080 | Fees for medical and veterinary radioactive material licenses.   |
| 246-254-090 | Fees for industrial radioactive material licenses.   |
| 246-254-100 | Fees for laboratory radioactive material licenses.   |
| 246-254-110 | Fees for reciprocity.  |
| 246-254-120 | Fees for licensing and compliance actions.   |
| 246-254-140 | Fees for uranium, thorium and other mineral processors.  |
| 246-254-150 | Fees for perpetual care and maintenance.   |
| 246-254-160 | Fees for airborne emissions of radioactive materials.  |
| 246-254-170 | Failure by applicant or licensee to pay prescribed fees.   |
| 246-254-999 | Repealed.  |

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

|             |  |
|-------------|--|
| 246-254-057 | License fees for radioactive materials. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-057, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-21-016 (Order 2545), § 440-44-057, filed 10/9/87; 86-08-054 (Order 2359), § 440-44-057, filed 3/28/86; 85-13-007 (Order 2238), § 440-44-057, filed 6/7/85; 85-06-024 (Order 2209), § 440-44-057, filed 2/27/85. Statutory Authority: RCW |
|-------------|--|

- 70.98.080. 83-24-014 (Order 2050), § 440-44-057, filed 11/30/83. Statutory Authority: RCW 43.20A.055. 83-12-058 (Order 1965), § 440-44-057, filed 6/1/83. Statutory Authority: 1982 c 201. 82-17-021 (Order 1860), § 440-44-057, filed 8/9/82.] Repealed by 91-22-027 (Order 208), filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.110.
- 246-254-058 Fees for additional service. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-058, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-13-007 (Order 2238), § 440-44-058, filed 6/7/85.] Repealed by 91-22-027 (Order 208), filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.110.
- 246-254-999 Site use permit fee. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-999, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.98 RCW and 1985 c 383. 85-20-021 (Order 2283), § 440-44-060, filed 9/23/85. Statutory Authority: RCW 43.20A.055. 83-12-058 (Order 1965), § 440-44-060, filed 6/1/83.] Repealed by 91-22-027 (Order 208), filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.110.

**WAC 246-254-001 Purpose and scope.** This chapter establishes fees charged for licensing, permitting, registration, and inspection services rendered by the division of radiation protection as authorized under chapters 43.70, 70.98, and 70.121 RCW. These fees apply to owners and operators of radiation generating machines, users of radioactive material, operators of low-level radioactive waste disposal facilities, owners and operators of facilities emitting airborne radioactivity, and owners and operators of certain mineral processing and uranium or thorium milling operations and their associated tailings or waste.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-001, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-010, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-010, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-010 Definitions.** As used in this chapter, the following definitions apply:

- (1) "Application" means a completed RHF-1 or equivalent with supporting documentation requesting the department to grant authority to receive, possess, use, transfer, own or acquire radioactive material.
- (2) "Compliance inspection" means a routinely scheduled visit to the licensee's facility and/or temporary job site(s) for the purpose of determining compliance with the radioactive material license and applicable regulations. This service is covered by the annual fee for the radioactive material license.
- (3) "Department" means the department of health which has been designated as the state radiation control agency.
- (4) "Direct staff time" means all work time directly applicable to or associated with a specific radioactive material licensee and includes license file review, inspection preparation, on-site visits, report writing, review and acknowledgement of correspondence, review of license applications, renewals and amendment requests, telephone contacts, and staff or management conferences

specifically related to the license. Travel time is not considered direct staff time.

(5) "Emission unit" means the point of release of airborne emissions of radioactive material.

(6) "Environmental cleanup monitoring" means an on-site visit by the department to a licensee's facility or site of operation to determine the status of corrective actions to remove environmental radiation contamination resulting from the licensee's operation. Such a monitoring visit may include, but is not limited to, the review of the licensee's records pertaining to the environmental cleanup, observation of the licensee's cleanup work, sampling by the department for analysis, associated laboratory work, and the analysis of the information collected by the department.

(7) "Facility" means all buildings, structures and operations on one contiguous site.

(8) "Follow-up inspection" means an on-site visit to a licensee's facility to verify that prompt action was taken to correct significant items of noncompliance found by the department in a previous inspection. The first follow-up inspection is covered by the annual fee for the radioactive material license.

(9) "Inspection" means an official examination or observation by the department including but not limited to tests, surveys and monitoring to determine compliance with rules, regulations, orders, requirements and conditions of the department.

(10) "Investigation" means an on-site visit to a licensee's facility or site of operation when, in the department's judgment, it is required for the purpose of reviewing specific conditions, allegations, or other information regarding unusual conditions, operations, or practices. This service is covered by the annual fee for the radioactive material license.

(11) "License" means a license issued by the department in accordance with the regulations adopted by the department.

(12) "New license application" means a request to use radioactive material from a person not currently a licensee or from a current licensee requesting authorization to use radioactive material in a new way such that a change of fee category is required.

(13) "Perpetual care and maintenance" means further maintenance, surveillance or other care of milling or tailings impoundment sites after termination of the site operator's decommissioning responsibilities and license.

(14) "Registration" means registration with the department by any person possessing a source of ionizing radiation in accordance with regulations adopted by the department.

(15) "Sealed source and device evaluation" means a radiological safety evaluation performed by the department on the design, manufacture, and test data of any single sealed source and/or device model for the purpose of registering the sealed source or device with the United States Nuclear Regulatory Commission.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-010, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-020, filed

12/11/86; 79-12-073 (Order 1459), § 402-70-020, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-020 Payment of fees.** (1) Applicants, licensees, permittees, and registrants requesting or receiving licenses, permits, registrations, and actions or services by the department shall pay the applicable fee or fees for the license, permit, registration, and action or service provided by the department.

(2) The department shall charge a fee for each:

- (a) Radiation machine facility registration;
- (b) Radioactive material license;
- (c) Service or action with respect to a radioactive material licensee not otherwise covered by fees;
- (d) Cubic foot of low-level radioactive waste volume received at a commercial disposal site;
- (e) Kilogram of uranium or thorium milled from ore; and
- (f) Air emission permit.

(3) The department shall charge a fee for each radioactive material license based on the single highest fee category describing activities subject to the conditions of the license.

(4) The department shall charge the applicable license fee for each category when multiple licenses are required.

(5) The department may require multiple radioactive material licenses based upon:

- (a) Physical separation of operations;
- (b) Organizational separations within a licensee's operation;
- (c) Complexity of uses of radioactive material such that two or more fee categories would apply to the operation.

(6) Each licensee, permittee, or registrant shall:

(a) Remit the full fee (i) at the fee rate established by rule at the time such fee is paid, and (ii) at least thirty days prior to the annual anniversary date for licensees or the biennial expiration date for registrants or (iii) on a payment schedule as provided in WAC 246-254-030.

(b) Consider the annual anniversary to be the month and day of the expiration date of the existing radioactive material license.

(7) The department shall refund one-half of the fee if an application is withdrawn prior to issuance of a radioactive material license.

(8) If there is a change by the applicant, licensee, permittee or registrant resulting in a higher fee category, the applicant, licensee, permittee, or registrant shall pay an additional fee prorated for the remainder of the fee interval.

(9) Each licensee, permittee, or registrant shall remit the full amount of any quarterly billing or individual billing for licensing or compliance actions within thirty days of receipt of the bill.

(10) Fees due on or after the effective date of these regulations shall be at the rate prescribed in this chapter.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-020, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-020, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-030, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-030, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-030 Small business discount provision and optional fee payment schedule applicable to radioactive materials licensees.** (1) Small business may receive a twenty-five percent discount on radioactive materials license fees specified in WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100.

(2) To qualify for the discount, the business shall:

- (a) Be a corporation, partnership, sole proprietorship, or other legal entity formed for the purpose of making a profit;
- (b) Be independently owned and operated from all other businesses (i.e., not a subsidiary of a parent company); and
- (c) Have fifty or fewer employees.

(3) To receive the discount, the license applicant at the time of initial license request, or the licensee at the time of annual billing shall:

(a) Certify, on the business' letterhead or appropriate departmental form, the business meets the conditions in subsection (2) of this section;

(b) Sign the certification as the chief executive officer of the business or as an official designee;

(c) Have the certification notarized;

(d) Enclose the payment with the certification; and

(e) Submit the certification and payment in accordance with instructions provided by the department.

(4) The department may verify certifications and will suspend any radioactive materials license if the applicant/licensee:

(a) Failed to pay the required fee; or

(b) Made an invalid or false certification.

(5) Upon request of any radioactive materials licensee or license applicant, the department may accept semiannual or quarterly payments in lieu of the required annual license fee, provided:

(a) A written payment schedule setting specific due dates and payment amounts is submitted; and

(b) The total payments per the schedule equal the fee in effect at the time such fee payment schedule is accepted by the department.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-030, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 86-12-039 (Order 2382), § 440-44-059, filed 5/30/86.]

**WAC 246-254-040 Denial, revocation, suspension, and reinstatement.** The department shall:

(1) Deny an application if the appropriate fee is not received;

(2) Suspend or revoke a license, permit, or registration if a required fee is not received;

(3) Refund no fees if a license, permit or registration is denied, revoked, or suspended;

(4) Require reapplication for a license, permit, or registration after denial or revocation including fees as required under this chapter.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-040, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-050 Method of payment.** Licensees, permittees and registrants shall:

- (1) Submit fee payments by check, draft or money order made payable to the department of health; and
- (2) Include fee payment with the application for license or submit the fee by mail, in person, or by courier to the address provided in the bill or bill correspondence.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-050, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-050, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-050, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-053 Radiation machine facility registration fees.** (1) Persons owning and/or leasing and using radiation-producing machines shall submit a sixty dollar registration fee to the department at the time of application and every two years thereafter. In addition:

- (a) For dentists, veterinarians, and podiatrists, add:
  - (i) Seventy dollars for the first tube; and
  - (ii) Twenty-five dollars for each additional tube.
- (b) For hospitals and medical or chiropractic facilities, add:
  - (i) Two hundred dollars for the first tube; and
  - (ii) Seventy dollars for each additional tube.
- (c) For industrial, research, and other uses, add:
  - (i) One hundred dollars for the first tube; and
  - (ii) Thirty dollars for each additional tube.
- (2) The department shall charge a maximum total fee of four thousand dollars for any facility or group of facilities where an in-house, full-time staff of at least two or more is devoted entirely to in-house radiation safety.
- (3) For any facility with a mammographic x-ray machine, add a biennial surcharge of two hundred dollars.
- (4) A penalty fee of sixty dollars shall be charged for late registration or re-registration.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-053, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-053, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110. 89-16-064 (Order 2839), § 440-44-050, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 43.20A.055. 86-08-054 (Order 2359), § 440-44-050, filed 3/28/86. Statutory Authority: Chapter 70.98 RCW and 1985 c 383. 85-20-021 (Order 2283), § 440-44-050, filed 9/23/85. Statutory Authority: RCW 43.20A.055. 85-13-007 (Order 2238), § 440-44-050, filed 6/7/85; 83-12-058 (Order 1965), § 440-44-050, filed 6/1/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-050, filed 6/4/82.]

**WAC 246-254-057 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-254-058 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-254-070 Fees for specialized radioactive material licenses.** (1) Persons licensed or authorized to

possess or use radioactive material in the following special categories shall forward annual fees to the department as follows:

- (a) Eight thousand seven hundred dollars for operation of a single radioactive waste facility allowing processing, volume reduction, or waste treatment, but not permitting commercial on-site disposal.
- (b) Three thousand five hundred dollars for operation of a single nuclear pharmacy.
- (c) Six thousand dollars for operation of a single nuclear laundry.
- (d) Six thousand dollars for a license authorizing a single facility to use more than one curie of unsealed radioactive material in the manufacture and distribution of radioactive products or devices containing radioactive material.
- (e) Two thousand one hundred dollars for a license authorizing a single facility to use less than or equal to one curie of unsealed radioactive material or any quantity of previously sealed sources in the manufacture and distribution of products or devices containing radioactive material.
- (f) Four thousand dollars for a license authorizing decontamination services operating from a single facility.
- (g) One thousand nine hundred dollars for a license authorizing waste brokerage including the possession, temporary storage at a single facility, and over-packing only of radioactive waste.
- (h) Eight hundred fifty dollars for a license authorizing equipment servicing involving:
  - (i) Incidental use of calibration sources;
  - (ii) Maintenance of equipment containing radioactive material; or
  - (iii) Possession of sealed sources for purpose of sales demonstration only.
- (i) One thousand six hundred dollars for a license authorizing health physic services, leak testing, or calibration services.
- (j) One thousand dollars for a civil defense license.
- (k) Three hundred dollars for a license authorizing possession of special nuclear material as pacemakers or depleted uranium as shielding.

(2) Persons licensed or authorized to possess and use radioactive material in the following broad scope categories shall forward annual fees to the department as follows:

- (a) Twelve thousand dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than one curie.
- (b) Five thousand five hundred dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than 0.1 curie but less than or equal to one curie.
- (c) Four thousand five hundred dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession less than or equal to 0.1 curie.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-070, filed 10/29/91, effective 11/29/91.]



**WAC 246-254-080 Fees for medical and veterinary radioactive material licenses.** (1) Persons licensed or authorized to possess or use radioactive material in the following medical or veterinary categories shall forward annual fees to the department as follows:

(a) Three thousand two hundred dollars for operation of a mobile nuclear medicine program from a single base of operation.

(b) Two thousand two hundred dollars for a license authorizing groups II and III of WAC 246-235-120 for diagnostic nuclear medicine at a single facility.

(c) One thousand nine hundred dollars for a license authorizing groups IV and V of WAC 246-235-120 for medical therapy at a single facility.

(d) Three thousand dollars for a license authorizing groups II or III and groups IV or V of WAC 246-235-120 for full diagnostic and therapy services at a single facility.

(e) One thousand six hundred dollars for a license authorizing groups VI of WAC 246-235-120 for brachytherapy at a single facility.

(f) One thousand dollars for a license authorizing brachytherapy or teletherapy at a single facility.

(g) One thousand five hundred dollars for a license authorizing medical or veterinary possession of greater than two hundred millicuries total possession of radioactive material at a single facility.

(h) One thousand two hundred dollars for a license authorizing medical or veterinary possession of greater than thirty millicuries but less than or equal to two hundred millicuries total possession of radioactive material at a single facility.

(i) Nine hundred dollars for a license authorizing medical or veterinary possession of less than or equal to thirty millicuries total possession of radioactive material at a single facility.

(j) Eight hundred dollars for a license authorizing group I as defined in WAC 246-235-120 or in vitro uses of radioactive material at a single facility.

(k) Five hundred dollars for a license authorizing medical or veterinary possession of a sealed source for diagnostic use at a single facility.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location or base of operation.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-080, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-090 Fees for industrial radioactive material licenses.** (1) Persons licensed or authorized to possess or use radioactive material in the following industrial categories shall forward annual fees to the department as follows:

(a) Three thousand seven hundred dollars for a license authorizing the use of radiographic exposure devices in one or more permanent radiographic vaults in a single facility.

(b) Four thousand seven hundred dollars for a license authorizing the use of radiographic exposure devices at temporary job sites but operating from a single storage facility.

(c) Two thousand three hundred dollars for a license authorizing well-logging activities including the use of radioactive tracers operating from a single storage facility.

(d) Five hundred dollars for a license authorizing possession of portable sealed sources including moisture/density gauges and excluding radiographic exposure devices operating from a single storage facility.

(e) Five hundred fifty dollars for a license authorizing possession of any nonportable sealed source, including special nuclear material and excluding radioactive material used in gas chromatograph at a single facility.

(f) Three hundred fifty dollars for a license authorizing possession of gas chromatograph units containing radioactive material at a single facility.

(g) Nine hundred fifty dollars for a license authorizing possession of any self-shielded or pool type irradiator with sealed source total quantity greater than one hundred curies at a single facility.

(h) Five thousand dollars for a license authorizing possession of sealed sources for a walk-in type irradiator at a single facility.

(i) Four thousand four hundred dollars for a license authorizing possession of greater than one gram of unsealed special nuclear material or greater than five hundred kilograms of source material at a single facility.

(j) One thousand four hundred dollars for a license authorizing possession of less than or equal to one gram of unsealed special nuclear material or five hundred kilograms of source material at a single facility.

(2) Persons with licenses authorizing multiple locations of permanent storage shall increase the annual fee by fifty percent for each additional location.

(3) Depleted uranium registrants required to file Form RHF-20 shall forward an annual fee of fifty dollars to the department.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-090, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-100 Fees for laboratory radioactive material licenses.** (1) Persons licensed or authorized to possess or use unsealed radioactive material in the following laboratory categories shall forward annual fees to the department as follows:

(a) Two thousand four hundred dollars for a license authorizing possession at a single facility of unsealed sources in amounts greater than:

(i) One millicurie of I-125 or I-131; or

(ii) One hundred millicuries of H-3 or C-14; or

(iii) Ten millicuries of any single isotope.

(b) One thousand two hundred dollars for a license authorizing possession at a single facility of unsealed sources in amounts:

(i) Greater than 0.1 millicurie and less than or equal to one millicurie of I-125 or I-131; or

(ii) Greater than ten millicuries and less than or equal to one hundred millicuries of H-3 or C-14; or

(iii) Greater than one millicurie and less than or equal to ten millicuries of any single isotope.

(c) One thousand dollars for a license authorizing possession at a single facility of unsealed sources in amounts less than or equal to:

- (i) 0.1 millicurie of I-125 or I-131; or
- (ii) Ten millicuries of H-3 or C-14; or
- (iii) One millicurie of any other single isotope.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location.

(3) Persons registered to perform in vitro testing pursuant to Form RHF-15 shall forward an annual fee of fifty dollars to the department.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-100, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-110 Fees for reciprocity.** (1) The department shall charge fees for reciprocal recognition of other agreement state, licensing state or United States Nuclear Regulatory Commission licenses based upon the actual amount of radioactive material or type of devices being transported into Washington state or the type of service to be performed involving radioactive material.

(2) The department shall charge a fee equal to one hundred percent of the fee specified under WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100.

(3) The department shall permit the reciprocally recognized licensee to possess and use radioactive material in the state of Washington up to one hundred eighty days during the twelve-month period following payment of each fee.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-110, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-120 Fees for licensing and compliance actions.** (1) In addition to the fee for each radioactive material license as described under WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100, a licensee shall pay a service fee for each additional licensing and compliance action as follows:

(a) For a second follow-up inspection, and each follow-up inspection thereafter, a fee of eighty dollars per hour of direct staff time associated with the follow-up inspection, not to exceed eight hundred dollars per follow-up inspection. Hours are calculated in half-hour increments.

(b) For each environmental cleanup monitoring visit, a fee of eighty dollars per hour of direct staff time associated with the environmental cleanup monitoring visit, not to exceed two thousand dollars per visit. Hours are calculated in half-hour increments.

(c) For each new license application, the fee of one hundred fifty dollars in addition to the required annual fee.

(d) For each sealed source and device evaluation, a fee of eighty dollars per hour of direct staff time associated with each sealed source and device evaluation, not to exceed two thousand four hundred dollars per evaluation.

(2) The licensee or applicant shall pay any additional service fees at the time of application for a new license

or within thirty days of the date of the billing for all other licensing and compliance actions.

(3) The department shall process an application only upon receipt of the new application fee and the annual fee.

(4) The department may take action to modify, suspend, or terminate the license or sealed source and device registration if the licensee fails to pay the fee for additional licensing and compliance actions billed by the department.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-120, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-070, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-070, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-140 Fees for uranium, thorium and other mineral processors.** (1) Persons licensed or authorized to receive, possess, or use natural uranium and its decay daughters for the extraction of uranium or thorium compounds or for the reclamation and disposal of the associated tailings or waste shall pay:

(a) Initial application fee of thirty-five thousand dollars; and

(b) Quarterly billings for actual costs to the department.

(2) The department shall bill the uranium or thorium milling licensee quarterly for the department's actual cost of:

(a) Reviewing and issuing a license in excess of the initial application fee;

(b) Determining the licensee's compliance with terms and conditions of the license;

(c) Reviewing license amendment requests;

(d) Maintaining a uranium mill program which is compatible with the requirements of the United States Nuclear Regulatory Commission;

(e) Determining and assuring compliance with chapter 173-11 WAC; and

(f) Reviewing and processing an application for renewal.

(3) The department shall delineate in the quarterly billing the staff, laboratory, and support service costs.

(4) The department:

(a) Shall process any initial application only upon receipt of the full fee specified; and

(b) May return an application to an applicant if no payment is received.

(5) The department shall credit the initial application fee to the applicants' quarterly billing.

(6) Mineral processors requiring licenses for naturally occurring radioactive material in excess of exempt concentrations shall pay:

(a) Initial application fee of twenty-seven thousand dollars; and

(b) Quarterly billings not to exceed forty thousand dollars.

(7) The department shall bill mineral processor licensees quarterly for the department's actual cost of:

(a) Processing and issuing a license in excess of the initial application fee;

(b) Determining the licensee's compliance with terms and conditions of the license;

(c) Reviewing and processing amendment and renewal requests; and

(d) Determining and assuring compliance with chapter 173-11 WAC.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-140, filed 10/29/91, effective 11/29/91.]

**WAC 246-254-150 Fees for perpetual care and maintenance.** (1) Persons with licenses specifically authorizing the receipt, possession, or use of natural uranium and its decay daughters for the extraction of uranium or thorium compounds or for the reclamation and disposal of the associated tailings or waste shall:

(a) Make quarterly payments of twenty cents per kilogram of uranium or thorium compound milled out of the raw ore;

(b) Remit this payment within thirty days after the end of each calendar quarter; and

(c) Pay to the department a minimum of two hundred fifty thousand dollars (1978 dollars) to cover the costs of long-term surveillance prior to the termination of a uranium or thorium mill license.

(2) Licensees under this section may make additional payments to meet the minimum, prior to the release of any surety arranged by the licensee in accordance with WAC 246-235-080 (6)(d).

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-150, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-080, filed 12/11/86.]

**WAC 246-254-160 Fees for airborne emissions of radioactive materials.** (1) The department shall include fees for emission units at facilities licensed by the department, as part of the license fees specified in WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100.

(2) For emission units at all other facilities:

(a) Application. The applicant shall submit a fee of one thousand dollars for each air emission permit to the department with each application.

(i) The department shall process only those applications accompanied by the fee prescribed in (a) of this subsection. The department shall return any application submitted without the prescribed fee to the applicant.

(ii) The applicant shall pay any additional actual costs involved with processing the application upon receipt of a bill from the department on a calendar quarter basis.

(iii) The department shall credit the initial application fee to the applicant's quarterly billings.

(b) Operations. The department shall charge each emission unit operator the actual expenses incurred by the department in determining compliance with the provisions of established regulations and conditions of the air emission permit; and:

(i) Bill the operator each calendar quarter until the permit is terminated by the department.

(ii) Specify in the quarterly bill the staff, laboratory, and support service costs associated with the regulatory activities conducted by the department.

(c) Amendment. The department shall add and include the actual costs incurred by the department in reviewing and processing an amendment to an air emission permit in the department's calendar quarter charge for regulatory activities.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-160, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-160, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.98 RCW. 88-17-061 (Order 2670), § 440-44-062, filed 8/17/88.]

**WAC 246-254-170 Failure by applicant or licensee to pay prescribed fees.** In any case where the department finds that an applicant, a permittee, a registrant, or a licensee failed to pay a prescribed fee or actual costs incurred during a calendar quarter, the department: (1) Shall not process any application and (2) may suspend or revoke any license, permit, registration, or approval involved; or (3) may issue an order with respect to licensed, permitted, or registered activities as the department determines appropriate or necessary in order to carry out the provisions of this chapter.

[Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-170, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-090, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-090, filed 11/30/79, effective 1/1/80.]

**WAC 246-254-999 Repealed.** See Disposition Table at beginning of this chapter.

## Chapter 246-260 WAC

### WATER RECREATION FACILITIES

#### WAC

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**WAC 246-260-010 Definitions.** (1) "Abbreviations" (technical):

- (a) "DE" means diatomaceous earth;
- (b) "fps" means feet per second;
- (c) "gpm" means gallons per minute;
- (d) "mg/l" means milligrams per liter. When requirements in this regulation specify limits for liquid volume measurements using mg/l or ppm, either may be used depending on the type of testing equipment available;
- (e) "ppm" means parts per million. See notation under mg/l for use;
- (f) "TU" means turbidity unit as measured by the nephelometric method.
- (2) "ANSI" means American National Standards Institute.
- (3) "APHA" means American Public Health Association.
- (4) "Approved" means the department or local health officer has stated in writing that the design plans and specifications are in accordance with chapter 246-260 WAC.
- (5) "ARC" means American Red Cross.
- (6) "Architect" means a registered architect currently licensed under chapter 18.08 RCW in Washington state.
- (7) "ASHRAE" means American Society of Heating, Refrigeration and Air Conditioning Engineers.
- (8) "Assistant lifeguard" means a person appointed by the owner or manager meeting the training requirements of this chapter actively assisting lifeguards (under direct lifeguard supervision) for the purpose of ensuring bather safety.
- (9) "Attendant" means a person appointed by the owner or manager meeting the training requirements of this chapter, monitoring activities and conditions for the purpose of ensuring bather safety.
- (10) "Bathing beach" means a bathing place, together with buildings and appurtenances used in connection therewith, on a natural pond, lake, stream, or other body of fresh or salt water, which is open to the public for bathing by express permission of the owner, or which is operated for a fee, or openly advertised as a place for bathing by the public.
- (11) "Board" means the state board of health.
- (12) "CNCA" means Council for National Cooperation in Aquatics.
- (13) "CPSC" means Consumer Product Safety Commission (U.S.).
- (14) "Communication system" means any combination of devices permitting the passage of or exchange of messages between personnel and/or personnel and bathers. Systems can include but are not limited to two-way radios, hard wired intercoms, horns, whistles, hand signals, direct voice, signs, or equivalent.
- (15) "Contaminant" means any physical, chemical, or biological substance present in the WRF water which may adversely affect the health or safety of the bather and/or the quality of the water.
- (16) "Cross-connection" means any physical arrangement connecting a:
  - (a) Potable water system directly or indirectly, with anything other than another potable water system; or
  - (b) WRF pool to any potable or nonpotable water source capable of contaminating either the WRF pool,

its components, or potable water source as a result of backflow.

- (17) "Department" means the department of health.
- (18) "Diving envelope" means the minimum dimensions of an area within the pool necessary to provide entry from a diving board, platform, or pool decking intended for users to dive.
- (19) "Engineer" means a registered professional engineer currently licensed under chapter 18.43 RCW in Washington state.
- (20) "FINA" means Federation Internationale de Natation Amateur.
- (21) "General use pool" means any swimming, spa, wading, or spray pool regulated by this chapter not meeting the definition of a "limited use pool." If limited-use pools provide organized programs (as noted in limited use definition), the limited use pools shall conform with the general-use pool requirements during periods of such activity.
- (22) "Handhold" means a structure not over twelve inches above the water line around the perimeter of the pool wall, affording physical means for the bather to grasp the pool sides.
- (23) "Illness or injury report" means the written record of all facts regarding an injury or illness associated with the WRF.
- (24) "Lifeguard" means a person appointed by the owner or manager to maintain surveillance over the bathers on the deck or in the pool and to supervise bather safety. The lifeguard shall meet the training requirements of this chapter.
- (25) "Lifeguard station" means designated work station of a lifeguard.
- (26) "Lifesaving equipment" means emergency equipment and barrier protection.
- (27) "Limited use pool" means any swimming, spa, wading, or spray pool regulated by this chapter at an apartment, boarding home, condominium, home owners association, hotel, mobile home park, motel, recreational vehicle park, or rental housing unit and is for the use of the persons living or residing at these facilities and the resident's invited guests. If such pool provides organized programs at the facility (that is, formal instructional lessons for swimming or diving, swim meets, exercise classes, or other activities planned for users besides those specified under the limited use pool category), the pool facility shall conform with the general use pool requirements during periods of such activity.
- (28) "Local health officer" means the health officer of the city, county, or city-county department or district or a representative authorized by the local health officer.
- (29) "NSF" means National Sanitation Foundation.
- (30) "NSPI" means National Spa and Pool Institute.
- (31) "Operations" means all aspects of a WRF which must be controlled to make the facility safe, healthy, and usable for the purpose intended.
- (32) "Owner" means a person owning and responsible for a WRF or authorized agent.
- (33) "Person" means an individual, firm, partnership, copartnership, corporation, company, association, club, government entity, or organization of any kind.

(34) "Pool" means swimming pool, wading pool, spray pool, or spa pool or the like.

(35) "Plummet" means a line perpendicular to water surface and extending vertically to a point located at the front end of the diving board and at the center line directly in front of the diving board.

(36) "Primary zone of visual coverage" means the area assigned to a lifeguard or attendant for primary visual surveillance of user activity.

(37) "Radius of curvature" means the radius arc denoting the curved surface from the point of departure from the springline (vertical sidewall) of the pool to the pool bottom.

(38) "Response time" means time between bather distress and initiation of rescue assistance contact by a lifeguard in facilities providing lifeguards.

(39) "Recreational water contact facility" means an artificial water associated facility with design and operational features that provide patron recreational activity which is different from that associated with a conventional swimming pool and purposefully involves immersion of the body partially or totally in the water, and that includes but is not limited to water slides, wave pools, and water lagoons. These facilities are regulated by chapter 246-262 WAC.

(40) "RLSSC" means the Royal Life Saving Society of Canada.

(41) "Secretary" means the secretary of the department of health.

(42) "Serious injury" means any injury:

(a) Requiring emergency service response where a person requires medical treatment as determined by the emergency medical response personnel; and/or

(b) Resulting in a person seeking medical attention at a hospital emergency room or admittance to a hospital.

(43) "Spa pool" means a pool designed for relaxation or recreational use where the user is sitting, reclining, or at rest and the pool is not drained, cleaned, or refilled for each user. The spa pool may include, but not be limited to, hydrojet circulation, hot water, cold water, mineral baths, air induction bubbles in any combination.

(44) "Spray pool" means a pool or artificially constructed depression for use by bathers in which water is sprayed, but is not allowed to pond, in the bottom of the pool.

(45) "Springline" means the point where the pool wall breaks from vertical and begins its arc in the radius of curvature (for cove construction) to the bottom of the pool.

(46) "Swimming pool" means any structure, basin, chamber, or tank containing an artificial body of water for swimming, diving, relaxation, or recreational bathing and having a depth of two feet or more at any point and including all associated facilities.

(47) "Turnover time" means the minimum time necessary to circulate the entire volume of the pool facility through the treatment system.

(48) "Wading pool" means any artificial pool of water equal to or less than two feet deep and intended for wading purposes.

(49) "Walking surface" means any surface used as a direct access surface for a pool area and the walking surface's change room facilities where the user is bare foot.

(50) "Water treatment operator" means the appointed person operating the physical and mechanical equipment and performing related water quality monitoring and associated record keeping for proper operation of the physical facility.

(51) "Water recreation facility (WRF)" means any artificial basin or other structure containing water used or intended to be used for recreation, bathing, relaxation or swimming, where body contact with the water occurs or is intended to occur and includes auxiliary buildings and appurtenances. The term includes, but is not limited to:

(a) Conventional swimming pools, wading pools, and spray pools;

(b) Recreational water contact facilities as defined under RCW 70.90.110 and regulated under chapter 246-262 WAC;

(c) Spa pools and tubs using hot water, cold water, mineral water, air induction, or hydrojets; and

(d) Any area designated for swimming in natural waters with artificial boundaries within the waters.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-001, filed 3/12/90, effective 4/12/90; Regulation .98.001, effective 3/11/60.]

**WAC 246-260-040 Operating permit.** (1) No person shall operate a water recreation pool facility without a current department or local health officer-issued operating permit.

(2) To obtain an operating permit, owners of a water recreation pool facility shall provide department or local health officer information showing the WRF is in compliance with this chapter.

(3) Operating permits shall be:

(a) Valid for one year;

(b) Subject to annual renewal; and

(c) Nontransferable without written department or local health officer consent. For purposes of this section, a change in management of a corporation, partnership, association, or other nonindividual business entity shall create a new person requiring either consent to a permit transfer or issuance of a new permit upon proper application.

(4) The department or local health officer issuing the operating permit may revoke or suspend the permit if the WRF is not operated in accordance with chapter 70.90 RCW or chapter 246-260 WAC.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-015, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-050 Compliance.** (1) Existing water recreation facilities which do not fully comply with the

design, construction, and equipment requirements in WAC 246-260-090, 246-260-110, 246-260-130, and 246-260-150 may be continued in use except as noted in subsections (2) and (3) of this section.

(2) Existing water recreation facilities shall be operated in continuous compliance with the provisions of this chapter as outlined in the life saving equipment requirements as defined in WAC 246-260-010(26), 246-260-070, 246-260-080, 246-260-100, 246-260-120, 246-260-140, 246-260-160, and 246-260-170, and provisions for lifesaving equipment in this chapter.

(3) Existing water recreation facilities built before the effective date of this chapter revision:

(a) Having barriers not conforming with this chapter, may maintain the barrier as it presently exists provided:

(i) Barrier is forty-eight inches or more in height;

(ii) Barrier has a maximum width opening of vertical members not exceeding six inches in width;

(iii) Each entry to the pool area has a self-closing, self-latching gate or door.

(b) Having barriers not conforming with this chapter, must upgrade the barrier to conform with this chapter if the existing barrier height is less than forty-eight inches in height.

(4) Facilities exempted from the regulations are noted under RCW 70.90.250 and the term medical therapy include facilities whose sole use is therapy provided for medical:

(a) Treatment under the supervision of licensed medical practitioners; or

(b) Rehabilitation for institutionalized patients under supervision of licensed medical practitioners.

[Statutory Authority: RCW 70.90.120, 92-02-020 (Order 226B), § 246-260-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-260-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120, 90-07-010 (Order 042), § 248-98-020, filed 3/12/90, effective 4/12/90; Regulation .98.020, effective 3/11/60.]

**WAC 246-260-060 Surveillance.** (1) Owners and operators shall permit the department or local health officer to perform on-site WRF inspections or other surveillance activity as necessary in the discretion of the enforcing agency to ensure compliance with standards under chapter 70.90 RCW and chapter 246-260 WAC.

(2) Employees of the enforcing agency shall provide appropriate identification when entering a WRF for the purpose of routine inspections.

[Statutory Authority: RCW 70.90.120, 92-02-020 (Order 226B), § 246-260-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-260-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120, 90-07-010 (Order 042), § 248-98-025, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-070 Water quality standards, analysis, and sample collection.** (1) **Contaminants.** Owners shall maintain waters free from harmful levels of disease-producing organisms, toxic chemicals, or adverse physical conditions.

(2) **Bacteriological standards.** Owners shall maintain WRF pool waters to meet the following standards of bacteriological quality:

(a) Heterotrophic plate counts not to exceed two hundred bacteria per milliliter in two consecutive tests;

(b) Total coliform not to exceed an average of one coliform per sample of one hundred milliliters in two consecutive tests when using the membrane filter test; and

(c) Total coliform not to exceed one tube positive in two consecutive tests when using the MPN method.

(3) **Disinfection.** Owners shall maintain continuous and effective methods of disinfection of WRF pool waters at all times with use of:

(a) Chlorine or bromine described under Table 070.1 of this section; and/or

(b) Alternate forms of disinfection meeting the following criteria:

(i) Registered with the Environmental Protection Agency, if required;

(ii) Registered with the Washington state department of agriculture, if required;

(iii) Conformance with NSF standard 50 or equal when applicable; and

(iv) Adherence to department-established guidelines.

(c) Alternate forms of disinfection for which the department has developed board-approved standards or guidelines including:

(i) "Interim guidelines governing the use of ozone and ozonators for water recreation facilities;"

(ii) "Interim guidelines governing the use of copper/silver disinfection processes for water recreation facilities."

(4) **Chemical and physical quality.** Owners shall maintain:

(a) Physical and chemical conditions within the ranges specified under Table 070.2 of this section;

(b) Cleanliness by:

(i) Closing an affected WRF area or affected portion of a WRF area when contaminated with feces, vomit, sewage, or other hazardous or unknown material until the area is clean, disinfected, and free of the hazardous material;

(ii) Daily removal of scum or floating material on the pool water surface;

(iii) Continuous removal of scum or floating material by overflow action of pool water with flotsam screened and filtered; and

(iv) Maintaining sanitary walking surfaces.

(c) WRF spa pools which are routinely drained, cleaned, and refilled at a minimum using the formula as follows:

$$\text{Spa volume} \div 3 \div \text{average number of users/day} = \text{Number of days between draining, cleaning, and refilling.}$$

(5) **Laboratory sampling and testing.** Persons collecting laboratory analysis water samples shall:

(a) Collect and transport chemical and micro-organism samples based on the most recent published edition of standard methods for the examination of water and waste/water analysis, published jointly by the American Public Health Association/Water Pollution Control

Federation and American Waterworks Association, referred to as "standard methods" in this chapter;

(b) Have laboratory tests performed per "standard methods" at department-approved laboratories to provide such analyses;

(c) Provide adequate data for completing analyses; and

(d) Use department-approved water sample bottles for collection of samples.

(6) **Field testing.** Owners shall have field testing equipment:

(a) To provide means for measuring disinfectant residuals, pH, alkalinity, and any other chemicals routinely used in the pool water;

(b) In pools where compressed chlorine gas is used, to detect leaks using commercial strength (twenty-six degrees Baume') ammonia vapor; and

(c) With a suitable range of readings for the routinely measured parameters as noted under Table 070.3 of this section.

(7) **Chemicals in pool.** Owners shall ensure addition of chemicals or materials to WRF pool waters only when the use is approved or recognized as acceptable by the department. The department has available to WRF pool owners the current approved or acceptable material lists.

(8) **Additional tests.** Owners shall perform additional department or local health officer-directed tests.

TABLE 070.1

MINIMUM AND MAXIMUM LEVELS OF DISINFECTANTS \*

| Currently Recognized Disinfectants | Type of Residual Measured | pH Ranges |          |         | Maximum Residual ppm ** |
|------------------------------------|---------------------------|-----------|----------|---------|-------------------------|
|                                    |                           | 7.2-7.49  | 7.5-7.79 | 7.8-8.0 |                         |
| 1. Chlorine                        | Free available chlorine   | 1.0       | 1.4      | 1.8     | 6                       |
| 2. Chlorinated cyanurate           | Free available chlorine   | 1.5       | 2.0      | 2.8     | 6                       |
| 3. Bromine                         | Total available bromine   | 2.0       | 2.5      | 3.5     | 6                       |

NOTE:

\*When using spa facilities, increase minimum residuals in all categories by 1.5 ppm.

\*\*Maximum residual as noted or manufacturer's recommendations (whichever is less). In spa facilities, maximum residual may be raised to 10 ppm or manufacturer's recommendations (whichever is less).

TABLE 070.2

ACCEPTABLE RANGES OF SELECTED CHEMICAL AND PHYSICAL WATER QUALITY CONSTITUENTS

| Chemical or Physical Constituent                          | Minimum   | Maximum  |
|---|---|----------|
| 1. pH (Hydrogen ion)                                      | 7.2   | 8.0      |
| 2. Water clarity (safety)                                 | Main drain and pool bottom visible at all times | —        |
| 3. Turbidity (shielding microorganisms from disinfection) | —   | 0.5 TU*  |
| 4. Cyanuric acid or its derivatives (if used)             | 0   | 90 ppm   |
| 5. Temperature  | —   | 104 F.** |

| Chemical or Physical Constituent | Minimum | Maximum               |
|----------------------------------|---------|-----------------------|
| 6. Combined chlorine             | —       | <50% of free chlorine |
| 7. ORP***                        | 700 mv. | —                     |

NOTE:

\*In peak periods, turbidity may increase to 1.0 TU provided turbidity returns to 0.5 TU within a six-hour period following peak use. Turbidity is not a required routine analysis. Turbidity monitoring may be required by the department or local health officer if special conditions warrant turbidity monitoring.

\*\*A pool facility thermometer shall be provided when the water temperature exceeds 95 degrees Fahrenheit.

\*\*\*Oxidation-reduction potential (ORP) readings used in conjunction with chlorine and bromine may be allowed as long as values are maintained no less than 700 millivolts. ORP readings do not preclude the need for field testing of the actual mg/l residual for the specific disinfectant on at least a daily basis.

TABLE 070.3

RANGE OF ACCEPTABLE TESTING LEVELS FOR FIELD TEST KITS\*

| Chemical Test              | Minimum Range        | Minimum Accuracy                            |
|----------------------------|----------------------|---|
| 1. Free available chlorine | 0.3 to 3.0 ppm       | 0.2 ppm to 1.0 ppm<br>0.5 ppm above 1.0 ppm |
| 2. Total chlorine          | 0.3 to 3.0 ppm       | 0.2 ppm to 1.0 ppm<br>0.5 ppm above 1.0 ppm |
| 3. Total bromine           | 0.3 to 4.0 ppm       | 0.2 ppm to 1.0 ppm<br>0.5 ppm above 1.0 ppm |
| 4. pH (hydrogen ion)       | 7.0 to 8.2           | 0.2   |
| 5. Cyanuric Acid           | 0 to 100 ppm         | 10 ppm                                      |
| 6. Alkalinity              | 0 to 300 ppm         | 15 ppm                                      |
| 7. Temperature (spas)      | 60 to 110 degrees F. | 1 degree F.                                 |

NOTE:

\*Do not make a chemical condition determination based on readings at the extreme measurable limits of the scale.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-030, filed 3/12/90, effective 4/12/90; Regulation .98.030, effective 3/11/60.]

**WAC 246-260-080 Monitoring, reporting, and recordkeeping.** (1) Reporting death, injury, and illness. Owners shall:

(a) Provide department or local health officer-requested information for statewide injury and illness surveillance reports; and

(b) Within forty-eight hours, notify the department or local health officer of a drowning, near drowning, death, or serious injury or illness occurring at the water recreation facility.

(2) Incidents. Owners shall provide department or local health officer-requested information after an incident creating a potential problem of health or safety significance, for example, chlorine gas leak.

(3) Monitoring and recordkeeping. Owners shall monitor and maintain records for at least three years on the following:

(a) Water quality conditions on WRF pools including:

(i) Residual disinfectant testing often enough to determine the residual is satisfactory, and in no condition

shall residual disinfectant testing be done less than once every twenty-four hours;

(ii) Hydrogen ion (pH) concentration testing often enough to determine the concentration is satisfactory, and in no condition shall testing be done less than once every twenty-four hours;

(iii) Checking alkalinity monitored at least weekly;

(iv) Recording quantities of all chemicals added to pool water, including alum, algicides, cyanuric acid, acids, alkalinity compounds, etc.

(v) Checking gauges sufficiently to assure conformance with code requirements for turnover during the filter cycle;

(vi) Any gross water contamination, for example, vomiting, feces, etc.;

(vii) When pool temperature is over ninety-five degrees, temperature testing sufficiently often to determine temperature is in a satisfactory range at or below one hundred and four degrees Fahrenheit and in no condition shall temperature testing be done less than once every twenty-four hours; and

(viii) When cyanuric acid or its derivatives are used in a pool, cyanurate level testing to determine the cyanurate level is maintained below the maximum level of ninety mg/l, and in no condition shall cyanurate level testing be done less than once every week the pool is in use.

(b) Routine preventive maintenance provided on all hazardous equipment, for example, gas chlorination equipment;

(c) Daily estimation of number of users;

(d) Personnel credentials, training, and/or certifications required under WAC 246-260-100(5), 246-260-120(5), and 246-260-140(5).

(4) Availability. Owners shall make records required by this section available for department or local health officer review upon request.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-035, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-090 Swimming pool design, construction, and equipment.** (1) **Location.** Owners shall locate pools to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances;

(b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pump house, trees, and other structures are located fifteen feet or more from the pool or provide barriers or other means to prevent ready access from the structure. Structures shall not be construed to include:

(i) Building walkways above the second story or roofs of any building structure; or

(ii) Any barriers provided to prevent unauthorized pool access, for example fencing.

(2) **Materials.** Owners shall use only structure and equipment materials which are nontoxic, durable, inert, impervious to water, and easily cleanable.

(3) **Walking surfaces.** Owners shall design and maintain walking surfaces:

(a) Uniformly sloping away from the pool or pools a minimum of one-fourth inch per foot and a maximum of one-half inch per foot;

(b) Of a nonslip finish not presenting a tripping hazard;

(c) Equipped with sufficient drains to prevent standing water;

(d) Of easily cleanable, impervious finishes;

(e) At least six feet wide on the shallow end of pool, except for:

(i) Pools with all depths uniform at ends, at least one end six feet wide or more; or

(ii) Circular or irregular pools at least twenty-five percent of the deck six feet wide or more.

(f) Four feet or more in width on pools with an area fifteen hundred square feet or less;

(g) Six feet or more in width:

(i) On outdoor pools fifteen hundred square feet or more;

(ii) On fifty percent of the perimeter of indoor pools fifteen hundred square feet or more. Perimeter on remainder of the deck shall be four feet or more in width.

(h) A minimum of sixteen square feet per bather on pools fifteen hundred square feet or more. Determine maximum bather load as described under subsection (12) of this section. If owner provides maximum facility occupancy loading less than that of subsection (12) of this section, and such occupancy limit is posted and enforced, that loading may be used in lieu of the maximum bather load figure as described under subsection (12) of this section;

(i) In swimming pools designed for competitive use with likelihood of spectators, a minimum of six feet between spectator viewing area and the pool. Balconies shall be fifteen feet or more from the pool unless properly safeguarded from intruding into the pool area;

(j) In conformance with department-established guidelines for any resilient artificial surfaces; and

(k) General use pools shall not have sand and grass areas within the pool enclosure unless separated to prevent direct access from the pool area and means are provided for cleansing the bather's feet before re-entering the pool and deck area.

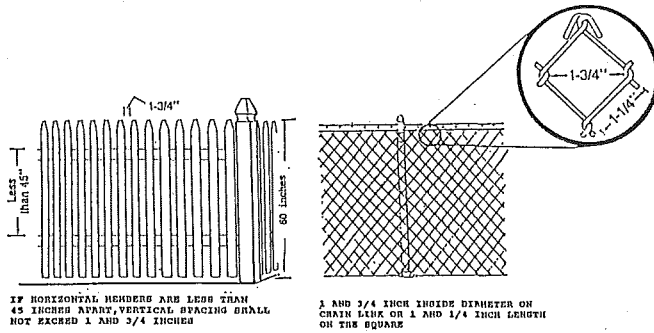
(4) **Barriers.** Owners shall provide barrier protection to prevent unauthorized access.

(a) A barrier shall be sixty inches or more in height and:

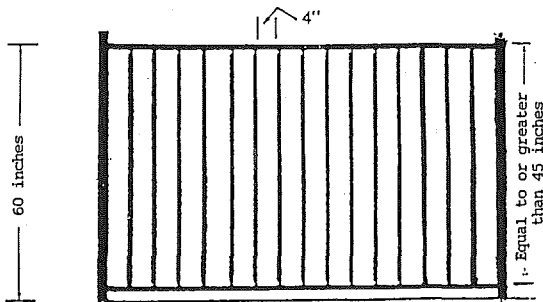
(i) Shall not allow passage of a four-inch diameter sphere;

(ii) If it has horizontal members that are spaced less than forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a width of one and three-quarter inches (see Figure 090.1); or





(iii) If it has horizontal members that are spaced at, or more than, forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a four-inch width (see Figure 090.2); and



IF HORIZONTAL MEMBERS ARE EQUAL TO OR MORE THAN 45 INCHES APART, VERTICAL SPACING SHALL NOT EXCEED 4 INCHES

(iv) Shall have lockable gates and entrances provided with a self-closing, self-latching mechanism fifty-four inches or more from the ground with a clear space fifty inches deep on the latch side of the door to position a wheelchair. When a latching mechanism is provided at any lower height, the latching mechanism shall be of a type remaining continuously locked, and only opening with the use of a key or other access control system.

(b) At outdoor facilities not a part of living facilities, such as in a municipal park, a barrier six feet or more shall be provided to prevent unauthorized access;

(c) Restricted area service entrances shall be exempt from door or gate requirements providing no public access is available;

(d) Lifeguarded pools are not required to have a self-closing, self-latching gate during the period a pool is in use. Facility gates shall be closed and locked during nonuse periods; and

(e) An entrance to the pool area which shall not serve as a required exit from another part of the building when there is a conflict with other codes or regulations.

(5) **Pool surfaces.** Owners shall ensure pool surfaces with:

(a) Materials complying with subsection (2) of this section;

(b) Water tight and nonabrasive construction; and

(c) White or light color finish not obscuring the view of objects or surfaces;

(d) Surfaces not causing cutting, pinching, puncturing, entanglement, or abrasion hazard under casual contact; and

(e) Construction tolerances conforming with current NSPI public pool standards.

(6) **Pool general floor and wall dimensional design.** Owners shall ensure pool dimensional designs for floors and walls provide for safety, circulation, and quality of the water including, but not limited to:

(a) Uniform pool floor slopes as follows:

(i) Pools fifteen hundred square feet or more providing a maximum slope of one foot drop in twelve feet of run at pool depths to five and one-half feet;

(ii) Where diving provisions are included, floor slopes not intruding into the area designated as the diving envelope; and

(iii) A slope change transition zone (breakpoint from shallow to deep areas of pool) providing warning of the break in slope into diving or deep pool areas consisting of a two-foot wide ramp sloped at twice the slope of the shallow bottom.

(b) Pool vertical walls may be curved, not to exceed allowable radius, to join the floor for minimum distance as noted under Table 050.1 of this section. Vertical means walls not greater than eleven degrees from plumb:

(i) Coving or portion of the side wall of a pool diving area shall conform as required and as described under subsection (7) of this section; and

(ii) In new construction or alterations to existing construction, ledges are prohibited.

(c) A maximum intrusion for pool walls beyond the vertical, as defined under subsection (6)(b) of this section, with any configuration not to exceed a transitional radius from wall to floor where floor slopes join walls and which has:

(i) Center of radius not less than the minimum vertical depth specified under Table 090.3 of this section below the water level;

(ii) Arc of radius tangent to the wall; and

(iii) Maximum radius of coving, or any intrusion into the pool wall/floor interface, determined by subtracting the vertical wall depth from the total pool depth.

TABLE 090.3

MAXIMUM RADIUS COVING OR POOL INTRUSION DIMENSIONS BETWEEN POOL FLOOR AND WALL\*

| Pool Depth                  | 2'0" | 3'0" | 3'6" | 5'0" | > 5'0"   |
|-----------------------------|------|------|------|------|--|
| Minimum Sidewall            | 1'6" | 2'2" | 2'6" | 3'6" | @ > 3'6"   |
| Vertical Depth (Springline) |      |      |      |      |  |
| Maximum Radius of Curvature | 6"   | 10"  | 12"  | 1'6" | **Maximum radius equals pool depth minus the vertical wall depth |

NOTE:

\*For pool depths falling between the depths listed, values can be interpolated.

\*\*Radius of coving cannot intrude into pool within diving envelope.

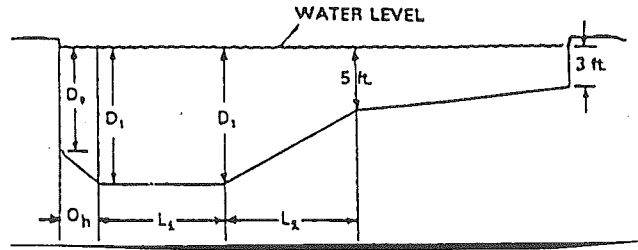
(7) **Specific design requirements for pools furnishing areas for diving.** Owners shall ensure provision of diving

envelopes in pools or areas of pools designated for diving activities to include a diving envelope not less than the:

(a) APHA standard configuration noted under figure 090.4 of this section in areas where user would enter from the deck level twelve inches or less from water level. This requirement is based on a standard described under APHA public pool regulations, 1981, for pool type described under D-8.01 Table 1, the section noting the requirements from deck level;

(b) CNCA standard configuration noted under figure 090.5 of this section in areas where the user would enter from the deck level over twelve inches from water level, or has a platform or diving board provided at a height of less than one-half meter (twenty inches). This requirement is based on a standard described under CNCA publication **Swimming Pools: A Guide to their Planning, Design, and Operation** 1987, Fourth Edition. Human Kinetics Publisher, Inc., Champaign, Illinois, figure 8.1; and

(c) FINA standard configuration noted under figure 090.6 of this section in areas where the user would enter from the diving board or platform at a height of one-half meter (twenty inches) or greater. This requirement is based on a standard described in FINA publication **FINA Handbook, 1986-88**, constitution and rules governing swimming, diving, water polo, and synchronized swimming, 1986-88. Edited by E. Allen Harvey, Vancouver, Canada VGN 3R6, Section D, pp. 114-115.



NOTE:

\*The department underlined areas for clarification.

FIGURE 090.4

MINIMUM DIMENSIONS FOR POOLS WITH DIVING FROM DECK LEVEL WHICH IS LESS THAN TWELVE INCHES FROM THE WATER LINE

APHA STANDARDS\*  
D-8 DIVING AREA REQUIREMENTS

D-8.01

The dimensions of the diving area on all swimming pools providing diving from deck level shall conform to the following dimensions:

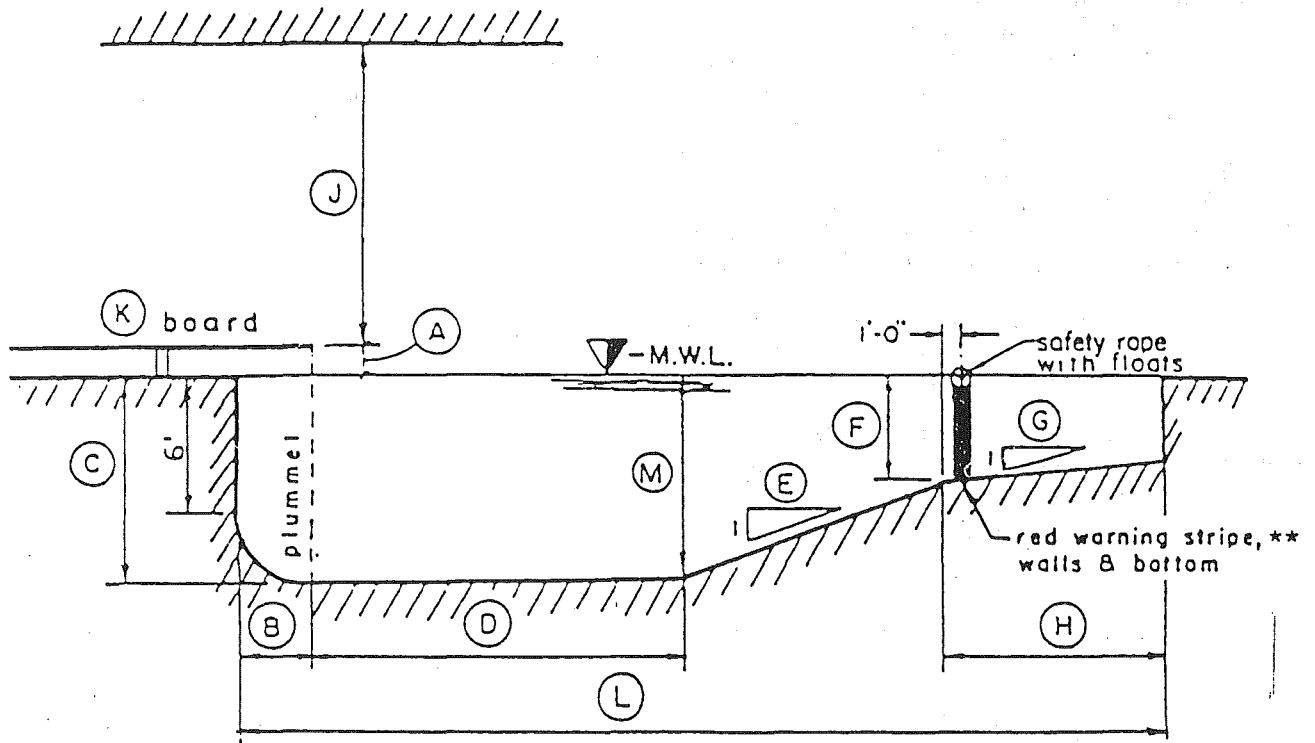
Table 1. The diving area dimensions on all swimming pools providing diving from deck level.

| Heights                          | Lengths   |        |                       |         |
|----------------------------------|---|--------|-----------------------|---------|
|                                  | Water Depths  |        | Length of Diving Well | Run-Out |
| Height of Deck Above Water Level | D(0)  | D(1)   | L(1)                  | L(2)    |
| H<br>12" or less                 | 6 ft  | 8.5 ft | 12 ft                 | 10.5 ft |
| Over 12 inches                   | See standards for over twelve inches as applicable (either CNCA or FINA in inches following subsections). |        |                       |         |

Figure 090.5

Minimum dimensions for pools with boards or platforms at a height of less than 1/2 meter (20 inches)

CNCA STANDARDS



| Dimension                                    | Minimum    | Preferred or Maximum |
|--|------------|----------------------|
| A Height of board above water                |            | 20 in.               |
| B Board overhang                             | 2 ft 6 in. | 3 ft                 |
| C Depth of water at plummet                  | 9 ft       | 10 ft *              |
| D Distance from plummet to start of upslope  | 16 ft      | 18 ft *              |
| E Inclination of upslope of bottom           |            | 1:3                  |
| F Depth of water at breakpoint               | 4 ft 6 in. |                      |
| G Slope of bottom in shallow portion of pool | 1:12       | 1:15 *               |
| H Length of shallow section of pool          | 8 ft       | 14 ft *              |
| J Distance to any overhead structure         | 13 ft      | 15 ft *              |
| K Board length                               |            | 12 ft                |
| L Length of pool                             | 40 ft      | 50 ft *              |
| M Dimension not less than C minus            | 6 in.      |                      |

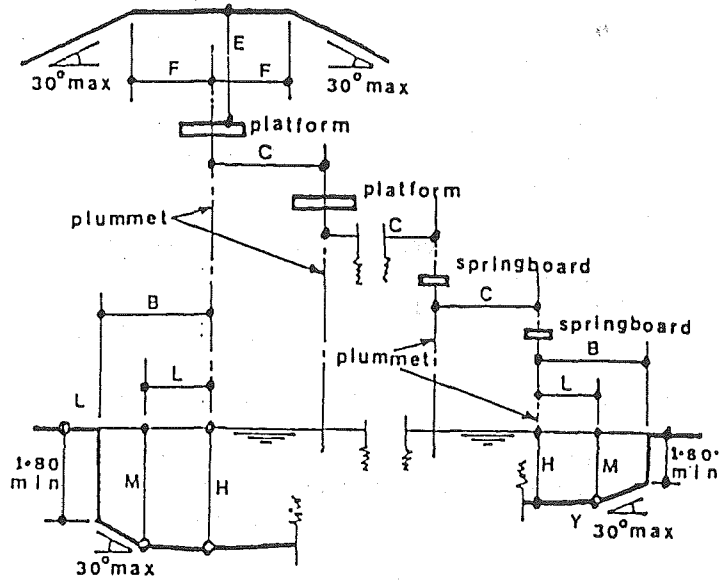
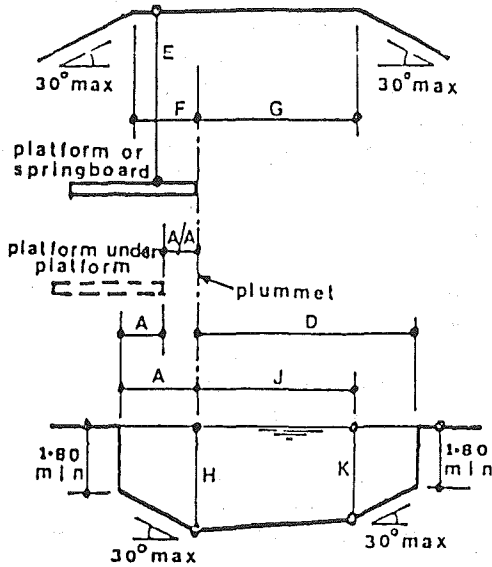
NOTE (FROM FIGURE 090.5):

- \*Values with asterisks are not to be considered as maximums.
- \*\*Warning stripe at break point may be of any contrasting color.

FIGURE 090.6

MINIMUM DIMENSIONS FOR POOLS WITH BOARDS OR PLATFORMS AT A HEIGHT OF 1/2 METER OR MORE

FINA STANDARDS



LONGITUDINAL SECTION  
DIAGRAMMATIC ONLY

CROSS SECTION  
DIAGRAMMATIC ONLY

| FINA<br>Dimensions for<br>Diving Facilities |   | Dimensions<br>are in<br>Metres | Springboard |           | Platform  |             |          |            |              |         |            |      |      |      |
|---|---|--------------------------------|-------------|-----------|---|-------------|----------|------------|--------------|---------|------------|------|------|------|
|   |   |                                | 1 Metre     | 3 Metres  | 1 Metre   | 3 Metres    | 5 Metres | 7.5 Metres | 10 Metres    |         |            |      |      |      |
| LENGTH                                      |   | 4.80                           | 4.80        | 4.50      | 5.00  | 6.00        | 6.00     | 6.00       |              |         |            |      |      |      |
| WIDTH                                       |   | 0.50                           | 0.50        | 0.60      | 1.50  | 1.50        | 1.50     | 1.50       | 2.00         |         |            |      |      |      |
| HEIGHT                                      |   | 1.00                           | 3.00        | 0.60-1.00 | 2.60-3.00   | 5.00        | 7.50     | 10.00      |              |         |            |      |      |      |
| Revised to 1st Jan 1987                     |   |                                |             |           |   |             |          |            |              |         |            |      |      |      |
| A   | From plummets<br>BACK TO POOL WALL                                | DESIGNATION                    | A-1         | A-3       | A-1pl   | A-3pl       | A-5      | A-7.5      | A-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 1.80        | 1.80      | 0.75  | 1.25        | 1.25     | 1.50       | 1.50         |         |            |      |      |      |
| A/A   | From plummets<br>BACK TO PLATFORM<br>plummets directly below      | DESIGNATION                    |             |           |   |             |          |            | A-5/1        | A-7.5/1 | A-10/5/3/1 |      |      |      |
|   |   | MINIMUM                        |             |           |   |             |          |            | 1.50         | 1.50    | 1.50       |      |      |      |
| B   | From plummets to<br>POOL WALL AT SIDE                             | DESIGNATION                    | B-1         | B-3       | B-1pl   | B-3pl       | B-5      | B-7.5      | B-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 2.30        | 3.50      | 2.30  | 2.90        | 4.25     | 4.50       | 5.25         |         |            |      |      |      |
| C   | From plummets to<br>ADJACENT PLUMMET                              | DESIGNATION                    | C-1/1       | C-3/3/1   | C-1/1pl   | C-3/1pl/3pl | C-5/3/1  | C-7.5/3/1  | C-10/7.5/3/1 |         |            |      |      |      |
|   |   | MINIMUM                        | 2.40        | 2.60      | 1.65  | 2.10        | 2.50     | 2.50       | 2.75         |         |            |      |      |      |
| D   | From plummets to<br>POOL WALL AHEAD                               | DESIGNATION                    | D-1         | D-3       | D-1pl   | D-3pl       | D-5      | D-7.5      | D-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 9.00        | 10.25     | 8.00  | 9.50        | 10.25    | 11.00      | 13.50        |         |            |      |      |      |
| E   | On plummets, from<br>BOARD TO CEILING                             | DESIGNATION                    | E-1         | E-3       | E-1pl   | E-3pl       | E-5      | E-7.5      | E-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 5.00        | 5.00      | 3.50  | 3.50        | 3.50     | 3.50       | 3.50         | 5.00    |            |      |      |      |
| F   | CLEAR OVERHEAD<br>behind and each<br>side of plummets             | DESIGNATION                    | F-1         | F-3       | F-1pl   | F-3pl       | F-5      | F-7.5      | F-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 2.50        | 5.00      | 2.50  | 3.50        | 2.75     | 3.50       | 2.75         | 3.50    | 2.75       | 3.50 | 2.75 | 5.00 |
| G   | CLEAR OVERHEAD<br>ahead of plummets                               | DESIGNATION                    | G-1         | G-3       | G-1pl   | G-3pl       | G-5      | G-7.5      | G-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 5.00        | 5.00      | 5.00  | 5.00        | 5.00     | 5.00       | 5.00         | 5.00    | 5.00       | 5.00 | 6.00 | 5.00 |
| H   | DEPTH OF WATER<br>at plummets                                     | DESIGNATION                    | H-1         | H-3       | H-1pl   | H-3pl       | H-5      | H-7.5      | H-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 3.50        | 3.80      | 3.30  | 3.60        | 3.80     | 4.50       | 5.00         |         |            |      |      |      |
| J   | DISTANCE AND DEPTH<br>ahead of plummets                           | DESIGNATION                    | J-1         | J-3       | J-1pl   | J-3pl       | J-5      | J-7.5      | J-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 5.00        | 3.40      | 6.00  | 3.70        | 5.00     | 3.20       | 6.00         | 3.50    | 6.00       | 3.70 | 8.00 | 4.40 |
| K   | DISTANCE AND DEPTH<br>each side of plummets                       | DESIGNATION                    | K-1         | K-3       | K-1pl   | K-3pl       | K-5      | K-7.5      | K-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 5.00        | 3.40      | 6.00  | 3.70        | 5.00     | 3.20       | 6.00         | 3.50    | 6.00       | 3.70 | 8.00 | 4.40 |
| L   | MAXIMUM SLOPE TO<br>REDUCE DIMENSIONS<br>beyond full requirements | DESIGNATION                    | L-1         | L-3       | L-1pl   | L-3pl       | L-5      | L-7.5      | L-10         |         |            |      |      |      |
|   |   | MINIMUM                        | 1.50        | 3.40      | 2.00  | 3.70        | 1.40     | 3.20       | 1.80         | 3.50    | 4.25       | 3.70 | 4.50 | 4.40 |
| N   | POOL DEPTH<br>CEILING HT  | DESIGNATION                    | 30 degrees  |           | NOTE  |             |          |            |              |         |            |      |      |      |
|   |   | MINIMUM                        | 30 degrees  |           | Dimensions C (plummets to adjacent plummets) apply for Platform with widths as detailed. For wider Platforms increase C by half the additional width(s) |             |          |            |              |         |            |      |      |      |

(8) **Pool appurtenances.** Owners shall ensure swimming pools:

(a) Have handholds around the perimeter in pools two feet or more in depth. Handholds shall be four feet or less apart and consist of any one or a combination of the following:

(i) Coping, ledges, radius flanges, or decks along the immediate top edge of the pool or suitable slip-resisting handholds located twelve inches or less above the waterline;

(ii) Ladders or steps; or

(iii) Secured rope or railing twelve inches or less above the water line.

(b) Have stairs, ladders, or stepholes with:

(i) Stairs, when provided, meeting the following construction requirements:

(A) Nonslip tread finish;

(B) Contrasting color stair tread edges clearly visible to users;

(C) Recessed in pool areas used for lap or competitive swimming to prevent intrusion into the activity areas;

(D) Handrails with the leading edge for stairs at pool entry/exit being neither eighteen inches or more beyond nor eight inches or more inside (horizontally) the vertical plane of the bottom riser;

(E) Riser treads with a minimum unobstructed, horizontal, ten-inch tread depth and a minimum two-hundred-forty-inch surface area;

(F) Riser heights, on general use pools fifteen hundred square feet or more, uniform and seven and one-half inches or less, except the bottom riser may be less than the uniform height; and

(G) Riser heights, on general use pools less than fifteen hundred square feet, and limited use pools, uniform and have a preferred seven-and-one-half-inch height, but not greater than ten inches, except the bottom riser may be plus or minus two-inches of the uniform height.

(ii) Ladders or stepholes:

(A) Spaced at a minimum of one for every seventy-five feet of pool perimeter deeper than four feet;

(B) Provided at both sides of the deep end of pools over thirty feet in width; and

(C) Equipped with a handrail at the top of both sides extending over the coping or deck edge.

(iii) Means of access at the shallow end of the pool; and

(iv) Designs permitting entry and exit for impaired or handicapped persons are encouraged.

(c) Diving boards and diving platforms, when provided, shall:

(i) Be installed according to manufacturer's instructions;

(ii) Have slip-resistant tread surfaces;

(iii) Have steps and ladders leading to diving boards which provide handrails.

(iv) Be protected with forty-two inch high guardrails extending at least to the water edge when one meter or more above the water.

(d) Starting blocks, when provided, shall:

(i) If on the shallow end of pool, be removed when not in use by the competitive swimmers trained in starting blocks proper use; and

(ii) Be firmly secured when in use.

(e) Water slides, when provided, shall:

(i) Be installed according to manufacturer's instructions and be approved by the manufacturer for general use and limited use pools; and

(ii) Conform to Part 1207 of the Consumer Product Safety Act (Sec. 7(f), P.L. 92-573, 86 Statute 1215, 15 U.S.C. 1056(f)); or

(iii) If not manufactured for general use and limited use pools, conform to requirements under chapter 246-262 WAC, Recreational water contact facilities.

(9) **Turnover.** Owners shall ensure pools turn over entire pool water volume in six hours or less. Exceptions to recirculation requirements may be made for flow-through pools in the following conditions where:

(a) Water supply is sufficient to provide the same turnover period specified for recirculation pools;

(b) The source water supply meets acceptable quality requirements and is subject to a disinfection method as described under WAC 246-260-070(3);

(c) The introduction of fresh treated pool water is accomplished by the same type of inlet and outlet design required for recirculation pools; and

(d) The pool water quality complies with WAC 246-260-070.

(10) **Pool depth markings.** Owners shall provide depth markings:

(a) Plainly marking the water depth in feet on the vertical wall at or above the water level and on the horizontal surface of the coping or deck edge;

(b) Positioned on the vertical pool wall to be read from the water side. Where markings cannot be placed above the water level, markings shall be placed in other areas and plainly visible to users in the pool;

(c) Located on the coping or deck within eighteen inches of the water edge and positioned to be read while standing on the deck facing the water;

(d) Which are slip resistant;

(e) Placed at the maximum and minimum water depths and at all points of slope change;

(f) Installed at intermediate increments of water depth not to exceed two feet, nor spaced at distances greater than twenty-five foot intervals;

(g) Uniformly arranged on both sides and ends of the pool;

(h) On irregularly shaped pools, meeting the requirements in subdivision (a) through (g) of this subsection and also designate the depths at all major deviations in shape;

(i) With a four-inch minimum height on the deck and a two-inch minimum height on the vertical pool wall; and

(j) Applied in a contrasting deck color which does not fade.

(11) **Safety line or marking line.** Owners shall provide safety (float) lines or marking lines (lines on pool sides and bottom) separating areas where the pool slope

breaks from a uniform slope leading from shallow to deeper water.

(a) Safety lines when used shall:

(i) Be kept in place at all times, except when the pool is used for a specific purpose such as lap swimming or competitive use;

(ii) Be placed one foot toward the shallow end away from the break point line. See subsection (6)(a)(iii) of this section;

(iii) Be strung tightly allowing the bather to hold onto the line for support;

(iv) Have a receptacle for receiving the safety line:

(A) Recessed in the wall; or

(B) Not constituting a safety hazard when the safety line is removed.

(v) Provide floats on the line at a minimum distance of every four feet.

(b) Markings lines when used shall:

(i) Provide a minimum three-inch wide marking line at the break point where the pool slope breaks from a uniform slope leading from shallow to deeper water; and

(ii) Be of a contrasting color to the background color of the pool sidewalls and floor.

(c) In pool facilities with uniform slopes not exceeding one foot in twelve feet to deep portions of the pool, a safety line or marking line shall not be required.

(12) **Bather load.** Owners shall ensure maximum number of bathers in the pool facility at any one time do not exceed a number determined by the formula noted under Table 090.7 of this section.

TABLE 090.7

SWIMMING POOL MAXIMUM BATHING LOAD\*  
(SPMBL)

$$\text{SPMBL} = \frac{A - S}{(30)} + \frac{S}{(15)} \quad \text{For outdoor pools}$$

$$\text{SPMBL} = \frac{A - S}{(30)} + \frac{S}{(25)} \quad \text{For indoor pools}$$

Where

A = Total area of water surface in square feet

S = Area of pool less than 5 feet deep in square feet

NOTE:

\*This formula will be used in determining certain features of pools as noted elsewhere in these rules and regulations.

(13) **Inlets.** Owners shall provide pool inlets:

(a) Submerged and located to produce uniform water and chemical circulation throughout the pool; and

(b) Located on the bottom of pools twenty-five hundred square feet or more, unless otherwise justified by the design engineer to the department's or local health officer's satisfaction.

(14) **Outlets.** Owners shall provide pool outlets with:

(a) Overflow and main drain grating systems each designed to carry one hundred percent of the total recirculation filter flow and main drain piping designed to carry fifty percent or more of total recirculation filter flow;

(b) Overflow outlets that maintain:

(i) A minimum of sixty percent of filter recirculation flow at all times; and

(ii) An overflow channel which may be used on any pool and required on pools twenty-five hundred square feet or more on the pool perimeter to promote uniform circulation and skimming action of the upper water layer with:

(A) A design preventing all matter entering the channel from returning to the pool;

(B) Dimensions minimizing the hazard for bathers, such as catching arms or feet;

(C) One one-hundredth of a foot slope per foot or more;

(D) Drains sufficiently spaced and sized to collect and remove overflow water to return line and filter, where applicable; and

(E) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow equivalent to one-fifth of the balancing tank expressed in gallons per minute.

(iii) Skimmers in lieu of pool overflow channels up to twenty-five hundred square feet if:

(A) Weir provided in skimmer has a maximum flow rate through skimmer not exceeding four gpm per inch of weir;

(B) Devices are recessed in the pool wall so no part protrudes beyond the plane of the wall into the pool;

(C) The skimmer is equipped with a device to prevent air lock in the recirculation suction line, such as, an equalizer line;

(D) The skimmer is equipped with a removable and cleanable screen designed to trap large solids;

(E) Automatically adjustable and operates freely with continuous skimming action to continue through all designed loading rates. Displacement shall be computed at fifteen gallons per bather.

(c) Main drains in all pools with:

(i) Location at the pool's low points;

(ii) A minimum of two main drains spaced:

(A) Twenty feet or less apart nor closer than six feet; or

(B) As far as possible from each other in pools seven feet or less linear floor distance.

(iii) Total open area of grates sized to prevent a suction or entrapment hazard dangerous to user;

(iv) Grates on drains with:

(A) Maximum flow of one and one-half feet per second; or

(B) Net outlet area four times or more the area of the discharge pipe.

(v) Openings not allowing a sphere over one-half inch in diameter to pass;

(vi) Grates designed to withstand forces of users;

(vii) Grates removable only with specific tool; and

(viii) Means to control flow from recirculation pump or balancing tank.

(15) **Flow.** Owners shall maintain pool recirculation flow not to exceed:

(a) Six feet per second in valved suction or discharge side of the pump; and

(b) Ten feet per second in open discharge pipes on the pressure side of the pump or filter discharge. The recirculation flow limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.

(16) **Balancing tanks.** Owners with overflow channels requiring balancing tanks shall:

- (a) Maintain volume equivalent to fifteen times maximum bathing load expressed in gallons; and
- (b) Increase capacity as necessary to provide volume for make-up water and to prevent air lock in the pump suction line.

(17) **Pumps.** Owners shall have and maintain recirculation pumps with adequate capacity to:

- (a) Provide design flows and pressure for water recirculation over the entire operating filter pressure;
- (b) Allow proper back washing of filters when specified; and
- (c) Have self-priming capability when installed above pool water level.

(18) **Strainers.** Where pumps precede the filter, owners shall equip pool recirculation facilities with hair and lint strainers which shall:

- (a) Be located upstream of recirculation pumps;
- (b) Provide strainer screen sufficiently strong to prevent collapse when clogged;
- (c) Have an openable cover; and
- (d) Provide valving to isolate the strainer when located below pool water level.

(19) **Valves.** Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.

(20) **Equipment rooms.** Owners shall provide equipment rooms:

- (a) Enclosing pumps, disinfection equipment, filters and other electrical and mechanical feed equipment and associated chemicals. Chemical storage shall conform to manufacturer requirements;
- (b) Providing work space and access to perform routine operations;
- (c) With a forty-six-square-foot minimum floor area and provide a three-foot minimum access area to service equipment;
- (d) With one floor drain or more and a floor slope to the drain at a one-fourth-inch-per-foot minimum;
- (e) Ready access if below grade;
- (f) Ventilation;
- (g) Twenty foot-candles or more of light measured thirty inches from the floor; and
- (h) Kept locked.

(21) **Make-up water.** Owners shall ensure a source of make-up water and associated piping at the pool:

- (a) Providing sufficient quantity to replace daily pool losses;
- (b) Coming from a supply conforming with chapter 246-290 WAC;
- (c) Preventing cross connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the pool water or waste water; and

(d) If using a pool fill spout, not projecting greater than one inch into the space above the water surface area and shielded to not create a deck hazard.

(22) **Filters.** Owners shall equip pools with filtration equipment:

- (a) Meeting the applicable standards of NSF or equivalent;
- (b) Using acceptable type and filter rates described under Table 050.6 of this section;
- (c) Having pressure or vacuum gauges for measuring loss of head through the filter with minimum of one gauge preceding and one gauge following the filter;
- (d) Having a rate of flow indicator to measure flow which has accuracy, repeatability, and durability equivalent to flow meters meeting NSF standards; and
- (e) Having a means of discharging filter backwash to waste with:
  - (i) Discharge in a manner not creating a public nuisance;
  - (ii) Disposal in accordance with applicable local laws or regulations;
  - (iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;
  - (iv) Discharge receptor and piping of sufficient size to accept backwash water and prevent flooding; and
  - (v) Ability to monitor filter effluent during backwash, that is, use of a sight glass.
- (f) Providing means to release air entering the filter tank on pressure filters;
- (g) When cartridge filters are used:
  - (i) Provide with an extra set of cartridges; and
  - (ii) Have any bypass valves in a permanently closed position.
- (h) When using pressure DE filters with separation tanks:
  - (i) Provide a means of air release or a lid providing a slow and safe release of pressure; and
  - (ii) Show a readily visible user warning that the air release must be opened before starting the circulation pump.

TABLE 090.8

TYPE AND RANGES OF FILTERS FOR SWIMMING POOLS

| Range of Acceptable Filter Rate<br>Type of Filter Media | Expressed in gpm/Square Feet  |     |         |
|---|---|-----|---------|
|   | Minimum   |     | Maximum |
| Sand  | —   |     | 3       |
|   | Rapid Sand or Pressure Sand<br>High Rate Sand Pressure<br>or Vacuum | 10  | 18*     |
| D.E.  | Continuous<br>Feed  | 1.0 | 2.0     |
|   | Pressure<br>Vacuum  | 0.8 | 1.35    |
| Cartridge**   |   |     | .375    |

## NOTE:

\*Filters which are sized at maximum application rate shall be equipped with flow control valves to maintain flow equilibrium to account for varying filter pressures and consequent flow production.

\*\*Cartridge filters shall have a nominal micron rating of twenty microns or less.

(23) **Disinfection equipment.** Owners shall provide disinfection equipment:

(a) Providing a continuous and effective disinfectant residual in the water;

(b) Using a disinfectant with an easily monitored residual;

(c) Having a design feed rate providing effective disinfection levels when the pool is in peak demand conditions;

(d) Having easily cleanable equipment and piping used to apply chemicals and with provisions to prevent undue clogging. All materials shall be resistant to action of chemicals used;

(e) Conforming to NSF standards if disinfection equipment has:

(i) Adjustable output rate chemical feed equipment for liquid solutions. The equipment shall:

(A) Feed under positive pressure in the recirculation system;

(B) Provide means for dosage adjustment;

(C) Have provisions to prevent hypochlorite solution siphoning when equipment is turned off. This applies when the disinfection equipment is above pool water level.

(ii) Flow through chemical feed for solid feed material. Solid tablets or granules shall not be placed in skimmer baskets accessible to the public.

(f) Allowing hand feeding on an emergency basis only;

(g) Meeting the following conditions when using chlorine gas:

(i) Chlorine rooms shall:

(A) Be above ground level;

(B) Be constructed so all openings or partitions with adjoining rooms are sealed;

(C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the pool facility;

(D) Have door opening outward only and to the out-of-doors;

(E) Provide a sign on the door exterior reading DANGER CHLORINE. The sign shall be large enough to be read twenty-five feet away.

(ii) Chlorine rooms shall have mechanical exhausting ventilation including:

(A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;

(B) Minimum of one air change per minute in the chlorine room when fan is operating;

(C) A remote switch outside the room or a door-activated switch to turn on fan before entering;

(D) Suction for fan near the floor;

(E) Exhaust for fan and chlorinator vent located to prevent contaminating air intake and prevent undue hazard for the pool facility users; and

(F) Screened chlorinator vent.

(iii) Gas chlorine systems shall:

(A) Be vacuum injection type, with vacuum-actuated cylinder regulators;

(B) Provide integral backflow and anti-siphon protection at the injector; and

(C) Provide taring (net weight of cylinder gas) scales for determining chlorine weight.

(iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:

(A) Self-contained breathing apparatus designed for use in a chlorine atmosphere for working with chlorine leaks and maintained in accordance with department of labor and industries standards; or

(B) Provisions to substitute breathing protection at the site, if procedures can be established and documented with emergency service fire districts or other approved organization within the area for promptly responding to chlorine leaks.

(v) Means for automatic shutoff when pool flow is interrupted; and

(vi) Chlorine gas cylinders shall:

(A) Be stored only in chlorine rooms;

(B) Have approved valve-stem cylinder wrench on the valve stem to shut the system down in an emergency event;

(C) Be properly secured to prevent tipping;

(D) Be tagged to indicate cylinders are empty or full; and

(E) Not exceed one hundred fifty pounds tare weight per cylinder. If one-ton cylinder use is desired, an engineer specializing in chlorine design shall prepare a design proposal for department consideration.

(24) **Chemical feeding equipment for pH control.** Owners applying chemicals for controlling pH through chemical feed equipment shall provide equipment with:

(a) Adequate size and design to allow routine cleaning and maintenance;

(b) Materials resistant to chemical action;

(c) Means for automatic shut off when pool flow is interrupted;

(d) Chemical feed equipment for pH control on pools fifty thousand gallons volume or greater;

(e) Any pool feeding with:

(i) Caustic soda (NaOH);

(ii) Carbon dioxide (CO<sub>2</sub>); or

(iii) Other chemicals the department determines necessary to require metered and controlled feeding.

(25) **Heaters.** Where pool heating equipment is provided, owners shall:

(a) Locate equipment so any standing pilot is readily accessible; and

(b) Install equipment per NEC and UMC.

(26) **Ventilation.** Owners shall provide indoor pool facility ventilation conforming with ASHRAE pool facility standards.

(27) **Testing equipment.** Owners shall use testing equipment as noted in the water quality section under WAC 246-260-070(6).



(28) **Chemical storage.** Owners shall ensure chemical storage design and placement minimizes safety risks.

(29) **Restroom, locker room, and plumbing fixtures.** Owners shall provide restroom, locker room, and plumbing facilities at pools as follows:

- (a) General use swimming pool facilities with:
  - (i) Minimum components including:
    - (A) Dressing rooms;
    - (B) Showers;
    - (C) Toilets and urinals;
    - (D) Lavatories; and
    - (E) Hose bibs.
  - (ii) A design providing easy accessibility to toilet and shower facilities by users with minimum cross traffic of nonusers;
  - (iii) Locker rooms including:
    - (A) Separate facilities for both sexes with provisions to block line of sight into locker rooms;
    - (B) Non-slip floors with suitable drains;
    - (C) Junctions between walls and floors covered for ease of cleaning; and
    - (D) Adequate ventilation to prevent moisture build-up in the facility.
  - (iv) Plumbing fixtures as described under Table 050.7 of this section;
  - (v) Shower facilities that:
    - (A) Deliver water at a temperature range of ninety to one hundred ten degrees Fahrenheit; and
    - (B) Provide single service soap in nonglass dispensers.
  - (vi) Flush toilets and toilet tissue in dispensers;
  - (vii) Sinks provided with:
    - (A) Tempered or hot and cold running water;
    - (B) Single service soap in nonglass dispensers; and
    - (C) Single service towels or electric hand dryers.
  - (viii) Hose bibs with vacuum breakers provided:
    - (A) At a maximum spacing of one hundred fifty feet around pool deck; and
    - (B) Within the equipment room at facilities having pools fifteen hundred square feet or more.
  - (ix) Janitor sink with a vacuum breaker at pools greater than fifteen hundred square feet; and
  - (x) Sewage disposed of in a manner approved by the department or local health officer.
- (b) Limited-use swimming pool facility plumbing as described under Table 050.8 [090.10] of this section.

TABLE 090.9

PLUMBING FIXTURE MINIMUM REQUIREMENTS FOR GENERAL USE SWIMMING POOLS AMOUNT OF FIXTURES REQUIRED FOR OCCUPANCY LOAD BY SEX

| Type of Fixture  | Male  | Female |
|------------------|-------|--------|
| 1. Toilets       |       |        |
| up to 120        | 1/60  | 1/40   |
| from 121-360 add | 1/80  | 1/60   |
| over 360 add     | 1/150 | 1/100  |
| 2. Urinals       |       |        |
| up to 120        | 1/60  | NA     |
| from 121-360 add | 1/80  |        |
| over 360 add     | 1/150 |        |
| 3. Showers       |       |        |
| up to 120        | 1/40  | 1/40   |
| from 121-360 add | 1/60  | 1/60   |
| over 360 add     | 1/100 | 1/100  |
| 4. Sinks         |       |        |
| up to 200        | 1/100 | 1/100  |
| from 201-400 add | 1/200 | 1/200  |
| over 400 add     | 1/400 | 1/400  |

| Type of Fixture | Male  | Female |
|-----------------|---|--------|
| 5. Hose bibs    | One hose bib accessible to each locker room and provided with a vacuum breaker. |        |
| 6. Janitor sink | One*  |        |

NOTE:

\*Required for pools 1500 square feet or greater.

TABLE 090.10

PLUMBING FIXTURE MINIMUM REQUIREMENT FOR LIMITED USE SWIMMING POOLS

| Pools with:  | Toilets      | Showers      | Sinks        | Dress.Rm.    |
|--|--------------|--------------|--------------|--------------|
| 1. Living units within 100 feet and less than 3 stories          | -            | -            | -            | -            |
| 2. Living units >100 feet but <500 feet and less than 3 stories. | 1            | -            | 1            | -            |
| 3. Living units within 1/4 mile and/or with 3 or more stories.*  | 1(M)<br>1(F) | -            | 1(M)<br>1(F) | -            |
| 4. Living units greater than 1/4 mile.**                         | 1(M)<br>1(F) | 1(M)<br>1(F) | 1(M)<br>1(F) | 1(M)<br>1(F) |

NOTE:

\*Consideration for elevators adjacent to pool may allow variance from this requirement.

\*\*When pool bathing load for the proposed facility exceeds a capacity of 150 people, the fixture units provided at limited use facilities shall conform with the general use requirements in Table 090.9.

(c) If owners limit the number of people within their facility to a certain number and post maximum occupancy loading, the number of plumbing fixture units may be based on that maximum occupancy.

(30) **Lighting.** Owners shall design and maintain pool facility lighting to:

- (a) Illuminate indoor facilities, outdoor facilities used after dusk, and locker room facilities with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:
  - (i) Thirty foot-candles at indoor facilities;
  - (ii) Fifteen foot-candles at outdoor facilities;
  - (iii) Twenty foot-candles in locker rooms.
- (b) Allow lifeguards or attendants to clearly see pool areas and walking surfaces;
- (c) Meet any additional lighting requirements deemed necessary by the department or local health officer;
- (d) Provide protective shielding for all lighting fixtures above walking surfaces and pool areas; and
- (e) Provide all indoor facilities with one or more pool area emergency lights designed to turn on in the event of a power failure. The emergency lighting shall conform to requirements of UL standard 924.

(31) **Emergency equipment.** Owners shall provide first aid and emergency equipment readily available during operating hours as follows:

- (a) General use swimming pool facilities:
  - (i) A telephone within the facility with a prominently displayed list of emergency medical service response numbers;
  - (ii) Sufficient and suitable area provided to accommodate persons within the facility requiring first aid treatment and necessary first aid equipment;

(iii) A supplied first aid kit as follows:

(A) For general use pools fifteen hundred square feet or more, a standard twenty-four unit kit;

(B) For general use pools less than fifteen hundred square feet and limited use pools, a standard sixteen unit kit;

(iv) Two or more blankets reserved for emergency use;

(v) A backboard with means to secure victim to board and provide immobilization of head, neck, and back at pools requiring lifeguards;

(vi) Devices to aid victims in distress as follows:

(A) For pools with width less than twenty-four feet, rescue poles one-half the pool width or more;

(B) For pools with width twenty-four feet or more, rescue poles twelve feet or more in length;

(C) One or more of the poles with a double crook life hook in pools without lifeguards;

(D) One or more reaching poles for every fifteen hundred square feet of pool surface area;

(E) Throwing ring buoy, heaving jug, heaving line, throw-rope bag, or other similar devices with rope the width of the pool or fifty feet, whichever is less for reaching and retrieving victim;

(F) Rescue tube or rescue buoy at each lifeguard station.

(b) Limited use swimming pool facilities:

(i) During period facility is open for use, one of the following:

(A) A telephone within one minute access;

(B) Alternate means of reaching emergency medical service response numbers;

(C) Provision of an audible emergency alarm to alert others at area of need to respond.

(ii) Comply with requirements under subsection (31)(a)(iii), (iv), and (vi) of this section.

(32) **Lifeguard chairs.** Owners shall provide lifeguard chairs as follows:

(a) Where lifeguards are required and pools have depths greater than five feet, at least one lifeguard chair shall be provided adjacent to the deep area of the pool;

(b) Installed to manufacturer standards.

(33) **Signs.** Owners shall provide signs at pools which must convey the following conditions, but may be conveyed by any combination of words, pictures, or symbols:

(a) Prohibition of running or horseplay;

(b) Prohibition of use by persons with communicable diseases;

(c) Prohibition of use by persons under the influence of alcohol or drugs;

(d) Requirement for a cleansing shower before entering the pool;

(e) Warning that persons refusing to obey the regulations are subject to removal from the premises;

(f) Prohibition of food or drink in the pool water;

(g) In pools where lifeguards are not present, post requirements for facility use as described under WAC 246-260-100 (3)(b)(iii) and (c);

(h) Location of nearest telephone for emergency use or emergency notification procedure.

(34) **Food service.** When food service is provided, owners shall:

(a) At general use pool facilities, ensure food and beverage sale and consumption areas are separated from pool and deck enclosure areas. Special provisions may be made for allowing food and beverage service on the walkway provided a minimum six feet clear area is maintained between the pool edge and any tables or chairs provided for special facility functions;

(b) At limited use pool facilities, prohibit food and beverage in the pool water and maintain a minimum four foot clear area between pool edge and any tables and chairs provided for food service;

(c) At general use pool facilities, prohibit alcohol;

(d) At limited use pool facilities, when alcohol is sold within the pool facility, provide an attendant at the pool area;

(e) Provide trash containers;

(f) Prohibit glass containers in the pool facility.

(35) **Drinking fountain.** Owners shall provide an operable drinking fountain at general use swimming pools fifteen hundred square feet or more. Drinking fountains shall conform with American Standards Association requirements.

(36) **Foot baths.** Owners shall prohibit the use of foot baths at water recreation facilities. This does not preclude use of foot showers, provided the area is well drained.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-050, filed 3/12/90, effective 4/12/90; § 248-98-050, filed 10/3/67; Regulation .98.050, effective 3/11/60.]

**WAC 246-260-100 Operation of swimming pool facilities.** (1) **Operation plan.** Owners shall ensure proper operation to protect the public health, safety, and water quality by establishing practices and developing an operations manual addressing each of the following:

(a) Physical pool facility components;

(b) Personnel;

(c) Users and spectators;

(d) Environmental conditions.

(2) **Physical components.** Owners shall provide routine checks of the physical components:

(a) Ensuring all structural facilities which the users come in contact are intact and free from undue wear or fatigue and replaced as needed;

(b) Eliminating adverse affects of water ponding on walking surfaces;

(c) Ensuring preventive maintenance on equipment essential for protection of the public health, safety, and water quality;

(d) Ensuring any necessary emergency equipment is available and in good repair;

(e) Maintaining barrier protection;

(f) Ensuring common articles such as towels, bathing suits, bathing caps, etc., for patron use are sanitized before reuse if provided for patrons; and

(g) Ensuring treatment and turnover times are continuous twenty-four hours a day during seasons or periods of use and do not exceed six hours provided:

(i) Allowances shall be made for minor equipment maintenance;

(ii) Pools previously approved with turnover rates varying from subsection (2)(g)(i) of this section may continue to operate if water quality conditions conform with WAC 246-260-070.

(3) **Required personnel.** Owners shall ensure appropriate personnel at pool facilities as follows:

(a) General use pool facilities having one or more pools fifteen hundred square feet or more in surface area shall have lifeguards present at all times pools are in use, except:

(i) Pools having surface area less than twenty-five hundred square feet, four and one-half feet or less in depth, limiting use from two to ten adults in the pool are not required to have a lifeguard;

(ii) When swim teams are facility users, the owner may allow substitution of qualified coaches. See subsection (5) of this section to substitute for a lifeguard for guarding of a swim team.

(b) General use pool facilities less than fifteen hundred square feet shall provide lifeguards or attendants as follows:

(i) Lifeguards shall be present:

(A) If pool facility provides training for water safety and basic swimming instruction for children twelve years of age or under; or

(B) If pool facility provides training for safety and basic swimming instruction for adults and the pool is over four feet deep; or

(C) When pool facility provides training, practice, and/or meets for swim teams, substitution may occur as described under subsection (3)(a)(ii) of this section.

(ii) Attendants or lifeguards shall be present when organized programs are provided at the pool facility, for example, teaching of adult swimming lessons in water four feet or less, formal exercise classes, and the like;

(iii) When no lifeguard or attendant is present, the facility use shall be limited by the following conditions:

(A) When pool is used by children twelve years of age or under, a responsible adult eighteen years of age or older shall accompany the children and be at the pool or pool deck at all times the children use the facility;

(B) When used by persons seventeen years of age or under, a minimum of two people at the pool facility at all times the pool is in use;

(C) Subdivision (b)(iii)(A) and (B) of this subsection posted.

(c) When lifeguards are not provided at limited use pool facilities, within the conditions noted in the definition for a limited use pool, use of the facility shall be limited by the following conditions:

(i) When the pool is used by children twelve years of age or under, a responsible adult eighteen years of age or older shall accompany the children and be at the pool or pool deck at all times the children use the facility;

(ii) When used by persons seventeen years of age or under, a minimum of two people at the pool facility at all times the pool is in use;

(iii) Subdivision (c)(i) and (ii) of this subsection posted and ongoing provisions to notify the responsible person of conditions for use of the facility.

(d) A water treatment operator.

(4) **Personnel duties and equipment.** Owners shall ensure the specific duties and equipment of designated personnel include:

(a) Lifeguards during periods of lifeguarding, guard users of the pool facility in areas assigned;

(b) Assistant lifeguards when provided at the pool used under the following conditions:

(i) Fifty percent or more of the persons assigned to guard on the deck are lifeguards;

(ii) Assistant lifeguards limited to guarding responsibility of areas four feet or less in depth; and

(iii) One or more lifeguards on duty trained at the equivalent of "lifeguard training" as recognized by the ARC or equivalent as recognized by the department.

(c) Attendants, when provided at pools not requiring lifeguards, oversee pool use by the bathers and provide supervision and elementary rescues such as reaching assists to bathers in need. This does not mean the person is qualified or trained to make swimming rescues;

(d) Qualified swimming coaches when substituting for lifeguards, guard swimming team at the pool facility in areas assigned;

(e) Water treatment operator oversees that the water treatment components are functioning adequately to protect public health, safety, and water quality;

(f) Notification of responsible persons on the conditions for facility use at pool facilities not requiring lifeguards, and for which no lifeguards or attendants are present. A responsible person means a person having responsibility for overseeing users seventeen years of age or under including, but not limited to a person:

(i) Renting an apartment, hotel, motel, RV camp site; or

(ii) Who is an owner or member of a condominium, homeowner's association, mobile home park, or private club with a pool facility.

(g) Lifeguards, assistant lifeguards, or attendants:

(i) Wearing a distinguishing suit, uniform, or emblem; and

(ii) Equipped with a whistle or a signaling device.

(5) **Personnel training.** Owners shall require training for each type of personnel including:

(a) Lifeguards shall maintain current certificates in the following:

(i) Standard first aid and adult, single rescue CPR through ARC or the American Heart Association; and

(ii) Advanced lifesaving, advanced lifesaving review, or lifeguard training through ARC; or

(iii) YMCA lifeguarding or crossover course through the YMCA; or

(iv) Lifeguard through the National Lifeguard Service, Canadian; or

(v) Lifeguard through the National Pool and Waterpark Lifeguard Training Course; or

(vi) Basic lifeguard through advanced lifeguard training international; or

(vii) Other training the department determines equivalent; and

(viii) Thirty-six months after enactment of the personnel training provisions of this chapter, the department will no longer recognize training for lifeguards in advanced lifesaving or advanced lifesaving review through the ARC.

(b) Assistant lifeguards shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or the American Heart Association; and

(ii) Emergency water safety with ARC; or

(iii) Bronze medallion award through the Royal Lifesaving Society of Canada;

(iv) Shallow water lifeguard through the National Pool and Waterpark Lifeguard Training; or

(v) Other training the department determines equivalent; and

(vi) Be fourteen years of age or older.

(c) Swim coaches substituting for lifeguards with swim teams shall maintain current certificates through the following:

(i) Standard first aid and adult, single rescue CPR through ARC or the American Heart Association; and

(ii) Safety training for swim coaches through ARC; or

(iii) Other training the department determines equivalent.

(d) Attendant shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or the American Heart Association; and

(ii) Basic water safety with ARC; or

(iii) Other training the department determines equivalent; and

(iv) Be sixteen years of age or older.

(e) Water treatment operator shall have specific knowledge in provision of pool water chemistry, filtration, pumping equipment, and rules and regulations pertaining to pool facilities;

(f) When pool facility is using chlorine gas, an operator shall have specific training as follows:

(i) Proper operation of the chlorination equipment and routine maintenance procedures;

(ii) Basic understanding of physical and chemical properties of chlorine gas under pressure;

(iii) Basic understanding on use of leak detection and emergency safety equipment;

(iv) Basic knowledge of proper first-aid procedures and response for accidental inhalation of chlorine gas;

(v) Six hours or more of formal instruction once every three years or three hours or more every eighteen months with certificate of training provided.

(g) Persons shall be exempt from having current CPR or standard first-aid certificates if the persons hold current certificates in any of the following:

(i) Community CPR in the place of adult, single rescue CPR;

(ii) In the place of standard first aid:

(A) Advanced first aid;

(B) First responder;

(C) Emergency medical technician; or

(D) Paramedic.

(iii) Other training the department recognizes as equivalent or exceeding current requirements.

(6) **Emergency response plan.** Owners shall ensure emergency response provisions as follows:

(a) In pool facilities where lifeguards, assistant lifeguards, or swim coaches are required:

(i) Sufficient qualified personnel, for example, lifeguards, assistant lifeguards, or swim coaches where appropriate, located to provide a response time not to exceed thirty seconds to all pool users;

(ii) Based on, but not limited to, the following:

(A) Pool depth;

(B) Line of sight;

(C) Bather load;

(D) Training procedures;

(E) Emergency procedures, and

(F) Lifeguard rotation.

(iii) Emergency response drills to meet the response time including:

(A) Drills two or more times each year;

(B) Testing documentation.

(iv) Where SCUBA or kayaking lessons are performed at the pool, personnel guarding these activities shall be provided special in-service training.

(b) In pool facilities where no lifeguards are provided:

(i) Posting and ongoing notification and enforcement of conditions for pool use. See subsection (3)(b) and (c) of this section;

(ii) Enforcement of conditions by owner and authorized personnel;

(iii) Emergency equipment specified under WAC 246-260-090(31), readily available during operating hours.

(c) Ongoing training and evaluation of the lifeguarding skills and/or assistant, coach, or attendant skills;

(d) In facilities where chlorine gas is used:

(i) Annual emergency drills;

(ii) Identification of the location of accessible chlorine cylinder repair kits.

(7) **Bather use.** Owners shall establish rules of conduct for facility users to ensure health and safety as follows:

(a) Signage noted under WAC 246-260-090(33);

(b) Facilities used for swimming instruction courses may allow diving into water depths recognized as adequate by the organization providing the certificates, for example ARC or YMCA, provided the divers are supervised by instructors.

(8) **Environmental conditions.** Owners shall monitor various environmental conditions affecting the facility or the user and take appropriate action in response to these factors, including electrical storms, fog, wind, visibility problems, etc.

(9) **Closure.** Owners shall close the facility when the facility or portion thereof presents an unhealthful, unsafe, or unsanitary condition. These conditions include lack of compliance with the water quality or operation requirements as detailed under WAC 246-260-070 and 246-260-100.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-060, filed 3/12/90, effective 4/12/90; Regulation .98.060, effective 3/11/60.]

**WAC 246-260-110 Spa pool design, construction, and equipment.** (1) **Location.** Owners shall locate pools to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances;

(b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pump house, trees, and other structure locations are fifteen feet or more away from the pool or provide barriers or other means to prevent ready access from any such structure. Structures shall not be construed to include:

(i) Building walkways above the second story or roofs of any building structure; or

(ii) Any barriers provided to prevent unauthorized pool access, for example, fencing.

(2) **Materials.** Owners shall use only structure and equipment materials which are nontoxic, durable, inert, impervious to water, and easily cleanable.

(3) **Walking surfaces.** Owners shall design and maintain walking surfaces:

(a) Uniformly sloping away from the pool or pools with a minimum of one-fourth inch per foot and a maximum of one-half inch per foot;

(b) Of a nonslip finish not presenting a tripping hazard;

(c) Equipped with sufficient drains to prevent standing water;

(d) Of easily cleanable impervious finishes;

(e) Providing a minimum unobstructed six feet by seven feet area adjacent to the pool;

(f) Continuous and four feet wide or more extending around the entire pool if perimeter is equal to or greater than forty feet;

(g) Forty inches or less below horizontal ledge of elevated pool. Elevated pools over twelve inches above deck level shall have a maximum ledge thickness of twelve inches, except in the area of stairs;

(h) Continuously extending, and four feet wide or more, around fifty percent or more of the pool, if the pool is over forty inches above the primary walkway; and

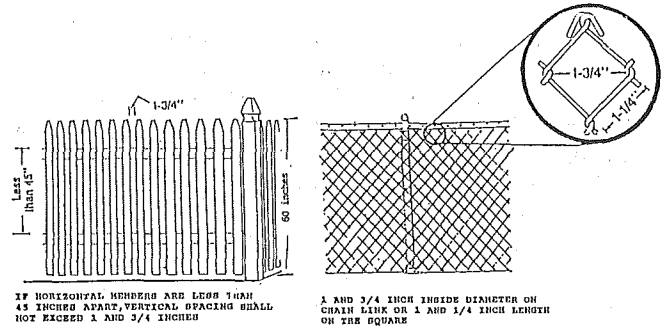
(i) In conformance with department-established guidelines for any resilient artificial surfaces.

(4) **Barriers.** Owners shall provide barrier protection to prevent unauthorized access.

(a) A barrier shall be sixty inches or more in height and:

(i) Shall not allow passage of a four-inch diameter sphere;

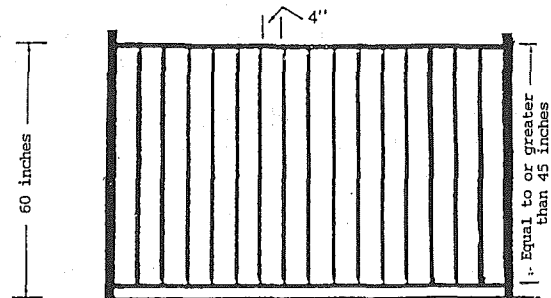
(ii) If it has horizontal members that are spaced less than forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a width of one and three-quarter inches (see Figure 110.1); or



IF HORIZONTAL MEMBERS ARE LESS THAN 45 INCHES APART, VERTICAL SPACING SHALL NOT EXCEED 1 AND 3/4 INCHES

1 AND 3/4 INCH INSIDE DIAMETER ON CHAIN LINK OR 1 AND 1/4 INCH LENGTH ON THE SQUARE

(iii) If it has horizontal members that are spaced at, or more than, forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a four-inch width (see Figure 110.2); and



IF HORIZONTAL MEMBERS ARE EQUAL TO OR MORE THAN 45 INCHES APART, VERTICAL SPACING SHALL NOT EXCEED 4 INCHES

(iv) Shall have lockable gates and entrances provided with a self-closing, self-latching mechanism fifty-four inches or more from the ground with a clear space fifty inches deep on the latch side of the door to position a wheelchair. When a latching mechanism is provided at any lower height, the latching mechanism shall be of a type remaining continuously locked, and only opening with the use of a key or other access control system.

(b) Restricted area service entrances shall be exempt from door or gate requirements providing no public access is available;

(c) Lifeguarded pools are not required to have a self-closing, self-latching gate during the period a pool is in use. Facility gates shall be closed and locked during nonuse periods; and

(d) An entrance to the pool area which shall not serve as a required exit from another part of a building when there is a conflict with other codes or regulations.

(5) **Spa pool structure.** Owners shall ensure general pool requirements include:

(a) Pool surfaces which are nontoxic, impervious, smooth, easily cleanable, and enduring. Pools one hundred square feet or more shall be a white or light color;

(b) A dimensional design providing for safety, circulation, and quality of the water including, but not be limited to:

(i) Surfaces not causing cutting, pinching, puncturing, entanglement, or an abrasion hazard under casual contact;

(ii) Construction tolerances conforming with current NSPI public spa standards;

(iii) Uniform floor slopes not exceeding one foot of drop in twelve feet of run sloped to drain;

(iv) A minimum height between the top of the pool rim and the ceiling shall be seven feet; and

(v) Maximum operational depth of four feet measured from the water line. Exceptions may be made for special purpose designed pools.

(c) Adequate means to routinely drain or otherwise remove water from the pool.

(6) **Spa pool appurtenances.** Owners shall ensure pools contain:

(a) Handholds around the pool perimeter two feet or more in depth. Handholds shall be four feet apart or less and consist of any one or a combination of the following:

(i) Coping, ledges, radius flanges, or decks along the immediate top edge of the pool or suitable slip-resisting handholds located twelve inches or less above the water line;

(ii) Ladders or steps; or

(iii) Secured rope or railing twelve inches or less above the water line.

(b) Stairs:

(i) Meeting the following construction requirements:

(A) Nonslip tread finishes;

(B) Contrasting color stair tread edges clearly visible to users;

(C) Handrails with the leading edge for stairs at pool entry/exit being neither eighteen inches or more beyond nor eight inches or more inside (horizontally) the vertical plane of the bottom riser;

(D) Less than or equal to twenty feet of any point within the spa measured at the wall at the point of entry;

(E) Riser treads with a minimum unobstructed, horizontal, ten-inch tread depth and a minimum two-hundred-forty-inch surface area;

(F) Riser heights on spa pools over forty feet in perimeter, uniform and seven and one-half inches or less, except the bottom riser may be less than uniform height; and

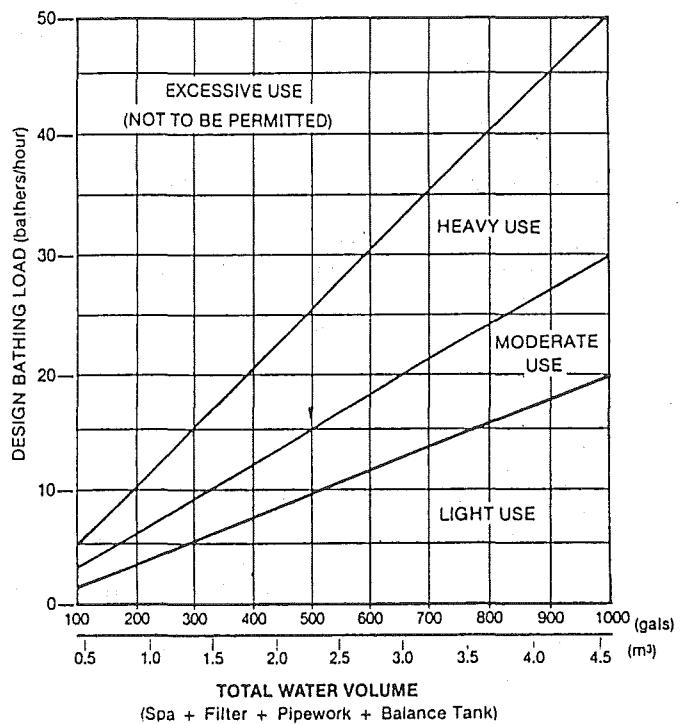
(G) Riser heights on spa pools of forty feet or less in perimeter, uniform and have a preferred seven and one-half inch height, but not greater than ten inches, except the bottom riser may be less than uniform height.

(7) **Spa pool bather design capacity and load.** Owners shall design and control the pool use to not exceed a maximum bather capacity and load as designated below:

(a) The maximum bather capacity is one person per four square feet. Maximum bather capacity is the maximum number of bathers at any one time; and

(b) Bather loads are designated in terms of three different loading conditions: Light, moderate, and heavy use as shown under Graph 040.1. Maximum bather load is the maximum number of bathers in a one-hour period. Interpret a single bather use to mean a bather using the pool for a fifteen minute duration. For pools with volumes greater than noted on the graph, loadings shall be based on the continued slope of the line above each use category.

GRAPH 110.3 SPA DESIGN FOR BATHER LOAD AND TURNOVER



(8) **Turnover.** Owners shall ensure pools turn over entire pool water volume at rates in accordance with designated bather load as determined from Graph 110.3 noted in subsection (7) of this section.

(a) Minimum turnover time for treatment recirculation shall be:

(i) For light use pool facilities, thirty minutes;

(ii) For moderate use pool facilities, twenty minutes;

(iii) For heavy use pool facilities, ten minutes.

(b) Exceptions to recirculation requirements may be made for flow-through pools in the following conditions:

(i) Where water supply is sufficient to provide the same turnover period specified for recirculation pools;

(ii) The source water supply meets the quality requirements and is subject to a disinfection method outlined under WAC 246-260-070(3);

(iii) The introduction of fresh treated pool water is accomplished by the same type of inlet and outlet design required for recirculation pools; and

(iv) The pool water quality complies with WAC 246-260-070.

(9) **Inlets.** Owners shall provide pool inlets:

(a) Submerged and located to produce uniform water and chemical circulation throughout the pool;

(b) Located on the bottom of pools ten thousand gallons or more, unless otherwise justified by the design engineer to either the department's or local health officer's satisfaction.

(10) **Outlets.** Owners shall provide pool outlets with:

(a) Overflow and main drain grating systems each designed to carry one hundred percent of the total recirculation filter flow, and main drain piping designed to

carry fifty percent or more of the total recirculation filter flow;

(b) Overflow outlets maintaining:

(i) A minimum of sixty percent of filter recirculation flow at all times; and

(ii) An overflow channel which may be used on any pool and required on pools ten thousand gallons or more on the pool perimeter to promote uniform circulation and skimming action of the upper water layer with:

(A) A design preventing all matter entering the channel from returning to the pool;

(B) Dimensions minimizing bather hazards, such as catching arms or feet;

(C) One one-hundredth of a foot slope per foot or more;

(D) Drains sufficiently spaced and sized to collect and remove overflow water to return line and filter, where applicable; and

(E) Size sufficient to prevent flooded suction conditions on the overflow system and to properly drain water away from the pool. Displacement shall be computed at twenty gallons per bather. Balancing tanks use is optional dependent on the overflow channel volume and design.

(iii) Skimmers in lieu of pool overflow channels up to ten thousand gallons if:

(A) Weir provided in skimmer has a maximum flow rate through skimmer not exceeding four gpm per inch of weir;

(B) Devices are recessed in the pool wall so no part protrudes beyond the plane of the wall into the pool;

(C) The skimmer is equipped with a device to prevent air lock in the recirculation suction line, such as, an equalizer line;

(D) The skimmer is equipped with a removable and cleanable screen designed to trap large solids;

(E) Automatically adjustable and operates freely with continuous skimming action to continue through all loading rates as the skimmer is designed. Displacement shall be computed at twenty gallons per bather.

(c) Main drains in all pools with:

(i) Location of one main drain or more at the lowest point of the pool floor, or means to readily drain the entire pool water readily available;

(ii) A minimum of two main drains with equivalent recirculation capacity and net surface open area; or on spa pools with fifteen hundred gallon volume or less, a large single main drain twelve inches square or more in surface area;

(iii) A design to aid in hair entrapment prevention when main drains are on vertical walls;

(iv) Total open area of grates sized to prevent a suction or entrapment hazard dangerous to user;

(v) Grates on drains with a:

(A) Maximum flow of one and one-half feet per second; or

(B) Net outlet area four times or more the area of the discharge pipe;

(vi) Openings not allowing a sphere over one-half inch in diameter to pass;

(vii) Grates designed to withstand forces of users;

(viii) Grates removable only with specific tools; and

(ix) Means to control flow from recirculation pump or balancing tank.

(11) **Flow.** Owners shall maintain pool recirculation flow not to exceed:

(a) Six feet per second in the valved suction or discharge side of the pump; and

(b) Ten feet per second in open discharge pipes on the pressure side of the pump or filter discharge. The recirculation flow limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.

(c) The recirculation piping of the spa pool shall not inter-mix back with any companion swimming pool water.

(12) **Pumps.** Owners shall have and maintain recirculation pumps with adequate capacity to:

(a) Provide design flows and pressure for water recirculation over the entire operating filter pressure;

(b) Allow proper backwashing of filters when specified;

(c) Have self-priming capability when installed above the pool water level; and

(d) Ensure the recirculation pump system shall have a separate water treatment pump than that used for hydrotherapy spa action, unless automatic flow control valving is provided to limit filter flow to required design.

(13) **Strainers.** Where pumps precede the filter, owners shall equip pool recirculation facilities with hair and lint strainers which shall:

(a) Be located upstream of recirculation pumps;

(b) Provide strainer screen sufficiently strong to prevent collapse when clogged;

(c) Have an operable cover; and

(d) Provide valving to isolate the strainer when located below pool water level.

(14) **Valves.** Owners shall provide valves at appropriate locations to allow equipment isolation and maintenance.

(15) **Equipment rooms.** Owners shall provide equipment rooms for a spa pool with:

(a) Ten thousand gallons or more in water volume or for spa pools provided adjacent to a swimming pool at the same facility with:

(i) Enclosed pumps, disinfection equipment, filters, and other electrical and mechanical feed equipment and associated chemicals. Storage of chemicals shall conform to manufacturer requirements;

(ii) Working space and access to perform routine operation;

(iii) A forty-six-square-foot minimum floor area and provides a three-foot minimum access area to service equipment;

(iv) One floor drain or more and a floor slope to the drain at a one-fourth-inch-per-foot minimum;

(v) If below grade, ready access;

(vi) Ventilation;

(vii) Twenty foot candles or more of light measured thirty inches from the floor; and

(viii) Kept locked.

(b) Less than ten thousand gallons in water volume or for spa pools not provided at the same facility as a

swimming pool complying with subsection (15)(a)(i), (ii), (v), and (viii) of this section.

(16) **Make-up water.** Owners shall ensure a source of make-up water and associated piping at the pool:

(a) Providing sufficient quantity to replace daily pool water losses;

(b) Coming from a supply conforming with chapter 246-290 WAC;

(c) Preventing cross connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the pool water or waste water; and

(d) If using a pool fill spout, not projecting greater than one inch into the space above the water surface area and shielded to not create a deck hazard.

(17) **Filters.** Owners shall equip pools with filtration equipment:

(a) Meeting the applicable NSF standards or equivalent;

(b) Using acceptable type and filter rates described under Table 040.2 of this section;

(c) Having pressure or vacuum gauges for measuring loss of head through the filter with a minimum of one gauge preceding and one gauge following the filter;

(d) Having a rate of flow indicator to measure a flow with accuracy, repeatability, and durability equivalent to flow meters meeting NSF standards; and

(e) Having means of discharging filter backwash to waste with:

(i) Discharge in a manner not creating a public nuisance;

(ii) Disposal in accordance with applicable local laws or regulations;

(iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;

(iv) Discharge receptor and sufficient size piping to accept backwash water and to prevent flooding; and

(v) Ability to monitor filter effluent during backwash, that is, use of sight glass.

(f) Providing means to release air entering the filter tank on pressure filters;

(g) When cartridge filters are used:

(i) Provide with an extra set of cartridges; and

(ii) Have any bypass valves in a permanently closed position.

(h) When using pressure DE filters with separation tanks:

(i) Providing a means of air release or a lid providing a slow and safe release of pressure; and

(ii) Showing a readily visible user warning that the air release must be opened before starting the circulation pump.

TABLE 110.4

SPA POOL FILTER RATE APPLICATION RATES

| Type of Filter Media              | Rates in gpm/Square Feet |             |         |
|-----------------------------------|--------------------------|-------------|---------|
|                                   | Minimum                  |             | Maximum |
| Sand                              | —                        |             | 3       |
|                                   | 10                       |             | 15      |
| Rapid Sand or Pressure Sand       | —                        |             | 3       |
| High Rate Sand Pressure or Vacuum | Continuous Feed          | Manual Feed | 15      |
| DE                                | Pressure                 | 1.0         | 1.5     |
|                                   | Vacuum                   | 0.8         | 1.35    |
| Cartridge*                        |                          |             | .375    |

NOTE:

\*Cartridge filters shall have a nominal micron rating of twenty microns or less.

(18) **Disinfection equipment.** Owners shall provide disinfection equipment:

(a) Providing a continuous and effective disinfectant residual in the water;

(b) Using a disinfectant with an easily monitored residual;

(c) Having a design feed rate providing effective disinfection levels when the pool is in peak demand conditions;

(d) Having easily cleanable equipment and piping used to apply chemicals and with provisions to prevent undue clogging. All materials shall be resistant to action of chemicals used;

(e) Conforming to NSF standards if the disinfection equipment contains:

(i) Adjustable output rate chemical feed equipment for liquid solutions. The equipment shall:

(A) Feed under positive pressure in the recirculation system;

(B) Provide means for dosage adjustment;

(C) Have provisions to prevent hypochlorite solution siphoning when equipment is turned off. This applies when the disinfection equipment is above pool water level.

(ii) Flow through chemical feed for solid feed materials. Solid tablets or granules shall not be placed in skimmer baskets accessible to the public.

(f) Allowing hand feeding on an emergency basis only;

(g) Meeting the following conditions when using chlorine gas:

(i) Chlorine rooms shall:

(A) Be above ground level;

(B) Be constructed so all openings or partitions with adjoining rooms are sealed;

(C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the pool facility;

(D) Have door opening outward only and to the out-of-doors; and

(E) Provide a sign on the door exterior reading DANGER CHLORINE. The sign shall be large enough to be read twenty-five feet away.

(ii) Chlorine rooms shall have mechanical exhausting ventilation including:



- (A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;
- (B) Minimum of one air change per minute in the chlorine room when fan is operating;
- (C) A remote switch outside the room or a door-activated switch to turn on fan before entering;
- (D) Suction for fan near the floor;
- (E) Exhaust for fan and chlorinator vent located to prevent contaminating air intake and prevent undue hazard for pool facility users; and
- (F) Screened chlorinator vent.
- (iii) Gas chlorine systems shall:
  - (A) Be vacuum injection type, with vacuum actuated cylinder regulators;
  - (B) Provide integral backflow and anti-siphon protection at the injector;
  - (C) Provide taring (net weight of cylinder gas) scales to determine chlorine weight.
  - (iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:
    - (A) Self-contained breathing apparatus designed for use in a chlorine atmosphere for working with chlorine leaks and maintained in accordance with department of labor and industries standards; or
    - (B) Provisions to substitute breathing protection at the site, if procedures can be established and documented with emergency service fire districts or other approved organization within the area for promptly responding to chlorine leaks.
    - (v) Means for automatic shutoff when pool flow is interrupted;
    - (vi) Chlorine gas cylinders shall:
      - (A) Be stored only in chlorine rooms;
      - (B) Have approved valve-stem cylinder wrench on the valve stem to shut the system down in an emergency event;
      - (C) Be properly secured to prevent tipping;
      - (D) Be tagged to indicate cylinders are empty or full; and
      - (E) Not exceed one hundred fifty pounds tare weight per cylinder. If one-ton cylinder use is desired, an engineer specializing in chlorine design shall prepare a design proposal for department consideration.

(19) **Chemical feeding equipment for pH control.** Owners applying chemicals for controlling pH through chemical feed equipment shall provide equipment with:

- (a) Adequate size and design to allow routine cleaning and maintenance;
- (b) Materials resistant to chemical action;
- (c) Means for automatic shut off when pool flow is interrupted;
- (d) Chemical feed equipment for pH control on pools ten thousand gallons or greater;
- (e) Any pool feeding with:
  - (i) Caustic soda (NaOH);
  - (ii) Carbon dioxide (CO<sub>2</sub>); or
  - (iii) Other chemicals the department determines necessary to require metered and controlled feeding.

(20) **Heaters.** Where pool heating equipment is provided, owners shall:

(a) Locate equipment so any standing pilot is readily accessible;

(b) Install equipment per NEC and UMC.

(21) **Ventilation.** Owners shall provide indoor pool facility ventilation conforming with ASHRAE pool facility standards.

(22) **Testing equipment.** Owners shall use testing equipment as noted in the water quality section under WAC 246-260-070(6).

(23) **Chemical storage.** Owners shall ensure chemical storage design and placement minimizes safety risks.

(24) **Restroom and plumbing fixtures.** Owners shall provide restrooms and plumbing facilities at pools as follows:

(a) In the spa pool facilities provided in conjunction with general use and limited use swimming pools, wading pools, or other water recreation facilities, the spa pool bathing load shall be added to the total load for consideration of plumbing fixture units;

(b) If a spa pool is the sole water recreation facility at a site, plumbing fixtures, as noted under Table 110.5, including:

(i) Flush toilets and toilet tissue in dispensers;

(ii) Shower facilities that:

(A) Deliver water at a temperature range of ninety to one hundred ten degrees Fahrenheit; and

(B) Provide single service soap in nonglass dispensers.

(iii) Sinks provided with:

(A) Tempered or hot and cold running water;

(B) Single service soap in nonglass dispensers; and

(C) Single service towels or electric hand dryer.

(iv) Hose bibs with vacuum breakers conveniently accessible to pool and within one hundred feet; and

(v) Sewage disposed in a manner approved by the department or local health officer.

(c) If owners limit the number of people within their facility to a certain number and post maximum occupancy loading, the number of plumbing fixtures may be based on the maximum occupancy.

TABLE 110.5

PLUMBING FIXTURE MINIMUM REQUIREMENTS FOR SOLE FACILITY SPA POOLS

| Spa Pools With:   | Minimum Number of Fixture Units |        |      |                       |             |
|---|---------------------------------|--------|------|-----------------------|-------------|
|   | Toilet                          | Shower | Sink | Dress-<br>ing<br>Room | Hose<br>Bib |
| 1. Limited spa use with living units* within 100 feet and less than 3 stories         | -                               | -      | -    | -                     | 1           |
| 2. Limited spa use with living units > 100 ft. and < 500 ft. and < three stories**    | 1                               | -      | 1    | -                     | 1           |
| 3. Limited spa use with living units > 500 ft. and < 1/4 mi. and/or > three stories** | 1(M)                            | 1(M)   | 1(M) | -                     | 1           |
|   | 1(F)                            | 1(F)   | 1(F) | -                     | -           |
| 4. Limited spa use with living units > 1/4 mile or general use spa pool***            | 1(M)                            | 1(M)   | 1(M) | 1(M)                  | 1           |
|   | 1(F)                            | 1(F)   | 1(F) | 1(F)                  | -           |

## NOTE:

\*"Living unit" means all the units the facility serves.

\*\*Consideration for elevators adjacent to pool may allow variance from this requirement.

\*\*\*When bathing load exceeds 40 of either sex, the fixture units provided shall conform to general use requirements for swimming pools.

(25) **Lighting.** Owners shall design and maintain pool facility lighting to:

(a) Illuminate indoor facilities, outdoor facilities used after dusk, and locker room facilities with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:

- (i) Thirty foot candles at indoor facilities;
- (ii) Fifteen foot candles at outdoor facilities; and
- (iii) Twenty foot candles in locker rooms.

(b) Allow lifeguards or attendants to clearly see pool areas and walking surfaces;

(c) Meet any additional lighting requirements deemed necessary by the department or local health officer;

(d) Provide protective shielding for all lighting fixtures above walking surfaces and pool areas; and

(e) Provide all indoor facilities with one or more pool-area emergency lights designed to turn on in the event of a power failure. The emergency lighting shall conform to requirements of UL standard 924.

(26) **Emergency equipment.** Owners shall provide first aid and emergency equipment readily available during operating hours as follows:

(a) Spa pool facilities ten thousand gallons or more or used in conjunction with a general use swimming pool:

(i) A telephone within the facility with a prominently displayed list of emergency medical service response numbers;

(ii) Sufficient and suitable area provided to accommodate persons within the facility requiring first aid treatment and necessary first aid equipment;

(iii) A standard sixteen unit first aid kit;

(iv) Two or more blankets reserved for emergency use;

(v) A clearly marked emergency shut off switch for shutting off all pumps, accessible to the public within twenty feet of the pool. Spa pool facilities shall also provide an audible alarm with the emergency shut off switch; and

(vi) Heater thermostat switches shall be inaccessible to bathers.

(b) Spa facilities containing less than ten thousand gallons:

(i) During the period the facility is open for use, one of the following is required:

(A) Telephone within one minute access;

(B) Alternate means of reaching emergency medical service response numbers; or

(C) Provision of an audible emergency alarm to alert others at the area of need to respond.

(ii) Comply with subsections (26)(a)(iii), (iv), (v), and (vi) of this section.

(27) **Signs.** Owners shall provide signs at pools which must convey the following conditions, but may be conveyed by any combination of words, pictures, or symbols:

(a) Prohibition of running or horseplay;

(b) Prohibition of use by persons with communicable diseases;

(c) Prohibition of use by persons under the influence of alcohol or drugs;

(d) Requirement for a cleansing shower before pool entry;

(e) Caution that persons suffering from heart disease, diabetes, or high blood pressure should consult a physician before spa pool use;

(f) Caution for women who are or may be pregnant to seek the advice of a physician regarding spa use and to limit the women's time in the pool;

(g) Persons should limit the stay in the pool to fifteen minutes at any one session;

(h) All children twelve years of age or under shall be accompanied by a responsible adult observer. No child six years of age or under should use the pool;

(i) No person seventeen years of age or under shall use the pool alone;

(j) Maximum bathing capacity of pool shall be posted;

(k) Prohibition of food or drink in the pool water;

(l) In pools where lifeguards or attendants are not present, post requirements for facility use as described under WAC 246-260-120(3); and

(m) Location of the nearest telephone or emergency notification procedure.

(28) **Food service.** When owners allow or make provisions for food service:

(a) At general use pool facilities, ensure food and beverage sale and consumption areas are separated from pool and deck. Special provisions may allow food and beverage service on the walkway provided a minimum six feet clear area is maintained between the pool and any tables or chairs provided for food service for special facility functions;

(b) At limited use spa pool facilities, prohibit food and beverage in the pool water and maintain a minimum four foot clear area between pool edge and any tables and chairs provided for food service;

(c) At general use pool facilities, prohibit alcoholic beverages;

(d) At limited use pool facilities, when alcohol is sold within the pool facility, provide an attendant at the pool area;

(e) Provide trash containers; and

(f) Prohibit glass containers in the pool facilities.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-040, filed 3/12/90, effective 4/12/90; Regulation .98.040, effective 3/11/60.]

#### WAC 246-260-120 Operation of spa pool facilities.

(1) **Operation plan.** Owners shall ensure proper operation to protect the public health, safety, and water quality by establishing practices and developing an operations manual addressing each of the following:

(a) Physical pool facility components;

(b) Personnel;

(c) Users and spectators; and

(d) Environmental conditions.

(2) **Physical components.** Owners shall provide routine checks of the physical components:

(a) Ensuring all structural facilities which the users come in contact are intact and free from undue wear or fatigue and replaced as needed;

(b) Eliminating adverse affects of water ponding on walking surfaces;

(c) Ensuring preventive maintenance on equipment essential for protection of the public health, safety, and water quality;

(d) Ensuring any necessary emergency equipment is available and in good repair;

(e) Having means for routine oxidation of spa pool water provided after heavy use, for example, super chlorination;

(f) Maintaining barrier protection;

(g) Ensuring common articles such as towels, bathing suits, bathing caps, etc., for patron use shall be sanitized before re-use if provided for patrons; and

(h) Ensuring a continuous twenty-four-hour-a-day treatment and turnover during periods of use not exceeding:

(i) Thirty minutes in lightly loaded spas; or

(ii) Twenty minutes in moderately loaded spas; or

(iii) Ten minutes in heavily loaded spas.

(iv) Turnover rates designated in subsection (2) of this section, except allowance shall be made for minor equipment maintenance and existing pools with turnover rates varying from this section may continue to operate if water quality conditions conform with WAC 246-260-070.

(3) **Required personnel.** Owners shall ensure appropriate personnel at pool facilities as follows:

(a) A lifeguard or attendant. If no lifeguard or attendant is present, pool facility use shall be subject to the following conditions:

(i) When pool is used by children twelve years of age or under, a responsible adult eighteen years of age or older shall accompany the children and be at the pool or the pool deck at all times the children use the facility;

(ii) When used by persons seventeen years of age or under, a minimum of two people at the pool facility at all times the pool is in use;

(iii) At general use pools, subdivision (a)(i) and (ii) of this subsection be posted; and

(iv) At limited use pools, subdivision (a)(i) and (ii) of this subsection be posted and ongoing provisions notifying the responsible person of the conditions.

(b) A water treatment operator.

(4) **Personnel duties and equipment.** Owners shall ensure the specific duties and equipment of designated personnel include:

(a) Lifeguards, during periods of lifeguarding, guard users of the pool facility in areas assigned;

(b) Assistant lifeguards when provided at the pool used under the following conditions:

(i) Assistant lifeguard limited to guarding responsibility of areas four feet or less in depth; and

(ii) A lifeguard overseeing the activities of the assistant lifeguard;

(c) Attendants, when provided, at pools not requiring lifeguards oversee use of the pool by bathers and provide supervision and elementary rescues such as reaching assists to bathers in need;

(d) Water treatment operator oversees that the water treatment components are adequately functioning to protect public health, safety, and water quality;

(e) Notification of responsible persons on the conditions for facility use at pool facilities not requiring lifeguards, and where no lifeguards or attendants are present. A responsible person means a person having responsibility for overseeing users seventeen years of age or under, including but not limited to a person:

(i) Renting an apartment, hotel, motel, RV camp site; or

(ii) Who is an owner or member of a condominium, home owner's association, mobile home park, or private club with a pool facility.

(f) Lifeguards, assistant lifeguards, or attendants:

(i) Wear distinguishing suit, uniform, or emblem; and

(ii) Equipped with a whistle or a signaling device.

(5) **Personnel training.** Owners shall require training for each type of personnel including:

(a) Lifeguards shall maintain current certificates in the following:

(i) Standard first aid and adult, single rescue CPR through ARC or American Heart Association; and

(ii) Advanced lifesaving, advanced lifesaving review, or lifeguard training through ARC; or

(iii) YMCA lifeguarding or crossover course through the YMCA; or

(iv) Lifeguard through the National Lifeguard Service, Canada; or

(v) Lifeguard through the National Pool and Waterpark Lifeguard Training; or

(vi) Basic lifeguard through advanced lifeguard training international; or

(vii) Other training the department determines equivalent; and

(viii) Thirty-six months after enactment of personnel training provisions of this chapter, the department shall no longer recognize training for lifeguards in advanced lifesaving or advanced lifesaving review through the ARC.

(b) Assistant lifeguards shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or American Heart Association; and

(ii) Emergency water safety with ARC; or

(iii) Bronze medallion award through the Royal Life-saving Society of Canada; or

(iv) Shallow water lifeguard through the National Pool and Waterpark Lifeguard Training; or

(v) Other training the department determines equivalent; and

(vi) Be fourteen years of age or older.

(c) Attendant shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or American Heart Association; and

(ii) Basic water safety with ARC; or

- (iii) Lifesaver with YMCA; or
- (iv) Bronze medallion award through the Royal Life-saving Society of Canada; or
- (v) Other training the department determines equivalent; and
- (vi) Be sixteen years of age or older.
- (d) Water treatment operator shall have specific knowledge in the provision of pool water chemistry, filtration, pumping equipment, and rules and regulations pertaining to pool facilities;
- (e) When the pool facility is using chlorine gas, an operator shall have specific training as follows:
  - (i) Proper operation of the chlorination equipment and routine maintenance procedures;
  - (ii) Basic understanding of physical and chemical properties of chlorine gas under pressure;
  - (iii) Basic understanding on use of leak detection and emergency safety equipment;
  - (iv) Basic knowledge of proper first aid procedures and response for accidental chlorine gas inhalation; and
  - (v) Six hours or more of formal instruction once every three years or three hours or more every eighteen months with certificate of training provided.
- (f) Persons shall be exempt from having a current CPR or standard first aid certificate if the person holds a current certificate in any of the following:
  - (i) Community CPR, in place of adult, single rescue CPR;
    - (ii) In place of standard first aid:
      - (A) Advanced first aid;
      - (B) First responder;
      - (C) Emergency medical technician; or
      - (D) Paramedic.
    - (iii) Other training the department recognizes as equivalent or exceeding current requirements.
  - (6) **Emergency response plan.** Owners shall ensure emergency response provisions as follows:
    - (a) In pool facilities where lifeguards or assistant lifeguards are provided:
      - (i) Lifeguard, or assistant lifeguard where provided, is located to provide a response time not to exceed thirty seconds to all pool users;
      - (ii) Based on, but not limited to, the following:
        - (A) Pool depth;
        - (B) Line of sight;
        - (C) Bather load;
        - (D) Training procedures;
        - (E) Emergency procedures; and
        - (F) Lifeguard rotation.
      - (iii) Emergency response drills to meet the response time including:
        - (A) Drills two or more times each year;
        - (B) Testing documentation.
    - (b) In pool facilities where no lifeguard or assistant is provided:
      - (i) Posting and ongoing notification and enforcement of conditions of pool use described under subsection (3) of this section;
      - (ii) Enforcement of conditions by owner and authorized personnel;

(iii) Emergency equipment specified under WAC 246-260-110(26) readily available during operating hours.

- (c) In pool facilities where chlorine gas is used:
  - (i) Annual emergency drills; and
  - (ii) Identification of the location of accessible chlorine cylinder repair kits.

(7) **Bather use.** Owners shall establish rules of conduct for facility users to ensure health and safety. The rules shall include signage noted under WAC 246-260-110(27) of this chapter.

(8) **Environmental conditions.** Owners shall monitor various environmental conditions affecting the facility or the user and take appropriate action in response to these factors, including electrical storms, fog, wind, visibility problems, etc.

(9) **Closure.** Owners shall close the facility when the facility or portion thereof presents an unhealthful, unsafe, or unsanitary condition. These conditions would include lack of compliance with the water quality or operation requirements as detailed under WAC 246-260-070 and 246-260-120.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-045, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-130 Wading pool design, construction, and equipment.** (1) **Location.** Owners shall locate pools to:

- (a) Minimize pollution by dust, smoke, soot, and other undesirable substances;
- (b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pump house, trees, and other structures are located fifteen feet or more from the pool or provide barriers or other means to prevent ready access from the structures. Structure shall not be construed to include:

- (i) Building walkways above the second story or roofs of any building structure; or
- (ii) Any barriers provided to prevent unauthorized pool access, for example, fencing.

(2) **Materials.** Owners shall use only structure and equipment materials which are nontoxic, durable, inert, impervious to water, and easily cleanable.

(3) **Walking surfaces.** Owners shall design and maintain pool walking surfaces:

(a) Uniformly sloping away from the pool or pools a minimum of one-fourth inch per foot and a maximum of one-half inch per foot;

(b) Of a nonslip finish not presenting a tripping hazard;

(c) Equipped with sufficient drains to prevent standing water;

(d) Of easily cleanable, impervious finishes;

(e) Four feet or more in width;

(f) At facilities with swimming pools fifteen hundred square feet or more associated with the wading pool, provide a minimum of sixteen square feet per bather; and

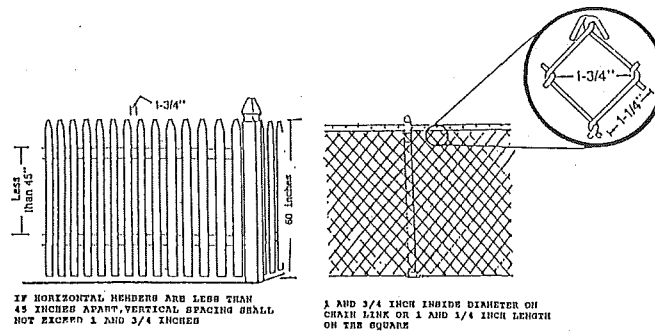
(g) In conformance with department-established guidelines for any resilient artificial surface.

(4) **Barriers.** Owners shall provide barrier protection to prevent unauthorized access.

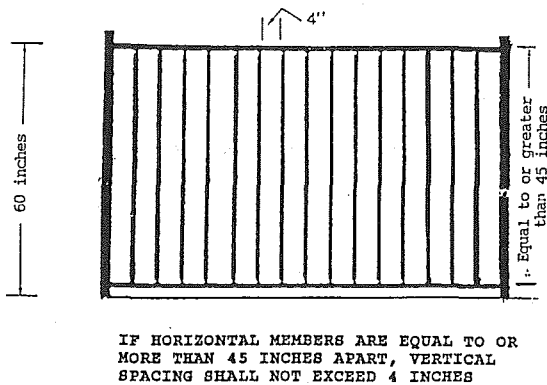
(a) A barrier shall be sixty inches or more in height and:

(i) Shall not allow passage of a four-inch diameter sphere;

(ii) If it has horizontal members that are spaced less than forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a width of one and three-quarter inches (see Figure 130.1); or



(iii) If it has horizontal members that are spaced at, or more than, forty-five inches between the tops of the horizontal members, shall have spaces between the vertical members no greater than a four-inch width (see Figure 130.2); and



(iv) Shall have lockable gates and entrances provided with a self-closing, self-latching mechanism fifty-four inches or more from the ground with a clear space fifty inches deep on the latch side of the door to position a wheelchair. When a latching mechanism is provided at any lower height, the latching mechanism shall be of a type remaining continuously locked, and only opening with the use of a key or other access control system.

(b) Restricted area service entrances shall be exempt from door or gate requirements providing no public access is available;

(c) Lifeguarded pools are not required to have a self-closing, self-latching gate during the period a pool is in use. Facility gates shall be closed and locked during nonuse periods; and

(d) An entrance to the pool area which shall not serve as a required exit from another part of a building when there is a conflict with other codes or regulations.

(5) **Pool surfaces.** Owners shall ensure pool surfaces with:

(a) Materials complying with subsection (2) of this section;

(b) Water tight and nonabrasive construction;

(c) White or light color finish not obscuring the view of objects or surfaces;

(d) Surfaces not causing cutting, pinching, puncturing, entanglement, or abrasion hazard under casual contact; and

(e) Construction tolerances conforming with current NSPI public pool standards.

(6) **Wading pool floor and wall dimensional design.** Owners shall ensure pool dimensional designs for floors and walls provide for safety, circulation, and water quality including, but not limited to:

(a) All corners formed by intersection of walls with floor shall be coved;

(b) Uniform pool floor slopes not exceeding one foot of drop in twelve feet of run.

(7) **Wading pool entry and exit.** Owners shall provide means of entry and exit on all pools including one of the following:

(a) Stairs when provided meeting the following construction requirements:

(i) Nonslip tread finish;

(ii) Contrasting color stair tread edges clearly visible to users;

(iii) Handrails with the leading edge for stairs at entry/exit being neither eighteen inches or more beyond nor eight inches or more inside (horizontally) the vertical plane of the bottom riser;

(iv) Riser treads with a minimum unobstructed, horizontal, ten-inch tread depth and minimum two-hundred-forty-inch surface area;

(v) Riser height uniform and seven and one-half inches or less, except last step leading into pool may be less than uniform height.

(b) Shallow pool entry seven and one-half inches or less in depth;

(c) Ramp entry into the pool meeting the following construction requirements:

(i) Handrail extending over the deck edge and extending to the bottom of the ramp for entering and leaving the wading pool;

(ii) Ramp edges protruding into the pool of contrasting color;

(iii) Ramp slope not to exceed one foot in seven feet.

(d) Designs permitting entry and exit for impaired or handicapped persons are encouraged.

(8) **Turnover.** Owners shall ensure pools turn over entire pool water volume in three hours or less and:

(a) Where wading pools are recirculated jointly with swimming pools, means to ensure efficient turnover and treatment are maintained;

(b) Exceptions to recirculation requirements may be made for flow through pools in the following conditions:

(i) Where water supply is sufficient to provide the same turnover period specified for recirculation pools;

(ii) The water supply source meets the quality requirements and is subject to a disinfection method as outlined under WAC 246-260-070(3);

(iii) The introduction of fresh treated pool water is accomplished by the same type of inlet and outlet design required for recirculation pools; and

(iv) The pool water quality complies with WAC 246-260-070.

(9) **Pool depth markings.** Owners shall provide depth markings:

(a) Plainly marking the water depth in feet on the horizontal surface of the coping or deck edge;

(b) Located on the coping or deck within eighteen inches of the water edge and positioned to be read while standing on the deck facing the water;

(c) Which are slip resistant;

(d) Placed at the maximum and minimum water depths;

(e) Spaced at intervals not exceeding twenty-five feet;

(f) Uniformly arranged on both sides and ends of the pool; and

(g) With a four inch minimum height.

(10) **Bather load.** Owners shall ensure maximum number of bathers permitted in the wading pool facility at any one time not exceed one bather per seven square feet.

(11) **Inlets.** Owners shall provide pool inlets:

(a) Submerged and located to produce uniform water and chemical circulation throughout the pool; and

(b) Located on the bottom of pools twenty-five hundred square feet or more, unless otherwise justified by the design engineer to the department's or local health officer's satisfaction.

(12) **Outlets.** Owners shall provide pool outlets with:

(a) Overflow and main drain grating systems each designed to carry one hundred percent of the total recirculation filter flow and main drain piping designed to carry fifty percent or more of total recirculation filter flow;

(b) Overflow outlets that maintain:

(i) A minimum of sixty percent of filter recirculation flow at all times; and

(ii) An overflow channel which may be used on any pool and required on pools twenty-five hundred square feet or more on the pool perimeter to promote uniform circulation and skimming action of the upper water layer with:

(A) A design preventing all matter entering the channel from returning to the pool;

(B) Dimensions minimizing the hazard for bathers, such as catching arms or feet;

(C) One one-hundredth of a foot slope per foot or more;

(D) Drains sufficiently spaced and sized to collect and remove overflow water to return line and filter, where applicable; and

(E) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow equivalent to one-

fifth of the balancing tank expressed in gallons per minute.

(iii) Skimmers in lieu of pool overflow channels up to twenty-five hundred square feet if:

(A) Weir provided in skimmer has a maximum flow rate through skimmer not exceeding four gpm per inch of weir;

(B) Devices are recessed in the pool wall so no part protrudes beyond the plane of the wall into the pool;

(C) The skimmer is equipped with a device to prevent air lock in the recirculation suction line, such as, an equalizer line;

(D) The skimmer is equipped with a removable and cleanable screen designed to trap large solids;

(E) Automatically adjustable and operates freely through all designed loading rates. Displacement shall be computed at ten gallons per bather.

(c) Main drains in all pools with:

(i) Location at the pool's low points;

(ii) A minimum of two main drains spaced:

(A) Twenty feet or less apart nor closer than six feet; or

(B) As far as possible from each other in pools seven feet or less linear floor distance.

(iii) Total open area of grates sized to prevent a suction or entrapment hazard dangerous to user;

(iv) Grates on drains with:

(A) Maximum flow of one and one-half feet per second; or

(B) Net outlet area four times or more the area of the discharge pipe.

(v) Openings not allowing a sphere over one-half inch in diameter to pass;

(vi) Grates designed to withstand forces of users;

(vii) Grates removable only with specific tool; and

(viii) Means to control flow from recirculation pump or balancing tank.

(13) **Flow.** Owners shall maintain pool recirculation flow not to exceed:

(a) Six feet per second in valved suction or discharge side of the pump; and

(b) Ten feet per second in open discharge pipes on the pressure side of the pump or filter discharge. The recirculation flow limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.

(14) **Balancing tanks.** Owners with overflow channels requiring balancing tanks shall:

(a) Maintain volume equivalent to seven times maximum bathing load expressed in gallons; and

(b) Increase capacity as necessary to provide volume for make-up water and to prevent air lock in the pump suction line.

(15) **Pumps.** Owners shall have and maintain wading pool recirculation pumps with adequate capacity to:

(a) Provide design flows and pressure for water recirculation over the entire operating filter pressure;

(b) Allow proper back washing of filters when specified; and

(c) Have self-priming capability when installed above pool water level.

(16) **Strainers.** Where pumps precede the filter, owners shall equip pool recirculation facilities with hair and lint strainers which shall:

- (a) Be located upstream of recirculation pumps;
- (b) Provide strainer screen sufficiently strong to prevent collapse when clogged;
- (c) Have an openable cover; and
- (d) Provide valving to isolate the strainer when located below pool water level.

(17) **Valves.** Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.

(18) **Equipment rooms.** Owners shall provide equipment rooms:

(a) Enclosing pumps, disinfection equipment, filters and other electrical and mechanical feed equipment and associated chemicals. Chemical storage shall conform to manufacturer requirements;

(b) Providing work space and access to perform routine operations;

(c) With a forty-six-square-foot minimum floor area and provide a three-foot minimum of access area to service equipment;

(d) With one floor drain or more and a floor slope to the drain at a one-fourth-inch-per-foot minimum;

(e) Ready access if below grade;

(f) Ventilation;

(g) Twenty foot-candles or more of light measured thirty inches from the floor; and

(h) Kept locked.

(19) **Make-up water.** Owners shall ensure a source of make-up water and associated piping at the pool:

(a) Providing sufficient quantity to replace daily pool losses;

(b) Coming from a supply conforming with chapter 246-290 WAC;

(c) Preventing cross connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the pool water or waste water; and

(d) If using a pool fill spout, not projecting greater than one inch into the space above the water surface area and shielded to not create a deck hazard.

(20) **Filters.** Owners shall equip pools with filtration equipment:

(a) Meeting the applicable standards of NSF or equivalent;

(b) Using acceptable type and filter rates described under Table 080.1 of this section;

(c) Having pressure or vacuum gauges for measuring loss of head through the filter with a minimum of one gauge preceding and one gauge following the filter;

(d) Having a rate of flow indicator to measure flow which has accuracy, repeatability, and durability equivalent to flow meters meeting NSF standards; and

(e) Having a means of discharging filter backwash to waste with:

(i) Discharge in a manner not creating a public nuisance;

(ii) Disposal in accordance with applicable local laws or regulations;

(iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;

(iv) Discharge receptor and piping of sufficient size to accept backwash water and prevent flooding; and

(v) Ability to monitor filter effluent during backwash, that is, use of a sight glass.

(f) Providing means to release air entering the filter tank on pressure filters;

(g) When cartridge filters are used:

(i) Provide with an extra set of cartridges; and

(ii) Have any bypass valves in a permanently closed position.

(h) When using pressure DE filters with separation tanks:

(i) Provide means of air release or a lid providing a slow and safe release of pressure; and

(ii) Show a readily visible user warning that the air release must be opened before starting the circulation pump.

TABLE 130.3

TYPE AND RANGES OF FILTERS FOR WADING POOLS

| Range of Acceptable Filter Rate<br>Type of Filter Media                             | Expressed in gpm/Square Feet |                |       |
|---|------------------------------|----------------|-------|
|   | Minimum                      | Maximum        |       |
| Sand  |                              |                |       |
| Rapid Sand and Pressure Sand<br>Wading Pools less than<br>10,000 gallons            | —                            | 3              |       |
| High Rate Sand Pressure<br>or Vacuum<br>Wading Pools greater than<br>10,000 gallons | 10                           | 15             |       |
| High Rate Sand Pressure*<br>or Vacuum*  | 10                           | 18             |       |
|   | Continuous<br>Feed           | Manual<br>Feed |       |
| D.E.<br>Pressure  | 1.0                          | 1.35           | 2.0   |
| Vacuum  | 0.8                          | 1.0            | 2.0   |
| Cartridge**   |                              |                | 0.375 |

NOTE:

\*Filters sized at maximum application rate shall be equipped with flow control valves to maintain flow equilibrium to account for varying filter pressures and consequent flow production.

\*\*Cartridge filters shall have a nominal micron rating of twenty microns or less.

(21) **Disinfection equipment.** Owners shall provide disinfection equipment:

(a) Providing a continuous and effective disinfectant residual in the water;

(b) Using a disinfectant with an easily monitored residual;

(c) Having a design feed rate providing effective disinfection levels when the pool is in peak demand conditions;

(d) Having easily cleanable equipment and piping used to apply chemicals and with provisions to prevent undue clogging. All materials shall be resistant to action of chemicals used;

(e) Conforming to NSF standards if the disinfection equipment has:

(i) Adjustable output rate chemical feed equipment for liquid solutions. When using this equipment, it shall:

(A) Feed under positive pressure in the recirculation system;

(B) Provide means for dosage adjustment;

(C) Have provisions to prevent hypochlorite solution siphoning when equipment is turned off, this applies when the disinfection equipment is above pool water level.

(ii) Flow through chemical feed for solid feed material. Solid tablets or granules shall not be placed in skimmer baskets accessible to the public.

(f) Allowing hand feeding on an emergency basis only;

(g) Meeting the following conditions when using chlorine gas:

(i) Chlorine rooms shall:

(A) Be above ground level;

(B) Be constructed so all openings or partitions with adjoining rooms are sealed;

(C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the pool facility;

(D) Have door opening outward only and to the out-of-doors;

(E) Provide a sign on the door exterior reading DANGER CHLORINE. The sign shall be large enough to be read twenty-five feet away.

(ii) Chlorine rooms shall have mechanical exhausting ventilation including:

(A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;

(B) Minimum of one air change per minute in the chlorine room when fan is operating;

(C) A remote switch outside the room or a door-activated switch to turn on fan before entering;

(D) Suction for fan near the floor;

(E) Exhaust for fan and chlorinator vent located to prevent contaminating air intake and prevent undue hazard for the pool facility users; and

(F) Screened chlorinator vent.

(iii) Gas chlorine systems shall:

(A) Be vacuum injection type, with vacuum-actuated cylinder regulators;

(B) Provide integral backflow and anti-siphon protection at the injector; and

(C) Provide taring (net weight of cylinder gas) scales for determining chlorine weight.

(iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:

(A) Self-contained breathing apparatus designed for use in a chlorine atmosphere for working with chlorine leaks and maintained in accordance with department of labor and industries standards; or

(B) Provisions to substitute breathing protection at the site, if procedures can be established and documented with emergency service fire districts or other approved organization within the area for promptly responding to chlorine leaks.

(v) Means for automatic shutoff when pool flow is interrupted; and

(vi) Chlorine gas cylinders shall:

(A) Be stored only in chlorine rooms;

(B) Have approved valve-stem cylinder wrench on the valve stem to shut the system down in an emergency event;

(C) Be properly secured to prevent tipping;

(D) Be tagged to indicate cylinders are empty or full; and

(E) Not exceed one hundred fifty pounds tare weight per cylinder. If one-ton cylinder use is desired, an engineer specializing in chlorine design shall prepare a design proposal for department consideration.

(22) **Chemical feeding equipment for pH control.** Owners applying chemicals for controlling pH through chemical feed equipment shall provide equipment with:

(a) Adequate size and design to allow routine cleaning and maintenance;

(b) Materials resistant to chemical action;

(c) Means for automatic shut off when pool flow is interrupted;

(d) Chemical feed equipment for pH control on pools fifty thousand gallons volume or greater;

(e) Any pool feeding with:

(i) Caustic soda (NAOH);

(ii) Carbon dioxide (CO<sub>2</sub>); or

(iii) Other chemicals the department determines necessary to require metered and controlled feeding.

(23) **Heaters.** Where pool heating equipment is provided, owners shall:

(a) Locate equipment so any standing pilot is readily accessible; and

(b) Install equipment per NEC and UMC.

(24) **Ventilation.** Owners shall provide indoor pool facility ventilation conforming with ASHRAE pool facility standards.

(25) **Testing equipment.** Owners shall use testing equipment as noted in the water quality section under WAC 246-260-070(6).

(26) **Chemical storage.** Owners shall ensure chemical storage design and placement minimizes safety risks.

(27) **Restroom and plumbing fixtures.** Owners shall provide restroom and plumbing facilities at pools as follows:

(a) Where wading pool facilities are provided in conjunction with general use and limited use swimming pools, spas, or other water recreation facilities, the wading pool bathing load shall be added to the total load for consideration of plumbing fixture units;

(b) If a wading pool is the sole water recreation facility at a site, plumbing fixtures as described under Table 130.4 including:

(i) Flush toilets and toilet tissue in dispensers;

(ii) Shower facilities that:

(A) Deliver water at a temperature range of ninety to one hundred ten degrees Fahrenheit;

(B) Provide single service soap in nonglass dispensers.

(iii) Sinks provided with:

(A) Tempered or hot and cold running water;

(B) Single service soap in nonglass dispensers; and

(C) Single service towels or electric hand dryers.



(iv) Hose bibs with vacuum breakers conveniently accessible to pool and within one hundred feet; and

(v) Sewage disposed of in a manner approved by the department or local health officer.

TABLE 130.4

## PLUMBING FIXTURE MINIMUM REQUIREMENTS FOR SOLE FACILITY WADING POOLS

| Wading Pools with:   | Toilets      | Sinks        | H.B.   | Showers      |
|--|--------------|--------------|--------|--------------|
| 1. Limited use wading pools with living units* within 100 feet and less than 3 stories                 | -            | -            | 1      | -            |
| 2. Limited use wading pools with living units >100 feet but <500 feet and less than 3 stories.**       | 1            | 1            | 1      | -            |
| 3. Limited use wading pools with living units >500 feet but <1/4 mile and/or with 3 or more stories.** | 1(M)<br>1(F) | 1(M)<br>1(F) | 1<br>- | -<br>-       |
| 4. Limited use wading pools with living units >1/4 mile or general use wading pools.***                | 1(M)<br>1(F) | 1(M)<br>1(F) | 1<br>- | 1(M)<br>1(F) |

## NOTE:

\*"Living Units" means all units associated with limited use facilities intended to be served.

\*\*Consideration for elevators adjacent to pool may allow variance from this requirement.

\*\*\*When wading pool bathing load exceeds 40 of either sex, the fixture units provided shall conform with the general use requirements for swimming pools.

(c) If owners limit the number of people within their facility to a certain number and post maximum occupancy loading, the number of plumbing fixture units may be based on that maximum occupancy.

(28) **Lighting.** Owners shall design and maintain pool facility lighting to:

(a) Illuminate indoor facilities, outdoor facilities used after dusk, and locker room facilities with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:

- (i) Thirty foot-candles at indoor facilities;
- (ii) Fifteen foot-candles at outdoor facilities;
- (iii) Twenty foot-candles in locker rooms.

(b) Allow lifeguards or attendants to clearly see pool areas and walking surfaces;

(c) Meet any additional lighting requirements deemed necessary by the department or local health officer;

(d) Provide protective shielding for all lighting fixtures above walking surfaces and pool areas;

(e) Provide all indoor facilities with one or more pool area emergency lights designed to turn on in the event of a power failure. The emergency lighting shall conform to requirements of UL standard 924.

(29) **Signs.** Owners shall provide signs at pools which must convey the following conditions, but may be conveyed by any combination of words, pictures, or symbols:

- (a) Prohibition of running or horseplay;
- (b) Prohibition of use by persons with communicable diseases;
- (c) Prohibition of use by persons under the influence of alcohol or drugs;

(d) Prohibition of food or drink in the pool water;

(e) In pools where lifeguards or attendants are not present, post requirements for facility use as required under WAC 246-260-140(3).

(30) **Food service.** When food service is provided, owners shall:

(a) At general use pool facilities, ensure food and beverage sale and consumption areas are separated from pool and deck. Special provisions may be made for allowing food and beverage service on the walkway provided a minimum six feet clear area is maintained between the pool edge and any tables or chairs provided for special facility functions;

(b) At limited use pool facilities, prohibit food and beverage in the pool water and maintain a minimum four foot clear area between pool edge and any tables and chairs provided for food service;

(c) Provide trash containers;

(d) Prohibit glass containers in the pool facility.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-080, filed 3/12/90, effective 4/12/90; Regulation .98.080, effective 3/11/60.]

**WAC 246-260-140 Operation of wading pool facilities.** (1) **Operation plan.** Owners shall ensure proper operation to protect the public health, safety, and water quality by establishing practices and developing an operations manual addressing each of the following:

- (a) Physical pool facility components;
- (b) Personnel;
- (c) Users and spectators;
- (d) Environmental conditions.

(2) **Physical components.** Owners shall provide routine checks of the physical components:

(a) Ensuring all structural facilities the users come in contact are intact and free from undue wear or fatigue and replaced as needed;

(b) Eliminating adverse effects of water ponding on walking surfaces;

(c) Ensuring preventative maintenance on equipment essential for protection of the public health, safety, and water quality;

(d) Maintaining barrier protection;

(e) Ensuring treatment turnover is continuous twenty-four hours a day during seasons or periods of use and does not exceed three hours provided:

(i) Allowances shall be made for minor equipment maintenance;

(ii) Pools previously approved with turnover rates varying from subsection (2)(e)(i) of this section may continue to operate if water quality conditions conform with WAC 246-260-070.

(3) **Required personnel.** Owners shall ensure appropriate personnel at pool facilities as follows:

(a) A water treatment operator oversees that the water treatment components are adequately functioning to protect public health, safety, and water quality; and

(b) At pool facilities with no lifeguards, assistant lifeguards, or attendants, use shall be subject to the following conditions:

(i) When the pool is used by children twelve years of age or under, a responsible adult eighteen years of age or older shall accompany the children and be at the pool or pool deck at all times the children use the facility;

(ii) When used by persons seventeen years of age or under, a minimum of two people are at the pool facility at all times the pool is in use;

(iii) At general use pools, subdivision (b)(i) and (ii) of this subsection be posted; and

(iv) At limited-use pools, subdivision (b)(i) and (ii) of this subsection be posted and ongoing provisions notifying the responsible person of the conditions.

(4) **Personnel duties and equipment.** Owners shall ensure the specific duties and equipment of designated personnel include:

(a) Lifeguards, during periods of lifeguarding, guard pool facility users in areas assigned;

(b) Assistant lifeguards when provided at the pool used under the following conditions:

(i) Assistant lifeguard limited to guarding responsibility of areas four feet or less in depth; and

(ii) A lifeguard overseeing the activities of the assistant lifeguard.

(c) Attendants when provided oversee use of the pool by the bathers and provide supervision and elementary rescues, such as reaching assists to bathers in need;

(d) Water treatment operators oversee, as needed, the water treatment components are functioning adequately to protect public health, safety, and water quality;

(e) Notification of responsible persons on the conditions for use at pool facilities not requiring lifeguards, and for which no lifeguards or attendants are present. A responsible person means a person having responsibility for overseeing users, including but limited to a person:

(i) Renting an apartment, hotel, motel, RV camp site; or

(ii) Who is an owner or member of a condominium, homeowner's association, mobile home park, or private club with a pool facility.

(f) Lifeguards, assistant lifeguards, or attendants:

(i) Wear distinguishing suit, uniform, or emblem; and

(ii) Equipped with a whistle or a signaling device.

(5) **Personnel training.** Owners shall require training for each type of personnel including:

(a) Lifeguards shall maintain a current certificate in the following:

(i) Standard first aid and adult, single rescue CPR through ARC or American Heart Association; and

(ii) Advanced lifesaving, advanced lifesaving review, or lifeguard training through ARC; or

(iii) YMCA lifeguarding or crossover course through the YMCA; or

(iv) Lifeguard through the National Lifeguard Service, Canadian; or

(v) Lifeguard through National Pool and Waterpark Lifeguard Training; or

(vi) Basic lifeguard through advanced lifeguard training international; or

(vii) Other training the department determines equivalent; and

(viii) Thirty-six months after enactment of the personnel training provisions of this chapter, the department shall no longer recognize training for lifeguards in advanced lifesaving, or advanced lifesaving review through the ARC.

(b) Assistant lifeguards shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or American Heart Association; and

(ii) Emergency water rescue with ARC; or

(iii) Bronze medallion award through the Royal Lifesaving Society of Canada; or

(iv) Shallow water lifeguard through the National Pool and Waterpark lifeguard training; or

(v) Other training the department determines equivalent; and

(vi) Be fourteen years of age or older.

(c) Attendant shall maintain current certificates and meet the requirements in the following:

(i) Adult, single rescue CPR through ARC or the American Heart Association; and

(ii) Basic water safety with ARC; or

(iii) Other training the department determines equivalent; and

(iv) Be sixteen years of age or older.

(d) Water treatment operator shall have specific knowledge in provision of pool water chemistry, filtration, pumping equipment and rules and regulations pertaining to pool facilities;

(e) When pool facility is using chlorine gas, an operator shall have specific training as follows:

(i) Proper operation of the chlorination equipment and routine maintenance procedures;

(ii) Basic understanding of physical and chemical properties of chlorine gas under pressure;

(iii) Basic understanding on use of leak detection and emergency safety equipment;

(iv) Basic knowledge of proper first aid procedures and response for accidental inhalation of chlorine gas;

(v) Six hours or more of formal instruction once every three years or three hours or more every eighteen months with certificate of training provided.

(f) Persons shall be exempt from having current CPR or standard first aid certificates if the persons hold current certificates in any of the following:

(i) Community CPR in place of adult, single rescue CPR;

(ii) In place of standard first aid:

(A) Advanced first aid;

(B) First responder;

(C) Emergency medical technician; or

(D) Paramedic.

(iii) Other training the department recognizes as equivalent or exceeding current requirements.

(6) **Bather use.** Owners shall establish conduct rules for users to ensure health and safety. The rules shall include signage noted under WAC 246-260-130(29).

(7) **Environmental conditions.** Owners shall monitor various environmental conditions affecting the facility or

the user and take appropriate action in response to these factors, including electrical storms, visibility problems, etc.

(8) **Closure.** Owners shall close the facility when the facility or portion thereof presents an unhealthy, unsafe, or unsanitary condition. These conditions include lack of compliance with the water quality or operation requirements as detailed under WAC 246-260-070 and 246-260-140.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-085, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-150 Spray pool design, construction, and equipment.** (1) **Location.** Owners shall locate pools to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances; and

(b) Eliminate pollution from surrounding surface drainage.

(2) **Materials.** Owners shall only use structure and equipment materials which are nontoxic, durable, inert, impervious to water and easily cleanable.

(3) **Walking surfaces.** Owners shall design and maintain walking surfaces:

(a) Uniformly sloping away from the pool or pools a minimum of one-fourth inch per foot and a maximum of one-half inch per foot;

(b) Of a nonslip finish not presenting a tripping hazard;

(c) Equipped with sufficient drains to prevent standing water;

(d) Of easily cleanable impervious finishes;

(e) Four feet or more in width, extending around fifty percent or more of the spray pool;

(f) In conformance with department-established guidelines for any resilient artificial surfaces.

(4) **Pool structure.** Owners shall ensure general pool requirements include:

(a) Pool surfaces with nonslip finishes and impervious to water;

(b) Uniform pool floor slopes not to exceed one foot in twelve feet;

(c) Provision for using an approved potable water supply. Water shall not be recirculated, but drain to waste after use in the spray pool; or

(d) If a spray pool facility is used in conjunction with a swimming pool over thirty thousand gallons in volume, recirculated swimming pool water may be used in the spray pool if:

(i) Means for treatment of the water draining from the spray pool is provided including filtration, disinfection, and recirculation through a separate spray pool treatment system;

(ii) Such system is sized on the maximum introduction rate of water from the recirculated swimming pool water;

(iii) Treated spray pool water is introduced into the swimming pool recirculation system;

(iv) Proper safeguards are employed to prevent interruption of proper swimming pool facility operation; and

(v) Design and construction of treatment equipment and associated facilities conform with swimming pool design requirements.

(5) **Inlets and outlets.** Owners shall provide pool inlets and outlets with:

(a) Spray nozzles not inflicting damage to users. Maximum flow through nozzles within close proximity to bathers shall not exceed fifteen fps at the nozzle;

(b) The drain located at the low point of the pool and with sufficient capacity and design to prohibit water accumulation in the pool. The outlet drain shall:

(i) Be located at the low point of the pool;

(ii) Have openings not allowing a sphere over one-half inch in diameter to pass;

(iii) Use grate design to withstand forces of users;

(iv) Have grates removable only with specific tools; and

(v) On grates attached to recirculating pumps, have:

(A) Total open area of grates sized to prevent a suction hazard dangerous to the user;

(B) Grates on drains with a maximum flow of one and one-half feet per second, or net area of outlet four times or more the discharge pipe area.

(6) **Valves.** Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.

(7) **Make-up water.** Owners shall ensure a source of make-up water and associated pool piping:

(a) Coming from a supply conforming with chapter 246-290 WAC;

(b) Preventing cross connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the spray pool water or waste water.

(8) **Waste water discharge.** Water used in a pool shall be disposed of in a manner acceptable to the local health jurisdiction.

(9) **Signs.** Owners shall provide signs at pools about general requirements for facility use. Owners may use any combination of words, pictures, or symbols conveying the prohibition of the following conditions:

(a) Running or horseplay;

(b) Use by persons with communicable diseases;

(c) Use by persons under the alcohol or drug influence;

(d) Food or drink in pool water.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-090, filed 3/12/90, effective 4/12/90; Regulation .98.090, effective 3/11/60.]

**WAC 246-260-160 Operation of spray pool facilities.** (1) **Operation plan.** Owners shall ensure proper operation to protect the public health, safety, and water quality. An operations plan shall address each of the following:

(a) Physical pool facility components;

(b) Personnel;

- (c) Users and spectators;
- (d) Environmental conditions.
- (2) **Physical components.** Owners shall provide routine checks of the physical components:
  - (a) Ensuring all structural facilities which the users come in contact are intact and free from undue wear or fatigue and replace as needed;
  - (b) Eliminating adverse effects of water ponding on walking surfaces;
  - (c) Ensuring preventative maintenance on equipment essential for protection of the public health, safety, and water quality.
- (3) **Required personnel and duties.** Owners shall provide personnel to oversee the spray pool facility ensuring proper operation and maintenance. When the facility is using recirculated water, a water treatment operator shall oversee water quality and equipment operation.
- (4) **Bather use.** Owners shall establish rules of conduct for users to ensure health and safety. The rules shall include conditions noted under WAC 246-260-150(9).
- (5) **Environmental conditions.** Owners shall monitor various environmental conditions affecting the facility or the user and take appropriate action in response to these factors, including electrical storms, visibility problems, etc.

(6) **Closure.** Owners shall close the facility when the facility or portion thereof presents an unhealthy, unsafe, or unsanitary condition. The conditions include lack of compliance with the water quality and/or operation requirements as detailed under WAC 246-260-070 and 246-260-160.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-095, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-200 Water recreation industry requirements.** All owners of companies selling swimming pools, spa pools, wading pools or spray pools, and their associated facilities regulated by chapter 246-260 WAC shall furnish each purchaser a complete set of operating instructions and shall include detailed information on the safe use of the facilities including:

- (1) Proper treatment methods to ensure water quality and sanitation;
- (2) Proper safety procedures to reduce injury risks;
- (3) Specific safety instructions for use at facilities having water temperatures ninety-five degrees Fahrenheit or more on the health effects of hot water and a specific caution and explanation on the health effects of hot water on pregnant women and young children.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-100, filed 3/12/90, effective 4/12/90; Regulation .98.100, effective 3/11/60.]

**WAC 246-260-210 Technical advisory committee.** (1) The department shall appoint a technical advisory committee to assist in the following:

- (a) Reviewing and drafting of proposed rules;
- (b) Development of guidelines for use of new products, equipment, procedures, and periodic program review.
- (2) The technical advisory committee shall have meetings whenever the department determines necessary.
- (3) The technical advisory committee water recreation pool facility membership shall include representation from the following:
  - (a) General use pool facility;
  - (b) Limited use pool facility;
  - (c) Local representative from the spa and pool industry (NSPI);
  - (d) Washington recreation and parks association representative;
  - (e) Engineer or architect design consultant;
  - (f) Eastern and western Washington local environmental health authority representatives;
  - (g) Department representative;
  - (h) RWCF owner representative, as appropriate, as described under chapter 246-262 WAC.
- (4) The technical advisory committee may appoint subcommittees as the committee determines appropriate to address specific issues.
- (5) The department shall maintain minutes of meetings.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-102, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-240 Substitution.** The board authorizes the department to allow substitutions of equipment, facilities, or procedures required by chapter 246-260 WAC when, in the sole determination of the department, data and/or research provide sufficient evidence that such substitution is equivalent to the requirement and will adequately provide for the protection of the public health and safety of persons using the water recreation facility.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-240, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-120, filed 3/12/90, effective 4/12/90; Order 715, § 248-98-120, filed 9/14/72.]

**WAC 246-260-250 Enforcement.** (1) The department or, if enforcement responsibility is assigned under a joint plan of operation in WAC 246-260-020, the local health officer:

- (a) Shall enforce chapter 246-260 WAC rules; or
- (b) May refer cases within the department's or local health officer's jurisdiction to the local prosecutor's office or the office of the attorney general, as appropriate.

(2) When a water recreation facility (WRF) is in violation of chapter 70.90 RCW provisions or chapter 246-260 WAC rules, appropriate enforcement action may be initiated by the department, local health officer, local

prosecutor's office, or office of the attorney general. Enforcement actions may include any one or a combination of the following:

(a) Informal administrative conferences to explore facts and resolve problems, convened at the request of the department, local health officer, or owner;

(b) Orders directed to the water recreation facility (WRF) owner and/or operator and/or the person causing or responsible for the violation of the chapter 246-260 WAC rules;

(c) Imposition of civil penalties of up to five hundred dollars per violation per day as authorized under RCW 70.90.200;

(d) Denial, suspension, or revocation of operating permits; and

(e) Civil or criminal action initiated by the local prosecutor's office or by the office of the attorney general.

(3) Orders authorized under this section include, but are not limited to the following:

(a) Requiring corrective measures necessary to effect compliance with chapters 246-260 WAC or 70.90 RCW. Such orders may or may not include a compliance schedule; and

(b) Orders to stop work and/or refrain from using any WRF or portion thereof or improvement thereto until all permits, certifications, and approvals required by statute or rule are obtained.

(4) An order issued under this section shall:

(a) Be in writing;

(b) Name the facility and the person or persons to whom the order is directed;

(c) Briefly describe each action or inaction constituting a violation of chapters 70.90 RCW or 246-260 WAC rules;

(d) Specify any required corrective action, if applicable;

(e) Provide notice, as appropriate, that continued or repeated violation may subject the violator to:

(i) Civil penalties of up to five hundred dollars;

(ii) Denial, suspension, or revocation of the facility's operating permit; or

(iii) Referral to the county prosecutor or attorney general's office.

(f) Provide the name, business address, and phone number of an appropriate staff person who may be contacted regarding an order.

(5) Service of an order shall be made:

(a) Personally, unless otherwise provided by law; or

(b) By certified mail return receipt requested.

(6) Under department or local health officer adopted rules or policies, civil penalties of up to five hundred dollars per day may be assessed against any person violating provisions of chapter 70.90 RCW or 246-260 WAC.

(7) The department or local health officer shall have cause to deny the operating permit application or reapplication or to revoke or suspend a required operating permit of any person who has:

(a) Previously had:

(i) An operating permit suspended or revoked; or

(ii) An operating permit application denied for reason.

(b) Failed or refused to comply with provisions of chapters 70.90 RCW and 246-260 WAC or any other statutory provision or rule regulating the WRF construction or operation; or

(c) Obtained or attempted to obtain an operating permit or any other required certificate or approval by fraudulent means or misrepresentation.

(8) For the purposes of subsection (7) of this section, a person shall be defined to include:

(a) Applicant;

(b) Reapplicant;

(c) Permit holder; or

(d) An individual associated with subsection (8)(a), (b), or (c) of this section including, but not limited to:

(i) Board members;

(ii) Officers;

(iii) Managers;

(iv) Partners;

(v) Association members;

(vi) Agents; and

(vii) In addition, third persons acting with the knowledge of such persons.

(9) The department or local health officer may summarily suspend an operating permit, other required permit, license, or certification without a prior hearing if the department or local health officer:

(a) Finds public health, safety, or welfare imperatively requires emergency action; and

(b) Incorporates a finding to that effect in its notice or order.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-130, filed 3/12/90, effective 4/12/90.]

**WAC 246-260-260 Hearings.** (1) A person aggrieved by the department's or local health officer's denial, suspension, or revocation of any permit may request an administrative hearing.

(a) A hearing requested to contest a local health officer's action shall be governed by the local health jurisdiction's rules for hearings.

(b) A hearing requested to contest the department's action shall be governed by section 377, chapter 3, Laws of 1991. The applicant's and permit holder's right to an adjudicative proceeding is in the same law.

(c) The procedure for the adjudicative proceeding is in this chapter and in chapter 246-08 WAC.

(2) Any person aggrieved by the department's or local health officer's application of civil penalties may request an administrative hearing.

(a) A hearing requested to contest a local health officer's action shall be governed by the local health jurisdiction's rules for hearings.

(b) A hearing requested to contest the department's action shall be governed by section 377, chapter 3, Laws of 1991. When the department imposes a civil fine, the right of a person to an adjudicative proceeding is in the same law.

(c) The procedure for the adjudicative proceeding is in this chapter and in chapter 246-08 WAC.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-260-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-260-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 90-07-010 (Order 042), § 248-98-135, filed 3/12/90, effective 4/12/90.]

### Chapter 246-262 WAC

#### RECREATIONAL WATER CONTACT FACILITIES

##### WAC

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**WAC 246-262-010 Definitions.** (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 fire services training program.

(2) "ANSI" means American National Standards Institute.

(3) "Approved" means the department or local health officer has stated in writing that the design plans and specifications are in accordance with chapter 246-262 WAC.

(4) "ARC" means American Red Cross.

(5) "Architect" means a registered architect currently licensed under chapter 18.08 RCW in Washington state.

(6) "ASTM" means American Society for Testing Material.

(7) "Attendant" means a person trained to operate an attraction and control the users in a safe orderly manner.

(8) "Attraction or ride" means any of the specific types of recreational facilities involving partial or total immersion or intentional contact with the water designated for public recreational use.

(9) "Biomechanics" means the study of the human body as a system operating under the laws of Newtonian mechanics and the biological laws of life.

(10) "Board" means the state board of health.

(11) "Boogie or mini-surf board" means any semi-rigid device used in a wave pool for flotation or as a riding device.

(12) "Centerline" means the path defined by geometric midpoints of a component or structure, generally used in consideration of the slide path in flume rides.

(13) "Communication system" means any combination of devices permitting the passage of or exchange of messages between park operating personnel and between operating personnel and users. Systems can include, but

are not limited to, two-way radios, hardwired intercoms, horns, whistles, hand signals, direct voice, signs, or equivalent.

(14) "Contaminant" means any physical, chemical or biological substance present in the RWCF water which may adversely affect the health or safety of the user and/or the quality of the water.

(15) "CNCA" means Council for National Cooperation in Aquatics.

(16) "Cross-connection" means any physical arrangement connecting:

(a) A potable water system directly or indirectly, with anything other than another potable water system; or

(b) A RWCF to any potable or nonpotable water source capable of contaminating either the RWCF or potable water source as a result of backflow.

(17) "Department" means the department of health.

(18) "Discharge section" means the component or components making up the exit of the water slide, water tube, inner tube ride, speed slide, ramp slide, drop slide or drop tube, or kiddie flume. These components are the elements controlling the final direction and speed of the user.

(19) "Diving envelope" means the minimum dimensions of an area within the pool necessary to provide entry from a diving board, platform, or attraction segment where users enter above pool water level.

(20) "Drop slide or drop tube ride" means a sloped trough, chute, or tube exiting the user above the pool operating water level.

(21) "Engineer" means a registered professional engineer currently licensed under chapter 18.43 RCW in Washington state.

(22) "Entry access points" means the areas where users enter an attraction.

(23) "Entry rate" means the frequency at which users are permitted access to the attraction.

(24) "Ergonomics" means a multidisciplinary activity dealing with the interactions between humans and their environment plus the traditional environmental elements atmosphere, heat, light, and sound, as well as objects with which the user comes in contact.

(25) "FINA" means Federation Internationale de Natation Amateur.

(26) "Flume or tube entry" means the area at which users enter a water slide, water tube, inner tube ride, speed slide, drop slide, drop tube, or kiddie flume.

(27) "fps" means feet per second.

(28) "gpm" means gallons per minute.

(29) "IAAPA" means International Association of Amusement Parks and Attractions.

(30) "Injury or illness report" means the written record of all facts regarding an injury or illness associated with the RWCF.

(31) "Inner tube ride" means an attraction where users ride inner tube-like devices through a series of chutes, channels, flumes, and pools.

(32) "Innovative recreational water contact facility" means any type of RWCF currently unregulated.

(33) "Intermediate pool" means any pool between the entry and exit pools in attractions using a series of pools.

(34) "Kiddie flume or tube attraction" means a flume, chute, or tube designated for and restricted to use by small children.

(35) "Lifeguard" means an individual currently certified by red cross in advanced lifesaving or lifeguard training, or YMCA senior lifesaver, or equivalent certification through the royal Canadian lifeguard services.

(36) "Lifeguard station" means the designated work station of the lifeguard.

(37) "Local health officer" means the health officer of the city, county, or city-county department or district or a representative authorized by the local health officer.

(38) "mg/l" means milligrams per liter.

(39) "Multi-activity pool" means a pool with more than one type of attraction (i.e., an adult activity pool with a series of tubes, chutes, cable rides, etc., intended for use by individuals with specific swimming abilities).

(40) "NSF" means National Sanitation Foundation.

(41) "NSPI" means National Spa and Pool Institute.

(42) "Operating levels" means water levels maintained within attractions during use for proper operation of facility and for controlling safety and sanitation.

(43) "Operations" means all aspects of a RWCF which must be controlled to make the facility safe, healthy, and usable for the purpose intended.

(44) "Owner" means a person owning and responsible for a RWCF or authorized agent.

(45) "Person" means an individual, firm, partnership, co-partnership, corporation, company, association, club, government entity, or organization of any kind.

(46) "Ponding" means a condition where water fails to drain from walking surfaces.

(47) "ppm" means parts per million.

(48) "Primary zone of visual coverage" means the area assigned to a lifeguard or attendant for primary visual surveillance of user activity.

(49) "Radius of curvature" means the radius arc which denotes the curved surface from the point of departure from the vertical sidewall (springline) of the pool to the pool bottom.

(50) "Ramp slide" means a slide allowing one or more users to slide in unison down a straight incline to a run-out or a receiving pool.

(51) "Recirculation filter water" means water which is recirculated by the RWCF for treatment purposes, i.e., filtration and disinfection.

(52) "Response time" means elapsed time between bather distress and initiation of rescue assistance by a lifeguard (or attendant where applicable).

(53) "RWCF" means recreational water contact facility which is an artificial water associated facility with design and operational features that provide patron recreational activity which is different from that associated with a conventional swimming pool and purposefully involves immersion of the body partially or totally in the water and includes, but is not limited to, water slides, wave pools, and water lagoons.

(54) "Secretary" means the secretary of the department of health.

(55) "Serious injury" means any injury requiring admission to a hospital.

(56) "Speed slide or speed tube" means a sloped trough, flume, tube, or roller track having long straight and/or steep drops where users sustain speeds of twenty miles per hour or more.

(57) "Springline" means the point from which the pool wall breaks from vertical and begins its arc in the radius of curvature (for coved construction) to the bottom of the pool.

(58) "Surfboard" means a rigid device used in a wave pool for riding.

(59) "Tail coverage" means providing insurance coverage for a given period of time for discovery of claims made after the policy term for "claims made" type of insurance.

(60) "Total turnover" means the time it takes for the pool attraction water volume to be recirculated as a sum of the flows from treatment turnover and attraction recirculation systems turnover.

(61) "Treatment turnover" means the minimum time necessary to circulate the entire attraction water volume through the recirculation filter system.

(62) "T.U." means turbidity unit as measured by the nephelometric method.

(63) "Wading activity pool" means a pool or area less than twenty-four inches in total water depth with activities intended for younger children.

(64) "Walking surface" means any direct access surface to the attractions or change rooms where the user will be in bare feet. Areas set aside for picnicking, sunbathing, and lounging are excluded.

(65) "Water slide or water tube" means a sloped trough-like flume or tube structure of varying slope and direction using water as a lubricant and/or method of regulating the rider speed.

(66) "Water treatment operator" means the person appointed to operate the mechanical equipment and perform related water quality monitoring for proper operation of the physical facility.

(67) "Wave pool" means a recreational pool producing waves which usually begin at the deep end and proceed toward and dissipate at the shallow end.

(68) "WWA" means World Waterpark Association.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-020, filed 6/22/88.]

**WAC 246-262-040 Operating permit.** (1) No person shall operate a RWCF without a current operating permit issued by the department or local health officer.

(2) To obtain an operating permit, owners of an RWCF must provide information to the department or local health officer that shows the RWCF is in compliance with these rules.

(3) Operating permits shall be:

(a) Valid for one year;

(b) Renewed annually; and

(c) Nontransferable without written consent of the department or local health officer. For purposes of this

section, a change in management of a corporation, partnership, association, or other nonindividual business entity shall create a new person requiring either consent to a permit transfer or issuance of a new permit upon proper application.

(4) The department or local health officer issuing the operating permit may revoke or suspend the permit if the RWCF is not operated in accordance with chapter 70.90 RCW or chapter 246-262 WAC.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-050, filed 6/22/88.]

**WAC 246-262-060 General design, construction, and equipment.** (1) Owners shall locate RWCFs to:

(a) Minimize pollution by dust, smoke, soot, and other undesirable substances;

(b) Eliminate pollution from surrounding surface drainage; and

(c) Ensure pools within the RWCF are more than fifteen feet from any structure, object, or land formation (i.e., pumphouse, tree, etc.), which would provide a user with the opportunity to jump from such a structure into the pool. This does not include any barriers provided to prevent unauthorized access to pool or segments of attractions which enter pool.

(2) Owners shall use only materials in the structure and equipment which are nontoxic, durable, inert, impervious to water, and easily cleaned.

(3) Owners shall design and maintain walking surfaces which are:

(a) Sloped a minimum one-fourth inch per foot;

(b) Of a nonslip finish;

(c) Equipped with sufficient drains to prevent standing water;

(d) Free of resilient coverings, e.g., carpeting; and

(e) At least four feet in width.

(4) Owners shall provide adequate barrier protection to prevent unauthorized access including:

(a) In outdoor facilities, a barrier six feet or more in height with:

(i) Openings, holes, or gaps not to exceed four inches except openings protected by gates or doors; and

(ii) Lockable gates and entrances either regulated during periods of use or provided with a self-closing, self-latching mechanism a minimum of forty-two inches from the ground.

(b) In indoor facilities, suitable barriers to prevent access by unauthorized individuals or pool access by unattended small children.

(5) Owners shall ensure that pools:

(a) Comply with all provisions of chapter 246-260 WAC where pool facilities are a separate attraction;

(b) Have surfaces with:

(i) Materials complying with subsection (2) of this section;

(ii) Watertight and nonabrasive construction;

(iii) Nonslip finish where users are walking; and

(iv) White or light color finish not obscuring the view of objects or surfaces.

(c) Are dimensionally designed to provide for the safety of the user and circulation of the water including, but not limited to:

(i) Absence of protrusions, extensions, means of entanglement, or other obstruction which can cause entrapment or injury;

(ii) Construction tolerances conforming with current ANSI public pool standards;

(iii) Uniform pool floor slopes as follows:

(A) Not exceeding one foot of drop in seven feet of run for pools serving as landing or exiting pools, where total water depth is less than forty-eight inches; and

(B) Providing a maximum slope of one foot of drop in twelve feet of run up to a depth of five and one-half feet in pools where users enter and participate in extended activities.

(iv) Vertical walls for a minimum distance noted in Table 4 of this section, which may be curved (not to exceed allowable radius) to join the floor.

(A) Vertical means walls not greater than eleven degrees from plumb.

(B) Coving or portion of the side wall of a diving area in the pool shall conform as described in subsection (5)(c)(vi) of this section.

(C) In new construction or alterations to existing construction, ledges are prohibited.

(D) Requirements in subsection (5)(c) of this section do not apply to spas.

(v) A maximum intrusion beyond the vertical (as defined in subsection (5)(c)(iv)(A) of this section) with any configuration not to exceed a transitional radius from wall to floor where floor slopes join walls and which:

(A) Has its center of radius no less than the minimum vertical depth specified in Table 4 of this section below the water level;

(B) Has arc of radius tangent to the wall; and

(C) Has a maximum radius of coving (or any intrusion into the pool wall/floor interface) determined by subtracting the vertical wall depth from the total pool depth.

TABLE 4  
MAXIMUM RADIUS COVING OR POOL INTRUSION  
DIMENSIONS BETWEEN POOL FLOOR AND WALL\*

|                             |      |       |      |      |       |      |      |  |
|-----------------------------|------|-------|------|------|-------|------|------|--|
| Pool Depth                  | 2'0" | 2'6"  | 3'0" | 3'6" | 4'0"  | 4'6" | 5'0" | >5'0"  |
| Minimum Side Wall           |      |       |      |      |       |      |      |  |
| Vertical Depth              | 1'6" | 1'10" | 2'2" | 2'6" | 2'10" | 3'2" | 3'6" | >3'6"  |
| Maximum Radius of Curvature | 6"   | 8"    | 10"  | 12"  | 1'2"  | 1'4" | 1'6" | **Maximum radius equals pool depth minus the vertical wall depth |

Note: \*For pool depths which fall between the depths listed, values can be interpolated.

\*\*Radius of coving cannot intrude into pool within diving envelope or deep water entry area for attractions entering above pool water level.

(vi) Provision of diving envelopes in pools or areas of pools designated for diving activities to include:

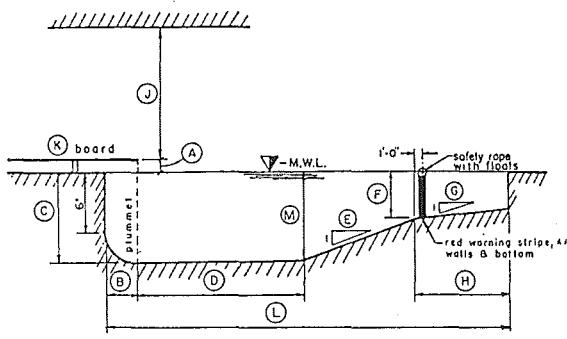


(A) A diving envelope of no less than the CNCA standard configuration\* noted in Figure 1 of this section in areas where user would enter from deck level, diving board, or platform at a height of less than one-half meter (twenty inches).

Note: \*This requirement is based on a standard described in CNCA publication "Swimming Pools: a Guide to their Planning, Design, and Operation" 1987. Fourth edition. Human Kinetics Publisher, Inc., Champaign, Illinois. Figure 8.1

FIGURE 1:

Minimum dimensions for pools with provision for diving from deck level or providing boards or platforms at a height less than one-half meter.



| Dimension                                    | Minimum    | Preferred or Maximum |
|--|------------|----------------------|
| A Height of board above water                |            | 20 in.               |
| B Board overhang                             | 2 ft 6 in. | 3 ft                 |
| C Depth of water at plummet                  | 9 ft       | 10 ft *              |
| D Distance from plummet to start of upslope  | 16 ft      | 18 ft *              |
| E Inclination of upslope of bottom           |            | 1:3                  |
| F Depth of water at breakpoint               | 4 ft 6 in. |                      |
| G Slope of bottom in shallow portion of pool | 1:12       | 1:15 *               |
| H Length of shallow section of pool          | 8 ft       | 14 ft *              |
| I Distance to any overhead structure         | 13 ft      | 15 ft *              |
| K Board length                               |            | 12 ft                |
| L Length of pool                             | 40 ft      | 50 ft *              |
| M Dimension not less than C minus            | 6 in.      |                      |

Note: \*Values with asterisks are not to be considered as maximums.

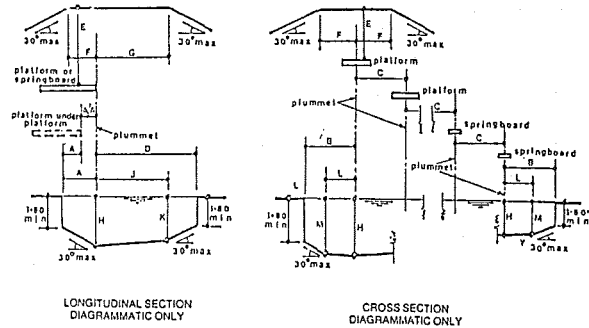
\*\*Warning stripe at break point may be of any contrasting color.

(B) A diving envelope of no less than the FINA standard configuration\*\* noted in Figure 2 of this section in areas where user would enter from diving board or platform at a height of one-half meter (twenty inches) or greater.

Note: \*\*This requirement is based on a standard described in FINA publication "FINA Handbook - 1986-1988." Constitution and rules governing swimming, diving, water polo, and synchronized swimming, 1986-1988. Edited by E. Allen Harvey, Vancouver, Canada VGN 3R6, Section D, pp. 114-115.

FIGURE 2:

Minimum dimensions for pools with boards or platforms at a height of one-half meter or more.



|   | Dimensions<br>are in Metres | SPRINGBOARD |            |           |           | PLATFORM  |       |             |       |          |      |             |       |                |      |
|---|-----------------------------|-------------|------------|-----------|-----------|---|-------|-------------|-------|----------|------|-------------|-------|----------------|------|
|   |                             | 1 Metre     |            | 3 Metres  |           | 1 Metre   |       | 3 Metres    |       | 5 Metres |      | 7.5 Metres  |       | 10 Metres      |      |
| FINA  | LENGTH                      | 4.00        | 4.00       | 4.50      | 5.00      | 6.00  | 6.00  | 6.00        | 6.00  | 6.00     | 6.00 | 6.00        | 6.00  | 6.00           |      |
| DIMENSIONS FOR DIVING FACILITIES                              | WIDTH                       | 0.50        | 0.50       | 0.60      | 1.50      | 1.50  | 1.50  | 1.50        | 1.50  | 1.50     | 1.50 | 1.50        | 2.00  | 2.00           |      |
| Revised to 1st Jan 1987                                       | HEIGHT                      | 1.00        | 3.00       | 0.60-1.00 | 2.60-3.00 | 5.00  | 7.50  | 10.00       |       |          |      |             |       |                |      |
|   |                             | HORIZ       | VERT       | HORIZ     | VERT      | HORIZ   | VERT  | HORIZ       | VERT  | HORIZ    | VERT | HORIZ       | VERT  | HORIZ          | VERT |
| A From plunnet BACK TO POOL WALL                              | DESIGNATION                 | A-1         |            | A-3       |           | A-1p1   |       | A-3p1       |       | A-5      |      | A-7.5       |       | A-10           |      |
|   | MINIMUM                     | 1.00        |            | 1.00      |           | 0.75  |       | 1.25        |       | 1.25     |      | 1.50        |       | 1.50           |      |
| A/A From plunnet BACK TO PLATFORM Plunnet directly below      | DESIGNATION                 |             |            |           |           |   |       |             |       | AA5/1    |      | AA7.5/3/1   |       | AA10/5/3/1     |      |
|   | MINIMUM                     |             |            |           |           |   |       |             |       | 1.50     |      | 1.50        |       | 1.50           |      |
| B From plunnet to POOL WALL AT SIDE                           | DESIGNATION                 | B-1         |            | B-3       |           | B-1p1   |       | B-3p1       |       | B-5      |      | B-7.5       |       | B-10           |      |
|   | MINIMUM                     | 2.50        |            | 3.50      |           | 2.30  |       | 2.90        |       | 4.25     |      | 4.50        |       | 5.25           |      |
| C From plunnet to ADJACENT PLUNNET                            | DESIGNATION                 | C-1/1       |            | C-3/3/1   |           | C-1/1p1   |       | C-3/1p1/3p1 |       | C-5/3/1  |      | C-7.5/5/3/1 |       | C-10/7.5/5/3/1 |      |
|   | MINIMUM                     | 2.40        |            | 2.60      |           | 1.65  |       | 2.10        |       | 2.50     |      | 2.50        |       | 2.75           |      |
| D From plunnet to POOL WALL AHEAD                             | DESIGNATION                 | D-1         |            | D-3       |           | D-1p1   |       | D-3p1       |       | D-5      |      | D-7.5       |       | D-10           |      |
|   | MINIMUM                     | 9.00        |            | 10.25     |           | 8.00  |       | 9.50        |       | 10.25    |      | 11.00       |       | 13.50          |      |
| E On plunnet, from BOARD TO CEILING                           | DESIGNATION                 |             | E-1        |           | E-3       |   | E-1p1 |             | E-3p1 |          | E-5  |             | E-7.5 |                | E-10 |
|   | MINIMUM                     |             | 5.00       |           | 5.00      |   | 3.50  |             | 3.50  |          | 3.50 |             | 3.50  |                | 5.00 |
| F CLEAR OVERHEAD behind and each side of plunnet              | DESIGNATION                 | F-1         | E-1        | F-3       | E-3       | F-1p1   | E-1p1 | F-3p1       | E-3p1 | F-5      | E-5  | F-7.5       | E-7.5 | F-10           | E-10 |
|   | MINIMUM                     | 2.50        | 5.00       | 2.50      | 5.00      | 2.75  | 3.50  | 2.75        | 3.50  | 2.75     | 3.50 | 2.75        | 3.50  | 2.75           | 5.00 |
| G CLEAR OVERHEAD ahead of plunnet                             | DESIGNATION                 | G-1         | E-1        | G-3       | E-3       | G-1p1   | E-1p1 | G-3p1       | E-3p1 | G-5      | E-5  | G-7.5       | E-7.5 | G-10           | E-10 |
|   | MINIMUM                     | 5.00        | 5.00       | 5.00      | 5.00      | 5.00  | 3.50  | 5.00        | 3.50  | 5.00     | 3.50 | 5.00        | 3.50  | 6.00           | 5.00 |
| H DEPTH OF WATER at plunnet                                   | DESIGNATION                 |             | H-1        |           | H-3       |   | H-1p1 |             | H-3p1 |          | H-5  |             | H-7.5 |                | H-10 |
|   | MINIMUM                     |             | 3.50       |           | 3.00      |   | 3.30  |             | 3.60  |          | 3.00 |             | 4.50  |                | 5.00 |
| J DISTANCE AND DEPTH ahead of plunnet                         | DESIGNATION                 | J-1         | K-1        | J-3       | K-3       | J-1p1   | K-1p1 | J-3p1       | K-3p1 | J-5      | K-5  | J-7.5       | K-7.5 | J-10           | K-10 |
|   | MINIMUM                     | 5.00        | 3.40       | 6.00      | 3.70      | 5.00  | 3.20  | 6.00        | 3.50  | 6.00     | 3.70 | 8.00        | 4.40  | 11.00          | 4.75 |
| L DISTANCE AND DEPTH each side of plunnet                     | DESIGNATION                 | L-1         | M-1        | L-3       | M-3       | L-1p1   | M-1p1 | L-3p1       | M-3p1 | L-5      | M-5  | L-7.5       | M-7.5 | L-10           | M-10 |
|   | MINIMUM                     | 1.50        | 3.40       | 2.00      | 3.70      | 1.40  | 3.20  | 1.00        | 3.50  | 4.25     | 3.70 | 4.50        | 4.40  | 5.25           | 4.75 |
| M MAXIMUM SLOPE TO REDUCE DIMENSIONS beyond full requirements | POOL DEPTH                  |             | 30 degrees |           | NOTE      | Dimensions C (plunnet to adjacent plunnet) apply for Platform with widths as detailed. For wider Platforms increase C by half the additional width(s) |       |             |       |          |      |             |       |                |      |
|   | CEILING HT                  |             | 30 degrees |           |           |   |       |             |       |          |      |             |       |                |      |

(d) Have adequate handholds around the perimeter in pools designed for extended swimming and bathing activity and excluding wave pools; and

(e) Stairs, ladders, or stepholes with:

(i) Stairs, when provided, meeting the following construction requirements:

(A) Treads of a nonslip finish;

(B) Stair tread edges colored to contrast with the color of the pool and clearly visible to the users;

(C) Recessed in pool areas used for lap swimming or provided with wave action; and

(D) Equipped with handrails extending over the edge of the deck.

(ii) Ladders or stepholes which:

(A) Furnish exit from pools greater than four feet in depth except in landing pools bringing the user toward a shallow area after entering the water;

(B) Are spaced a minimum of one for every fifty feet of pool perimeter greater than four feet deep;

(C) Are provided at both sides of the deep end in pools over thirty feet in width; and

(D) Are equipped with a handrail at the top of both sides extending over the coping or edge of the deck.

(iii) User access at the shallow end of pool.

(6) Owners shall ensure treatment turnover at rates no less than designated as follows:

(a) In receiving pools for water slides, water tubes, inner tube rides, speed slides or tubes, drop slides or tubes, and kiddie flume slides, treatment turnover time can be based on any of the following:

(i) Total attraction volume in one-hour period;

(ii) Treatment turnover equals design peak usage (maximum users per hour) expressed in gpm;

(iii) A rate of one hour for 20,000 gallons per two or less attraction segments. Treatment turnover times may increase proportionately for larger pool volumes per two or less attraction segments;

(iv) Alternative methods where provisions to reduce contaminants are justified to the satisfaction of the department or local health officer; and

(v) Treatment turnover times not to exceed six hours.

(b) For wave pools, a minimum treatment turnover time of two hours; and

(c) For activity pools, a minimum treatment turnover time of four hours.

(7) Owners shall provide pool inlets which are:

(a) Submerged and located to produce uniform circulation of water and chemicals throughout the pool; and

(b) Located on the bottoms of pools greater than two thousand five hundred square feet, unless otherwise justified by the engineer to the satisfaction of the department or local health officer.

- (8) Owners shall provide pool outlets with:
- (a) Overflow and main drain with each designed to carry one hundred percent of total recirculation filter flow;
    - (b) Overflow outlets that have:
      - (i) Design to maintain a minimum of sixty percent of filter recirculation flow at all times;
      - (ii) An overflow channel on the pool perimeter to promote uniform circulation and skimming action of the upper water layer for pools greater than twenty-five hundred square feet, with:
        - (A) Design preventing matter entering channel from returning to the pool;
        - (B) Dimensions minimizing the hazard for bathers, such as catching arms or feet in an overflow channel;
        - (C) 0.01 foot slope per foot or more;
        - (D) Drains sufficiently spaced and sized to collect and remove overflow water to return line to filter where applicable;
        - (E) Size sufficient to carry one hundred percent of the recirculation flow plus the surge flow equivalent to one-fifth of the balancing tank expressed in gallons per minute.
    - (iii) Skimmers, when used on pools up to twenty-five hundred square feet, if:
      - (A) Demonstrated to operate properly under design conditions;
      - (B) Turbulence is not expected to interfere with operation;
      - (C) Maximum flow rate through skimmers does not exceed four gpm per inch of weir;
      - (D) Devices are recessed in the wall of the pool so that no part protrudes beyond the plane of the wall into the pool;
      - (E) The skimmer is equipped with a device to prevent air lock in the recirculation suction line (i.e., an equalizer line); and
      - (F) The skimmer is equipped with a removable and cleanable screen designed to trap large solids.
  - (iv) Sidewall channels, when used on pools up to twenty-five hundred square feet, which accept the total recirculation volume of the pool through the upper side of the pool if:
    - (A) Overall flow through the channel exceeds four times the treatment recirculation rate;
    - (B) Design of channel prevents entrapment of the user;
    - (C) Openings of any screens have less than one-half inch slots;
    - (D) Channel openings do not allow access beyond the pool, except with the use of specific tools requiring their opening;
    - (E) Open area of grates prevent a suction or entrapment hazard which could be dangerous to the user; and
    - (F) The channel provides an action pulling water from the top of the pool to remove floatable debris and oils.
  - (c) Main drains in all pools with:
    - (i) Location at the low points of the pool;
    - (ii) A minimum of two main drains spaced not further than twenty feet apart nor closer than six feet or spaced

- as far as possible from each other in pools less than six feet linear floor distance;
- (iii) Total open area of grates preventing a suction or entrapment hazard which could be dangerous to user;
- (iv) Flat grate drains having:
  - (A) Maximum flow of 1.5 feet per second; or
  - (B) Net area of outlet being at least four times the area of the discharge pipe.
- (v) Maximum flow of four feet per second in anti-vortex drains;
- (vi) Openings not allowing a sphere over one-half inch in diameter to pass;
- (vii) Grate design to withstand forces of users;
- (viii) Grates removable only with specific tools; and
- (ix) Means to control flow from recirculation pump or balancing tank.
- (9) Owners shall maintain recirculation flow which:
  - (a) Does not exceed six feet per second in suction or valved discharge side of pump; and
  - (b) Does not exceed ten feet per second in open discharge pipes on the pressure side of the pump or filter discharge. This limit does not apply to the return inlet and the last two feet of pipe leading to the inlet.
- (10) Owners shall provide a surge chamber or surge area in RWCFs with an entry pool to:
  - (a) Accommodate at least two minutes of the total turnover; and
  - (b) Maintain proper water levels for treatment and operation of the attraction.
- (11) Owners having RWCFs with overflow channels requiring balancing tanks shall:
  - (a) Maintain volume equivalent to fifteen times maximum bathing load expressed in gallons; and
  - (b) Increase capacity as necessary to provide volume for make-up water and to prevent air lock in the pump suction line.
- (12) Owners shall have and maintain recirculation pumps with adequate capacity to:
  - (a) Provide design flows and pressure for recirculation of the RWCF water over the entire operating pressure of the filter;
  - (b) Allow proper capacity for backwashing of filters when specified; and
  - (c) Have self-priming capability when installed above the pool water level.
- (13) Where pumps precede the filter, owners shall install hair and lint strainers, which shall:
  - (a) Be located upstream of recirculation pumps;
  - (b) Be of corrosion-resistant material sufficiently strong to prevent collapse when clogged;
  - (c) Have an operable cover; and
  - (d) Provide valving to isolate the strainer when located below pool water level.
- (14) Owners shall provide valves at appropriate locations to allow isolation and maintenance of equipment.
- (15) Owners shall provide equipment rooms which:
  - (a) Enclose pumps, disinfection equipment, filters, and other electrical and mechanical equipment and associated chemicals;
  - (b) Provide adequate working space and access to perform routine operations;

(c) Provide lighting and ventilation of the equipment room; and

(d) Are not accessible to the public.

(16) Owners shall ensure the source of make-up water and associated piping in the RWCF:

(a) Provides sufficient quantity to replace daily losses from the pool;

(b) Comes from a supply conforming with chapter 246-290 WAC; and

(c) Prevents cross-connections using a minimum air gap of two pipe diameters or approved backflow prevention devices between the make-up water source and the RWCF attraction water or waste water.

(17) Owners shall equip RWCFs with filtration equipment which:

(a) Meets the applicable standards of NSF or equivalent;

(b) Uses acceptable types and filter rates described in Table 5 of this section:

TABLE 5  
FILTER TYPES AND ACCEPTABLE RATES

| Type of Filter                       | Range of Acceptable Filter Rate<br>Expressed in gpm/sq. ft. |                      |                |
|--------------------------------------|---|----------------------|----------------|
|                                      | Minimum   | Maximum*             |                |
| Sand                                 |   |                      |                |
| Rapid & pressure                     | —   | 3                    |                |
| Pressure high rate                   | 10  | 18                   |                |
| Vacuum high rate                     | 10  | 18                   |                |
| DE                                   |   | Continu-<br>ous feed | Manual<br>feed |
| Vacuum                               | 0.8   | 1.0                  | 2.0            |
| Pressure                             | 1.0   | 1.35                 | 2.0            |
| Cartridge**                          |   |                      |                |
| Applied in<br>temperature<br>ranges: |   |                      |                |
| <95°F.                               | —   | 0.375                |                |
| >95°F.                               | —   | 0.188                |                |

Note: \*Filters sized at maximum application rate shall use flow control valves.

\*\*Cartridge filters shall have a nominal micron rating of twenty microns or less.

(c) Has pressure or vacuum gauges for measuring loss of head (pressure) through the filter with minimum of one gauge preceding and one gauge following the filter;

(d) Has a flow indicator to measure treatment turn-over; and

(e) Has means of discharging filter backwash to waste with:

(i) Discharge in a manner not creating a public nuisance;

(ii) Disposal in accordance with applicable local law or regulation;

(iii) Minimum air gap of two pipe diameters to prevent cross-connection from waste discharge and recirculation system piping;

(iv) Discharge receptor and piping of sufficient size to accept backwash water and prevent flooding; and

(v) Provisions to monitor filter effluent during backwash.

(18) Owners shall provide disinfection equipment which:

(a) Provides a continuous and effective residual of disinfectant in the water;

(b) Uses a disinfectant with a residual that is easily monitored;

(c) Conforms with NSF standards when liquid or solid feed materials are used;

(d) Has a design feed rate which will provide effective disinfection levels when RWCFs are in use;

(e) Meets the following conditions if chlorine gas is used:

(i) Chlorine rooms shall:

(A) Be above ground level;

(B) Be constructed so all openings or partitions with adjoining rooms are sealed;

(C) Be located with consideration of prevailing winds to dissipate leaked chlorine away from the RWCF;

(D) Have door opening outward only and to the out-of-doors.

(ii) Mechanical exhaust ventilation of the chlorine room including:

(A) Air inlet located as far as possible from fan intake to promote good air circulation patterns;

(B) Minimum of one air change per minute in the chlorine room when fan is operating;

(C) A remote switch outside the room or a door-activated switch to turn on fan prior to entering;

(D) Suction for fan near the floor; and

(E) Exhaust for fan and chlorinator vent located to prevent contaminating air intakes or prevent undue hazard for the users of the RWCF.

(iii) Gas chlorine systems which:

(A) Are vacuum injection type, with vacuum actuated cylinder regulators; and

(B) Provide adequate-sized backflow and anti-siphon protection at the ejector.

(iv) Breathing protection available in an accessible area for the operator outside of the chlorine room including:

(A) Instructions about limitations with chlorine concentrations and concentrations of oxygen if chlorine-type canister masks are used; and

(B) Self-contained breathing apparatus designed for use in a chlorine atmosphere as preferred equipment for working with chlorine leaks.

(v) Means for automatic shutoff when the recirculation filter pump is off or flow to the pool is interrupted;

(vi) Chlorine gas cylinders shall:

(A) Be stored only in chlorine rooms; and

(B) Not exceed one hundred fifty pounds tare weight per cylinder; except, wave pools, where one-ton cylinders may be used. Only a single, one-ton cylinder shall be stored on the premise at any time.

(19) Owners applying chemicals other than disinfectant shall provide chemical feed equipment with:

(a) Adequate size and design to allow routine cleaning and maintenance;

(b) Materials resistant to action of the chemicals to be used; and

(c) Means for automatic shut off when the recirculation filter pump is off or flow to the pool is interrupted.

(20) Owners shall have testing equipment to provide means for measuring disinfectant residuals, pH, alkalinity, and any other chemicals used routinely in the RWCF water. In pools where compressed chlorine gas is used, means to detect leaks shall be provided, i.e., use of proper strength ammonia vapor.

(21) Owners shall provide easily accessible change room facilities at all RWCFs with:

(a) Dressing rooms, showers, toilets, urinals, and sinks;

(b) Change room design including:

(i) Separate facilities for both sexes;

(ii) Floors of a nonslip finish with suitable drains;

(iii) Junctions between walls and floors coved for ease of cleaning;

(iv) Adequate ventilation to prevent build-up of moisture in the facility; and

(v) Provisions to minimize cross traffic with nonusers.

(c) Plumbing fixtures as described in Table 6 of this section.

TABLE 6  
MINIMUM PLUMBING FIXTURE REQUIREMENTS  
BASED ON MAXIMUM PEAK PERIOD OCCUPANCY

| Type of Fixture | Occupancy/Sex         | Number of Fixtures Required<br>Per Occupancy Load |        |
|-----------------|-----------------------|---|--------|
|                 |                       | Male  | Female |
| 1. Toilets      | First 600             | 1/200   | 1/100  |
|                 | Portion exceeding 600 | 1/450   | 1/300  |
| 2. Urinals      | First 600             | 1/200   | -      |
|                 | Portion exceeding 600 | 1/450   | -      |
| 3. Showers      | First 300             | 1/100   | 1/100  |
|                 | Portion exceeding 300 | 1/200   | 1/200  |
| 4. Sinks        | First 400             | 1/200   | 1/200  |
|                 | Next 350              | 1/350   | 1/350  |
|                 | Portion exceeding 750 | 1/500   | 1/500  |
| 5. Hose bibs    |                       | 1 accessible to change rooms                      |        |
| 6. Janitor sink |                       | 1 within the RWCF                                 |        |

(d) Showers:

(i) Delivering water at a temperature range between ninety and one hundred ten degrees Fahrenheit; and

(ii) Providing liquid or powdered soap in nonglass dispensers.

(e) Flush toilets and toilet tissue in dispensers;

(f) Sinks providing:

(i) Tempered or hot and cold running water,

(ii) Liquid or powdered soap in nonglass dispensers, and

(iii) Disposable towels or electric hand dryers.

(g) Sewage disposed of in a manner approved by the department or local health officer; and

(h) Hose bibs with vacuum breakers provided at convenient locations.

(22) Owners shall design and maintain lighting at RWCF attractions or change rooms to:

(a) Illuminate indoor attractions, outdoor attractions used after dusk, or change rooms with a minimum lighting intensity maintained thirty inches above any walking surface, pool deck, or pool area of:

(i) Thirty foot-candles at indoor facilities;

(ii) Fifteen foot-candles at outdoor facilities; or

(iii) Twenty foot-candles in change rooms.

(b) Allow lifeguards or attendants to clearly see every part of pool waters and walking surfaces; and

(c) Meet any additional lighting requirements deemed necessary by the department or local health officer.

(23) Owners shall provide first aid facilities in every RWCF including:

(a) A twenty-four package first aid kit per WAC 296-24-065;

(b) Two or more blankets reserved for emergency use;

(c) A telephone with a prominently displayed list of emergency medical service response numbers;

(d) A backboard meeting the specifications of the ARC; and

(e) Sufficient and suitable area to accommodate persons requiring treatment and necessary first aid equipment.

(24) Owners shall provide signs at RWCF entrances and change rooms. Any combination of words, pictures, or symbols may be used to convey the following conditions:

(a) Prohibition of use by persons with communicable diseases;

(b) Prohibition of use by persons under the influence of alcohol or drugs;

(c) Requirement for a cleansing shower before entering the attractions;

(d) Warning that persons refusing to obey the attendants are subject to removal from the premises; and

(e) Prohibition of food and drink in pool, change room, or on walking surfaces.

(25) If owners allow or make provision for food service:

(a) Food and beverage sale and consumption areas shall be separate from pool, change room, and walking surfaces;

(b) Trash containers shall be provided; and

(c) No glass containers shall be allowed in the RWCF.

(26) Owners shall prevent users or spectators access to mechanical, electrical, or chemical equipment facilities.

(27) Owners shall provide an operable drinking fountain of the angle jet type design meeting the requirements of the American Standards Association.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-070, filed 6/22/88.]

**WAC 246-262-070 Specific design, construction, and equipment.** (1) Owners shall provide specific design, construction, and equipment for the various types of RWCF attractions.

(2) Owners and manufacturers shall ensure adherence to recognized design and construction standards including, but not limited to:

(a) ASTM F-24 Standards on Amusement Rides and Devices;

(b) "Suggested Health and Safety Guidelines for Recreational Water Slide Flumes" U.S. Department of Health and Human Services, Centers for Disease Control, Atlanta, Georgia, 30333;

(c) "World Waterpark Association Considerations for Operating Safety" published by the World Waterpark Association, 7474 Village Drive, Prairie Village, Kansas, 66208; and

(d) Department recognized or approved guidelines, criteria, or standards.

(3) Owners shall ensure design and construction for water slides or tubes, inner-tube rides, kiddie flumes, or ramp slides meet the following minimum standards:

(a) Flume or tube entry access points shall have:

(i) Means to control unauthorized entrance;

(ii) Handrails or slip-resistant surfaces provided to assist users; and

(iii) Attendant stations which provide:

(A) User entry spacing control;

(B) Attendant line of sight to the attraction; and

(C) Attendant access to a communication system.

(b) Receiving pools shall have:

(i) Clearances and minimum distances as noted in

Figure 3 of this section for tube or flume entrances into pools.

FIGURE 3  
MINIMUM CLEARANCES FOR FLUME OR TUBE ENTRY TO RECEIVING POOLS

| VALUE | MINIMUM DISTANCE | DESCRIPTION   |
|-------|------------------|---|
| D     | 20 feet          | Minimum distance where flume terminates to opposite side of pool. |

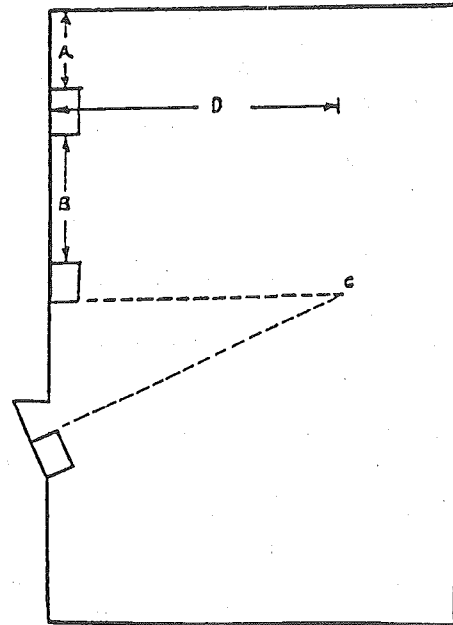


FIGURE 3  
MINIMUM CLEARANCES FOR FLUME OR TUBE ENTRY TO RECEIVING POOLS

| VALUE | MINIMUM DISTANCE | DESCRIPTION  |
|-------|------------------|--|
| A     | 5 feet           | Minimum distance from edge of flume to side of pool.   |
| B     | 6 feet           | Minimum distance between sides of parallel flumes.   |
| C     | 20 feet          | Minimum distance between two flumes or tubes that are not parallel shall be so constructed so that the intersecting lines of each closest side does not intersect for a distance of at least twenty feet from the end of each flume. |

(ii) Flume or tube sliding surface ending below the pool operating water level when users ride unaided or on mats;

(iii) Flume or tube perpendicular for a minimum of ten feet to the wall of entry;

(iv) Handrails, when steps are provided for exiting; and

(v) Attendant and/or lifeguard stations with:

(A) Unobstructed access to users; and

(B) Ready access to communication system for contacting control station attendant and first aid personnel.

(4) Owners shall design and construct barriers to prevent unauthorized entry or exit from any intermediate pool.

(5) Owners shall ensure design and construction of speed slides meet the following minimum standards:

(a) Entry points conforming with subsection (3)(a) of this section;

(b) Roller- or sled-type slides designed to prevent accidental flipping of the sleds or coasters when entering the water;

(c) Provision of sufficient transition zones for deceleration preventing unsafe user impact; and

(d) Maintenance of critical water operation levels providing proper braking action of the user.

(6) Owners shall ensure design and construction of wave pools meet the following minimum standards:

(a) Walls of wave pools shall be vertical with minimum six inch radius of curvature between wall and pool bottom;

(b) Pool bottom sloped:

(i) Not exceeding one foot of drop in twelve feet of run where pool depths range from zero to three and one-half feet; or

(ii) Not exceeding one foot of drop in nine feet of run where depths range from three and one-half feet to six and one-half feet.

(c) Recessed ladders or step holes with vertical grab bars at depths above three and one-half feet:

(i) For emergency exit only;

(ii) Spaced at intervals of fifty feet or less where pool water depths are greater than three and one-half feet. Pool water depths are measured without wave action.

(d) Deck width of at least ten feet along the shallow end;

(e) A fence or restrictive barrier a minimum of forty-two inches in height and at least two feet out from the pool/deck interface at the side walls of wave pools, with emergency exit openings.

(f) Lifeguard station locations appropriate to prevailing conditions;

(g) A push-button system to shut off the wave-making equipment with:

(i) Shut offs installed on sidewall decks and spaced at intervals no greater than one hundred feet, readily accessible to the lifeguards; and

(ii) Shock hazard protection.

(h) A communication system for use by authorized personnel which is clearly audible to all portions of the pool;

(i) A communication system for interaction between authorized personnel; and

(j) Maximum bathing load (users) not to exceed a value equal to  $S/12 + D/68$  where:

(i) "S" equals surface area in square feet where depth is less than three and one-half feet;

(ii) "D" equals surface area in square feet where pool depth is three and one-half feet deep or greater; and

(iii) Pool depths are measured without wave action.

(7) If inner tubes, boogie boards, or surf boards are used, the owner shall ensure the design and operation of the wave pool provides for such activity, including:

(a) The establishment of rules for use;

(b) Operating and emergency procedures; and

(c) Crowd control.

(8) Owners shall ensure design and construction of any wading activity pool meets the following minimum standards. Wading activity pool areas are:

(a) Built with maximum water depth of two feet;

(b) Constructed with pool walls so that distance from deck to water level is six inches or less for at least seventy-five percent of the pool perimeter;

(c) Equipped with floors uniformly sloped to drain with a maximum slope of one foot of drop in twelve feet of run;

(d) Separated by at least a four foot high barrier when distance to any water area greater than four feet in depth is less than ten feet; and

(e) Protected from water areas greater than two feet by providing:

(i) A float line separating the two areas;

(ii) A six inch contrasting color line on pool bottom and side walls at float line; and

(iii) A transition zone with a maximum floor slope not exceeding one foot of drop in twelve feet of run.

(9) Owners shall ensure design and construction of drop slides or drop tubes meet the following minimum standards:

(a) Entry in accordance with subsection (3)(a) of this section;

(b) Receiving pool envelope:

(i) Conforming to CNCA standards noted in WAC 246-262-060 (5)(c)(vi)(A) if the point of exit is less than one-half meter (or twenty inches);

(ii) Conforming to FINA standards noted in WAC 246-262-060 (5)(c)(vi)(B) if the point of exit is one-half meter (or twenty inches) or greater.

(iii) Increasing in size to ensure user safety if warranted by angle of entry or speed of the user.

(c) Sufficient distance between slides or tubes to prevent collisions of users. Parallel exits are recommended.

(d) Direct line of sight and direct communication between entry access point and receiving pool.

(10) Owners shall provide signs for specific RWCF attractions. Words, pictures, or symbols may be used to convey the following as appropriate:

(a) Prohibition of running, standing, kneeling, tumbling, horseplay, or stopping in the flumes or tubes;

(b) Failure to follow directions of attendant or failure to obey posted rules may result in removal from the RWCF;

(c) Prohibition of diving from flume;

(d) Prohibition of multiple user chains if applicable to ride;

(e) Requirement to leave the landing area promptly after exiting;

(f) Recommended minimum or maximum age or height for using this attraction; and

(g) Prohibition of head first sliding if applicable to ride.

(h) Additional information on wave pools including:

(i) Warning that wave pools can be very tiring;

(ii) Warning for small children and poor swimmers to use personal flotation devices in designated areas;

(iii) Requirement for adult supervision for children;

(iv) Prohibition of diving, jumping, or entering from sides of pool; and

(v) Prohibition of using surf boards during periods of general public use.

(11) If the proposed attraction design is not addressed by or exceeds limitations of standards and guidelines specified by this section, owners shall submit:

(a) Justification to the department or local health officer prepared by an engineer; and

(b) Information on the construction, maintenance, and operation of the proposed attraction.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-080, filed 6/22/88.]

**WAC 246-262-080 Operation.** (1) Owners shall ensure proper operation to protect the public health and safety of the users and the water quality of the RWCF.

(2) Owners shall prepare and use an operations manual for the RWCF.

(3) Owners shall routinely inspect, maintain, and repair the physical components to:

(a) Ensure all structural facilities are intact and free from corrosion, wear, or stress;

(b) Prevent water ponding on walking surfaces;

(c) Ensure equipment is available and operable including:

(i) Disinfection, filtration, and related equipment;

(ii) Lifesaving equipment; and

(iii) Communication systems.

(4) Owners shall ensure user health and safety by adequately staffing the RWCF during operation. Staffing shall include:

(a) Advanced first aid personnel at all times facility is open to the public;

(b) Lifeguards and/or attendants as appropriate at all times facility is open to the public; and

(c) Water treatment operator as needed.

(5) Owners shall ensure each type of personnel performs the following duties:

(a) Advanced first aid personnel shall provide emergency medical treatment;

(b) Lifeguard shall have sole responsibility for guarding users in area assigned;

(c) Attendants shall have sole responsibility for assuring proper user control in areas assigned; and

(d) Water treatment operator shall oversee water treatment operations and conduct necessary water quality monitoring.

(6) Owners shall ensure each type of personnel meets the designated training requirements:

(a) Advanced first aid personnel with:

(i) A current advanced first aid certification or equivalent or higher levels of training including:

(A) First responder;

(B) Emergency medical technician; or

(C) Paramedic.

(ii) Training on management of spinal injuries in the aquatic environment if lifeguards with lifeguard training are not at the RWCF.

(b) Lifeguards with a current lifeguard certificate through any of the recognized programs in the definition (WAC 246-262-010(23));

(c) Attendants with training determined appropriate by the owner to respond to user safety needs at the attractions, and:

(i) Attendants stationed at shallow pool facilities (less than four feet water depth) with documented training regarding their response in at least the following:

(A) Safety instruction on basic methods of water rescue, reaching, and extension assists;

(B) Cardiopulmonary resuscitation (CPR) and airway management;

(C) Basic bleeding control;

(D) Basic fracture management; and

(E) Specific instruction on management of spinal injuries related to the aquatic environment.

(ii) Attendants stationed at entry access areas with basic training including:

(A) Controlling and supervising users in areas where attendant is responsible;

(B) Controlling timing of user entry rate where appropriate;

(C) Use of communication systems; and

(D) Knowledge of CPR by at least one attendant on duty.

(d) Water treatment operators knowledgeable in pool water chemistry, filters, and pumping equipment; and

(e) When gas chlorine is used, the manager or the operator with specific training in:

(i) Proper operation and maintenance procedures of the chlorination equipment;

(ii) Physical and chemical properties of chlorine gas under pressure;

(iii) Use of emergency safety equipment; and

(iv) Proper first aid procedures and response for accidental inhalation of chlorine gas and leaks.

(7) Owners shall ensure adequate emergency response with:

(a) Lifeguards (and attendants where appropriate) located to provide a response time not to exceed thirty seconds to all users in pools;

(b) Backup lifeguard (or attendant where appropriate) provisions so response time is maintained during multiple rescues;

(c) Lifeguards at all pools. Attendants may substitute for lifeguards at pools less than four feet in depth which:

(i) Are strictly used as receiving pools for attractions where users leave the pool immediately after entering; or

(ii) Are strictly used for wading activity; and

(iii) Attendants meet the training requirements specified in subsection (6)(c)(i) of this section.

(d) Provisions for emergency response drills to meet the response time and actions noted in WAC 246-262-080 including:

(i) Drills at least twice each operating season; and

(ii) Documentation of testing.

(8) Owners shall regulate activities of users and spectators including:

(a) Requirement to obey RWCF rules related to health and safety; and

(b) Warning that failure to comply with rules constitutes grounds for exclusion from the premises or management action as necessary.

(9) Owners shall ensure RWCF user control in specific attractions by requiring:

(a) On speed slides, completion of the ride by one user before allowing another user to enter;

(b) On ramp slides, clearing of the slide by one group prior to second group entering; and

(c) On drop slide or tube, clearing of the pool entry area prior to allowing another user to enter.

(10) Owners shall monitor various environmental conditions which affect facility safety. Weather conditions, including electrical storms, fog, wind, sun glare creating



visibility problems, and other such factors shall be evaluated. Appropriate action shall be taken in response to these factors to ensure user safety.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-090, filed 6/22/88.]

**WAC 246-262-090 Monitoring, reporting, and recordkeeping.** (1) Owners shall:

(a) Provide information requested by the department or local health officer for statewide injury and illness surveillance reports; and

(b) Notify the department or local health officer within forty-eight hours of any drowning, near drowning, death, or serious injury or illness occurring at the RWCF.

(2) Owners shall monitor and maintain records on the following for at least three years:

(a) Water quality conditions including:

(i) Testing for residual disinfectant concentration three or more different periods daily, except once a day if electronic monitoring and control equipment is provided;

(ii) Hydrogen ion (pH) concentration tested daily;

(iii) Alkalinity monitored at least weekly;

(iv) Any other chemical added to water including alum, algicides, cyanurate compounds, acid, and alkalinity compounds, etc.;

(v) Pressure or vacuum gauge readings; and

(vi) Any gross contamination to the water (i.e., vomiting, feces, etc.).

(b) Routine preventive maintenance provided on all hazardous equipment, e.g., gas chlorination equipment;

(c) Number of users of the facility; and

(d) Credentials, training, and/or certifications required for personnel per WAC 246-262-080 of this chapter.

(3) Owners shall notify the department in the event an incident occurs with a chemical creating a problem of health or safety significance (e.g., chlorine gas leak).

(4) Owners shall make records available for department review upon request.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-100, filed 6/22/88.]

**WAC 246-262-100 Inspection.** (1) Owners shall permit the department or local health officer to perform on-site inspections as necessary in the discretion of the enforcing agency to ensure compliance with standards in chapter 70.90 RCW and chapter 246-262 WAC.

(2) Employees of the enforcing agency shall provide appropriate identification when entering for purpose of routine inspections.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-110, filed 6/22/88.]

**WAC 246-262-120 Enforcement.** (1) The department or, if enforcement responsibility has been assigned under a joint plan of operation, the local health officer:

(a) Shall enforce the rules of chapter 246-262 WAC; or

(b) May refer cases within their jurisdiction to the local prosecutor's office or office of the attorney general, as appropriate.

(2) When a RWCF is in violation of provisions of chapter 70.90 RCW or the rules of chapter 246-262 WAC, appropriate enforcement action may be initiated by the department, local health officer, local prosecutor's office, or office of the attorney general. Enforcement actions may include any one or a combination of the following:

(a) Informal administrative conferences, convened at the request of the department, local health officer, or owner, to explore facts and resolve problems;

(b) Orders directed to the owner and/or operator of the RWCF and/or the person causing or responsible for the violation of the rules of chapter 246-262 WAC;

(c) Imposition of civil penalties of up to five hundred dollars per violation per day as authorized under RCW 70.90.200;

(d) Denial, suspension, or revocation of operating permits; and

(e) Civil or criminal action initiated by the local prosecutor's office or by the office of the attorney general.

(3) Orders authorized under this section include, but are not limited to, the following:

(a) Orders requiring corrective measures necessary to effect compliance with chapter 246-262 WAC or chapter 70.90 RCW. Such orders may or may not include a compliance schedule; and

(b) Orders to stop work and/or refrain from using any RWCF or portion thereof or improvement thereto until all permits, certifications, and approvals required by statute or rule are obtained.

(4) An order issued under this section shall:

(a) Be in writing;

(b) Name the facility and the person or persons to whom the order is directed;

(c) Briefly describe each action or inaction constituting a violation of chapter 70.90 RCW or the rules of chapter 246-262 WAC;

(d) Specify any required corrective action or forbearance together with a schedule for completing such corrective action, if applicable;

(e) Provide notice, as appropriate, that continued or repeated violation may subject the violator to:

(i) Civil penalties of up to five hundred dollars;

(ii) Denial, suspension, or revocation of the facilities operating permit; or

(iii) Referral to the office of the county prosecutor or attorney general.

(f) Provide the name, business address, and phone number of an appropriate staff person who may be contacted in regard to an order.

(5) Service of an order shall be made:

(a) Personally, unless otherwise provided by law; or

(b) By certified mail return receipt requested.

(6) Under such rules or policies as the department or local health officer may adopt, civil penalties of up to five hundred dollars per violation per day may be assessed against any person violating the provisions of chapter 70.90 RCW or chapter 246-262 WAC.

(7) The department or local health officer shall have cause to deny the application or reapplication for an operating permit or to revoke or suspend a required operating permit of any person who has:

(a) Previously had:

(i) An operating permit suspended or revoked; or

(ii) An application for an operating permit denied for any reason whether in this state or any other state.

(b) Failed or refused to comply with the provisions of chapter 70.90 RCW, chapter 246-262 WAC, or any other statutory provision or rule regulating the construction or operation of a RWCF; or

(c) Obtained or attempted to obtain an operating permit or any other required certificate or approval by fraudulent means or misrepresentation.

(8) For the purposes of subsection (7) of this section, a person shall be defined to include:

(a) Applicant;

(b) Reapplicant;

(c) Permit holder; or

(d) Any individual associated with subsection (8)(a), (b), or (c) of this section including, but not limited to:

(i) Board members,

(ii) Officers,

(iii) Managers,

(iv) Partners,

(v) Association members,

(vi) Employees,

(vii) Agents, and in addition

(viii) Third persons acting with the knowledge of such persons.

(9) The department or local health officer may summarily suspend an operating permit, other required permit, license, or certification without a prior hearing if the department or local health officer:

(a) Finds that public health, safety, or welfare imperatively requires emergency action; and

(b) Incorporates a finding to that effect in its notice or order.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 70.90.120. 90-06-049 (Order 040), § 248-97-130, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-130, filed 6/22/88.]

**WAC 246-262-130 Notice of decision--Adjudicative proceeding.** (1) A hearing requested to contest a local health officer's action shall be governed by the local health jurisdiction's rules for hearings.

(2)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with section 377, chapter 3, Laws of 1991. An applicant or license holder has the right to an adjudicative proceeding to contest the decision.

(b) A department notice of imposition of a civil fine shall be consistent with section 378, chapter 3, Laws of 1991. A person the department imposes a civil fine on has the right to an adjudicative proceeding to contest the decision.

(c) A license applicant or holder or a person the department imposes a fine on contesting a department 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street, S.E., Mailstop: EY-17, 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 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 70.90.120. 90-06-049 (Order 040), § 248-97-135, filed 3/2/90, effective 3/2/90.]

**WAC 246-262-150 Compliance.** Existing RWCFs not complying with the design, construction, and equipment requirements outlined in WAC 246-202-060 and 246-262-070 of these regulations may continue in use, provided the facility is operated in continuous compliance of the safety, sanitation, and water quality provisions of chapter 246-292 WAC as outlined in WAC 246-262-050, 246-262-080, 246-262-090, and 246-262-140.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-150, filed 6/22/88.]

**WAC 246-262-160 Variance.** The board may grant a variance from requirements of chapter 246-262 WAC if, in the sole discretion of the board, data and/or research provides sufficient evidence that the RWCF (attraction, device, equipment, procedure, etc.), will adequately protect public health and safety, as well as water quality.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-160, filed 6/22/88.]

**WAC 246-262-170 Innovations--Substitutions.** The board authorizes the department:

(1) To review new innovations, and if accepted for use, prepare appropriate amendments to chapter 246-262 WAC.

(2) To allow substitution of equipment, facilities, or procedures required by chapter 246-262 WAC when, in the sole discretion of the department, data and/or research provide sufficient evidence that such substitution is equivalent to the requirement and will adequately provide for the protection of the public health and safety of persons using the RWCF.

[Statutory Authority: RCW 70.90.120. 92-02-020 (Order 226B), § 246-262-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-262-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.90.120. 88-13-125 (Order 311), § 248-97-170, filed 6/22/88.]

### Chapter 246-264 WAC

#### WATER SAFETY TEACHING STATIONS

##### WAC

|             |   |
|-------------|---|
| 246-264-020 | Scope of chapter—Size and depth.                                  |
| 246-264-030 | Approval for construction.  |
| 246-264-050 | Plans and specifications—Approval—Notice to local health officer. |
| 246-264-080 | Enclosure and cover.  |
| 246-264-120 | Water quality.  |
| 246-264-140 | Water recirculation.  |
| 246-264-150 | Operation and sanitary control.                                   |
| 246-264-200 | Health menace prohibited.   |

**WAC 246-264-020 Scope of chapter—Size and depth.** Water safety teaching stations not more than thirty-six inches in depth and having a surface area not greater than eight hundred square feet shall comply with the requirements of this chapter. Water safety teaching stations deeper than thirty-six inches or larger than eight hundred square feet shall comply with the requirements for general use pools.

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-020, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-020, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-020, filed 6/26/70.]

**WAC 246-264-030 Approval for construction.** The design, construction, and equipment of a water safety teaching station must be approved by the department of health, and shall meet the requirements of WAC 246-260-090 (1); (2); (8)(b), (20)(b), (21), (22), (23), (27), (29)(a)(vi), and (30).

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-030, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-030, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-030, filed 6/26/70.]

**WAC 246-264-050 Plans and specifications—Approval—Notice to local health officer.** Plans and specifications for sites and appurtenances for water safety teaching stations shall be submitted to and receive the approval of the secretary (or authorized representative), of the department of health. Subsequently, the local health officer shall be notified thirty days prior to moving the pool to a new location so that a site inspection can be made by the local health officer: *Provided*, That

one day's notice is sufficient when the pool is moved to a site previously and currently approved by the local health department.

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-050, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-050, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-050, filed 6/26/70.]

**WAC 246-264-080 Enclosure and cover.** Unless housed in a building or other protective structure, the water safety teaching station shall be enclosed by a suitable fence or barrier in conformance with WAC 246-260-090(4) to restrict entrance of unauthorized persons, and shall be covered when not in use.

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-080, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-080, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-080, filed 6/26/70.]

**WAC 246-264-120 Water quality.** The water in water safety teaching stations at all times while in use shall meet the requirements pertaining to water quality as outlined in WAC 246-260-070; except, that the turbidity shall not exceed 0.5 JTU (Jackson Turbidity Unit).

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-120, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-120, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-120, filed 6/26/70.]

**WAC 246-264-140 Water recirculation.** Water safety teaching stations shall be so operated that the entire volume of the pool shall be recirculated in not more than four hours. Recirculation facilities shall comply with WAC 246-260-090 (14)(b)(iii).

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-140, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-140, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-140, filed 6/26/70.]

**WAC 246-264-150 Operation and sanitary control.** In the operation of water safety teaching stations, the requirement pertaining to operation and sanitary control of swimming pools as outlined in WAC 246-260-100 (1), (2), (3), (4), (5), (7), (8), and (9) shall apply.

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-150, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-150, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-150, filed 6/26/70.]

**WAC 246-264-200 Health menace prohibited.** No water safety teaching station shall be maintained or operated when such pool is determined by the local health officer, subject to the review of the secretary (or authorized representative), department of health, to constitute a menace to health.

[Statutory Authority: RCW 43.20.050. 92-02-020 (Order 226B), § 246-264-200, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-264-200, filed 12/27/90, effective 1/31/91; Order 34, § 248-132-200, filed 6/26/70.]

**Chapter 246-270 WAC**  
**SEWER SYSTEMS—CERTIFICATION OF**  
**NECESSITY FOR WATER DISTRICT**  
**INVOLVEMENT**

**WAC**

|             |   |
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| 246-270-010 | Definitions.  |
| 246-270-020 | Application content.  |
| 246-270-050 | Notice of decision—Adjudicative proceeding.                 |
| 246-270-060 | Limitation of an approval and a certification of necessity. |

**WAC 246-270-010 Definitions.** For purposes of this chapter, the following definitions are applicable:

(1) "Approval and a certification of necessity" shall mean an order of the department which gives approval to a water district to establish, maintain, construct and operate a sewer system in a proposed service area in accordance with RCW 57.08.065.

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

(3) "Department" shall mean the Washington state department of health.

(4) "Drainage basin" shall mean a geographic area drained by a surface stream or body of impounded water together with all tributary surface streams and bodies of impounded surface water.

(5) "Industrial wastes" shall mean the liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(6) "Necessity" shall mean a reasonable need and not mean an indispensable need.

(7) "Proposed service area" shall mean the area proposed to be served with a sewer system by the applicant water district.

(8) "Sewage" shall mean the water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, or industrial plants, together with such ground, surface or storm waters as may be present.

(9) "Sewer entities" shall mean any municipal or public corporations which by law are entitled to construct and operate a sewer system.

(10) "Sewer system" shall mean a system of sewers and appurtenances for the collection, transportation, treatment and disposal of sewage and industrial wastes.

[Statutory Authority: RCW 43.70.040 and 57.08.065. 92-02-018 (Order 224), § 246-270-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-270-010, filed 12/27/90, effective 1/31/91; Order 6, § 248-91-010, filed 10/16/68; Emergency Order 3, § 248-91-010, filed 8/2/68.]

**WAC 246-270-020 Application content.** An application for an approval and a certification of necessity must be presented to the department and shall include, but not be limited to, the following considerations:

(1) A general statement of the present and future sewage problems in the proposed area of service.

(2) A consideration of the relationship of the district to contiguous, nearby or overlapping sewer entities.

(3) Service areas considering reasonable drainage basin oriented planning.

(4) Population forecasts as a basis of sewer system design in the proposed service area.

(5) A layout map showing major trunk lines and interceptor lines including the drainage area to be served within and outside of the boundaries of the water district.

(6) The methods of interception and disposal of sewage.

(7) The projected completion time for the sewer system.

(8) An affidavit signed by an officer of the applicant water district, stating that all persons, parties or entities have been given the notice required by WAC 246-270-030.

(9) A summary setting forth the reasons why the applicant water district is better suited to provide a sewer system within the proposed service area than a contiguous or adjacent sewer entity.

[Statutory Authority: RCW 43.70.040 and 57.08.065. 92-02-018 (Order 224), § 246-270-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-270-020, filed 12/27/90, effective 1/31/91; Order 6, § 248-91-030, filed 10/16/68; Emergency Order 3, § 248-91-030, filed 8/2/68.]

**WAC 246-270-050 Notice of decision—Adjudicative proceeding.** (1) The department's notice of a denial, suspension, modification, or revocation of an approval and certificate of necessity shall be consistent with RCW 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 34.05.220 and 57.08.065. 92-02-018 (Order 224), § 246-270-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-270-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-91-060, filed 2/28/90, effective 3/1/90; Order 6, § 248-91-060, filed 10/16/68; Emergency Order 3, § 248-91-060, filed 8/2/68.]

**WAC 246-270-060 Limitation of an approval and a certification of necessity.** The granting of an approval and a certification of necessity by the department shall

only constitute approval to establish, maintain, construct, and operate a sewer system within the proposed service area requested in the initial application for an approval and a certification of necessity, and shall in no way constitute approval or authority to establish, maintain, construct and operate a sewer system in any area which may be annexed at some future time by the applicant water district.

The granting of an approval and a certification of necessity by the department does not constitute approval of the engineering report or plans and specifications of any sewer system, and all plans and specifications and the proposed method of operation and maintenance for any sewer system must be approved by the department pursuant to WAC 246-271-050.

[Statutory Authority: RCW 43.70.040 and 57.08.065. 92-02-018 (Order 224), § 246-270-060, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-270-060, filed 12/27/90, effective 1/31/91; Order 6, § 248-91-070, filed 10/16/68.]

### Chapter 246-271 WAC PUBLIC SEWAGE

#### WAC

|             |  |
|-------------|--|
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| 246-271-030 | Investigative and order powers of secretary.                     |
| 246-271-040 | Plans for sewage systems.  |
| 246-271-050 | Plans for sewage treatment works.                                |
| 246-271-060 | Plans for sewage treatment works—Requirements for engineers.     |
| 246-271-070 | Operation of sewage treatment plants—Efficiency.                 |
| 246-271-080 | Operation of sewage treatment plants—Freedom from sand and silt. |
| 246-271-090 | Operation of sewage treatment plants—Disinfection.               |
| 246-271-100 | Irrigation with sewage.  |
| 246-271-110 | Use of sewage sludge for fertilizer.                             |
| 246-271-130 | Appendix—Definitions.  |
| 246-271-140 | Appendix—Report—Sewage system.                                   |
| 246-271-180 | Appendix—Preliminary report, industrial waste treatment works.   |

**WAC 246-271-020 Prohibited methods of sewage disposal.** No sewage or industrial waste, or components thereof, shall be placed or permitted to be placed, or permitted to flow onto the surface of the ground, or into any waters of the state in any manner determined by the secretary to be prejudicially affecting a domestic water supply, or otherwise endangering the health and well-being of the people of the state.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-020, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-020, filed 12/27/90, effective 1/31/91; Regulation .92.010, effective 3/11/60.]

**WAC 246-271-030 Investigative and order powers of secretary.** The secretary shall investigate the methods of sewage and industrial waste disposal and if such may endanger a domestic water supply, or in any other way endanger the health or well-being of the people of the state, the secretary shall issue and enforce such orders as may be necessary to correct the condition.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-030, filed 12/23/91, effective 1/23/92; 91-02-051 (Order

124B), recodified as § 246-271-030, filed 12/27/90, effective 1/31/91; Regulation .92.020, effective 3/11/60.]

**WAC 246-271-040 Plans for sewage systems.** Report, general layout map and specifications – Every owner or authorized representative shall make a comprehensive study of the proposed sewage system and prepare and submit to the department a copy of a report, a general layout map and general construction specifications of the proposed public sewage system. Written approval of this report, general layout map and general construction specifications shall be obtained from the department before any further construction, alterations or additions are made to the system or, in case of a new system, before such system is constructed except as provided in subsection (1) of this section. After such approval has been received the owner shall not be required to submit any further plans and specifications for any part of the sewage system covered by the general layout map except as required by subsections (2), (3), and (4) of this section, but the owner shall notify the department of any portion of the system to be constructed and indicate its position on the approved general layout map. (The specifications may be submitted at the time of notification of construction.) The report and general layout map shall include but not be limited to the items listed under those headings in the appendix.

(1) In lieu of an approved report, general layout map, and specifications, any owner or authorized representative shall submit a copy of a report, a plot plan, and specifications of each new sewage system or alterations or additions to any existing sewage system and receive written approval before construction is started. The report and plot plan shall include but not be limited to those items listed in the appendix.

(2) Whether or not a report and general layout map have been approved, if the system does not include adequate sewage treatment works as determined by the department, written approval for the construction of each addition or alteration of the sewage system must be obtained from the department before construction is started.

(3) In case an addition is to be made to a sewage system and this addition is not a part of an approved general layout map, the owner shall submit a copy of a revised general layout map or a plot plan of the area to the department and receive written approval before construction is started.

(4) Every owner shall submit a set of detailed plans and specifications of all overflow or bypass structures, pipe outlets and pumping stations with overflow structures, showing the quantities of flow for which they are designed and shall receive written approval from the department before construction is started.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-040, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-040, filed 12/27/90, effective 1/31/91; Regulation .92.030, effective 3/11/60.]

**WAC 246-271-050 Plans for sewage treatment works. Engineering report of sewage treatment works –** Before detailed plans and specifications for new sewage

treatment works or major extensions, alterations or improvements to existing sewage treatment works are prepared, every owner or authorized agent shall submit one copy of a preliminary engineering report to the department and receive written approval. This report shall include the items listed under "scope of the engineering report" in the appendix.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-050, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-050, filed 12/27/90, effective 1/31/91; Order 72, § 248-92-040, filed 4/11/72; Regulation .92.040, effective 3/11/60.]

**WAC 246-271-060 Plans for sewage treatment works--Requirements for engineers.** All plans for new sewage treatment plants, major changes or additions to existing systems or plants shall be prepared under the supervision of a professional engineer licensed in accordance with chapter 283, Laws of 1947 (chapter 18.43 RCW). All copies of plans submitted to the department for review shall bear the seal of the professional engineer under whose supervision they have been prepared.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-060, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-060, filed 12/27/90, effective 1/31/91; Regulation .92.050, effective 3/11/60.]

**WAC 246-271-070 Operation of sewage treatment plants--Efficiency.** (1) **Efficient operation** - All sewage treatment plants shall be operated at their highest practical efficiency at all times. If, after investigation by the department, it is determined that any sewage treatment works is, because of defective design, inadequacy, incompetent supervision or inefficient operation, causing unsatisfactory conditions in the waters into which the effluent is discharged or otherwise interfering with the legitimate uses of such waters or causes a menace to public health, the owner shall make such changes in the plant or its operation as are necessary to produce satisfactory results. These changes shall be made within such time limits as are set by the department.

(2) **Records** - The owner shall make such tests and keep such records as are necessary to assure the effective operation of the sewage treatment works, and such records shall be made available to the department.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-070, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-070, filed 12/27/90, effective 1/31/91; Regulation .92.060, effective 3/11/60.]

**WAC 246-271-080 Operation of sewage treatment plants--Freedom from sand and silt.** All sewage systems shall be kept free from obstructions and deposits of sand and silt. All pumping stations in the sewage system shall be effectively maintained to insure continuous operation.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-080, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-080, filed 12/27/90, effective 1/31/91; Regulation .92.070, effective 3/11/60.]

**WAC 246-271-090 Operation of sewage treatment plants--Disinfection.** Effective disinfection of sewage

discharges shall be provided in accordance with the determination of the department. If at any time effective disinfection cannot be accomplished due to the breakdown of equipment or the need for bypassing raw or partially treated sewage, or any other reason, the owner shall immediately notify the department by telephone or by facsimile machine.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-090, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-090, filed 12/27/90, effective 1/31/91; Regulation .92.080, effective 3/11/60.]

**WAC 246-271-100 Irrigation with sewage.** Raw sewage, or treatment plant effluent, shall not be used for irrigation, except under conditions as may be prescribed by the department.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-100, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-100, filed 12/27/90, effective 1/31/91; Regulation .92.090, effective 3/11/60.]

**WAC 246-271-110 Use of sewage sludge for fertilizer.** The use of sewage sludge for fertilizing material shall be in compliance with the limitations and procedures as may be prescribed by the department; and the owner shall notify the department of any intended use of sludge as a fertilizing material.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-110, filed 12/27/90, effective 1/31/91; Regulation .92.100, effective 3/11/60.]

**WAC 246-271-130 Appendix--Definitions.** (1) "Department" - Washington state department of health.

(2) "Detailed plans" of sewage systems - Plans used for the construction of any sewer or sewer system.

(3) "Final plans" of sewage treatment works - Plans used for the construction of any sewage treatment works.

(4) "Industrial wastes" - The liquids, solids, or other wastes resulting from any process of industry, or from the development of any natural resource.

(5) "Industrial waste treatment works" - An arrangement of devices and structures for treating industrial wastes.

(6) "Owner" - The state, county, city, town, village, corporation, firm, company, institution, person or persons owning or operating any sewage system, sewage treatment plant, or industrial waste disposal system or treatment plant.

(7) "Pipe outlet" - A pipe line which conveys the effluent from a reservoir, sewage treatment plant, or other structure to its point of discharge.

(8) "Pumping station" - A station housing sewage pumps, and their appurtenances.

(9) "Secretary" - Secretary of the Washington state department of health or the secretary's authorized designee.

(10) "Sewage" - The water-carried waste products or discharge from human beings or other wastes from residences, public or private buildings, together with such ground, surface or storm water as may be present.

(11) "Sewage system" – A system of sewers and appurtenances for the collection, transportation, and pumping of sewage and industrial wastes.

(12) "Sewage treatment works" – An arrangement of devices and structures for treating sewage, industrial wastes, and sludge. Sometimes used as synonymous with sewage treatment plant.

(13) "Sewage works" – A comprehensive term which includes facilities for collecting, pumping, treating, and disposing of sewage; the sewage system and the sewage treatment works.

(14) "Sewer" – A pipe or conduit; generally closed, but normally not flowing full, for carrying sewage and other waste liquids.

(15) "Sewer outlet" – The point of final discharge of sewage or treatment plant effluent.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-130, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-130, filed 12/27/90, effective 1/31/91; Public Sewage Appendix, effective 3/11/60.]

**WAC 246-271-140 Appendix--Report--Sewage system.** The "report" shall include: –

(1) A description of the nature and extent of the area included in the present system (if any) and the area and extent to which plans provide sewage works for future development.

(2) The population trend and an estimate of future population to be served.

(3) A statement regarding the present and expected future quantity and character of sewage, including any industrial wastes which may be present or expected in the sewage system.

(4) A discussion of limitations placed on infiltration and the infiltration problem.

(5) A statement regarding provisions for treatment.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-140, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-140, filed 12/27/90, effective 1/31/91; Public Sewage Appendix, effective 3/11/60.]

**WAC 246-271-180 Appendix--Preliminary report, industrial waste treatment works.** The preliminary report on industrial waste disposal or treatment facilities shall include the following items where pertinent –

(1) Type of industry.

(2) Kind and quantity of finished products.

(3) The amount of process waste and its sources.

(4) The quantity of unpolluted water, such as cooling water, etc., and the provision for segregation for separate discharge.

(5) Description of the waste, including if possible a chemical analysis.

(6) The amount and kind of chemicals used in the process, if any.

(7) The basic design data of the treatment units.

(8) All necessary maps and layout sketches, including any flow diagrams.

(9) Results to be expected from the treatment process.

(10) All data necessary to indicate the location of the outlet pipe and method of diffusing the waste into the receiving water.

(11) If any domestic sewage is to be disposed of through the system, a brief description in compliance with the provisions of WAC 246-271-030 should be included.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-271-180, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-271-180, filed 12/27/90, effective 1/31/91; Public Sewage Appendix, effective 3/11/60.]

## Chapter 246-272 WAC ON-SITE SEWAGE SYSTEM

### WAC

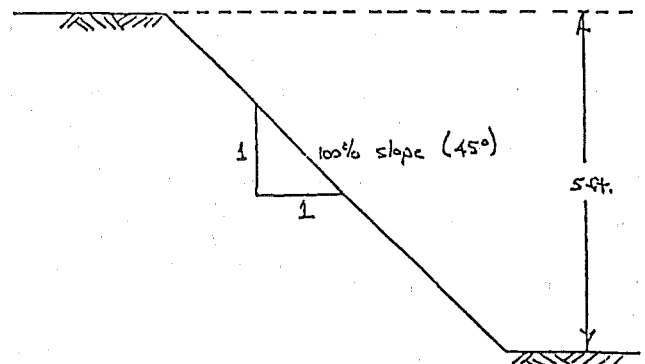
|             |   |
|-------------|---|
| 246-272-010 | Definitions.                                |
| 246-272-020 | Local regulation.                           |
| 246-272-030 | Applicability.                              |
| 246-272-060 | No surface discharge.                       |
| 246-272-080 | Larger on-site sewage systems.              |
| 246-272-100 | Minimum land area requirement.              |
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| 246-272-120 | Subdivision and individual site review.     |
| 246-272-130 | Larger tract requirements.                  |
| 246-272-150 | Design.                                     |
| 246-272-160 | Repair of failures along marine shorelines. |
| 246-272-170 | Marine expansions.                          |
| 246-272-190 | Inspection.                                 |

**WAC 246-272-010 Definitions.** (1) "Alternative system" means any on-site sewage system consisting of treatment and/or disposal components other than a septic tank and a subsurface soil absorption system (SSAS).

(2) "Approved" means acceptable by the health officer or department as stated in writing.

(3) "Cover" means soil material that is used to cover a subsurface disposal area.

(4) "Cuts and/or banks" means any naturally occurring or man-formed slope which is greater than one hundred percent (forty-five degrees) and extends vertically at least five feet from the toe of the slope to the top of the slope as follows:



(5) "Department" means the Washington state department of health or health officer if the approval authority for larger on-site sewage systems under WAC 246-272-080 has been delegated by agreement.

(6) "Experimental system" means any alternative on-site system excluding a larger system with no guidelines established by the technical review committee as per WAC 246-272-040.

(7) "Gross land area" means a lot area which is bounded by the centerline of adjoining road or street

right-of-ways within the boundaries of the proposed development.

(8) "Ground water" means a subsurface water occupying the zone of saturation, permanently, seasonally, or as the result of the tides, (the top surface of which is commonly referred to as the water table) which may be demonstrated by one or all of the following methods:

(a) Water seeping into or standing in an open excavation from the soil surrounding the excavation.

(b) Spots or blotches of different color or shades of color interspersed with a dominant color in soil, commonly referred to as mottling. This is caused by intermittent periods of saturation and drying, and may be indicative of poor aeration and impeded drainage.

(9) "Health officer" means the health officer of the city, county, or city-county health department or district or a representative authorized by and under the direct supervision of the health officer.

(10) "Larger on-site sewage system" means any on-site sewage system with design flows, at any common point, between 3,500 and 14,500 gallons/day. On-site sewage systems receiving state or federal grants, or systems using mechanical treatment or lagoons with ultimate design flows above 3,500 gallons/day are excluded from this definition. Excluded systems are governed by chapter 173-240 WAC which is administered by the Washington state department of ecology.

(11) "Local board of health" means the city, town, county, city-county, or district board of health as defined in chapters 70.05, 70.08, and 70.46 RCW.

(12) "Marine expansion" means any change to a structure or in the use of a structure that may cause a marine shoreline on-site sewage system to exceed its capacity. Changes that may constitute expansion include, but are not limited to:

(a) An increase in the structure's volume of generated wastewater;

(b) Higher strength of generated sewage; or

(c) Any other change adversely impacting the treatment or disposal of sewage in the existing on-site sewage system or in the replacement area.

(13) "Marine failure" means a marine shoreline on-site sewage system threatening the public health by failing to adequately treat the sewage and/or by creating a potential for the public coming in direct contact with sewage. Examples include, but are not limited to:

(a) Sewage contaminating surface or ground water;

(b) Sewage on the surface of the ground;

(c) Sewage leaking from a wastewater container;

(d) Sewage backing up into a structure or in the on-site sewage system caused by slow absorption of sewage in the SSAS; or

(e) Cesspools or seepage pits in areas of groundwater or surface water quality concerns.

(14) "Marine shoreline" means property adjacent to marine water.

(15) "Nonconforming repair" means the permitted repair or replacement of a marine shoreline on-site sewage system not meeting the definition of a standard marine system.

(16) "On-site sewage system" means any system of piping, treatment devices, or other facilities that convey, store, treat, or dispose of sewage on the property where it originates or on adjacent or nearby property under the control of the user where the system is not connected to a public sewer system.

(17) "Ordinary high-water mark" means the mark on all lakes, streams, and tidal waters, which will be found by examining the beds and banks and ascertaining where the presence and action of waters are so common and usual, and so long continued in all ordinary years, as to mark upon the soil a character distinct from that of the abutting upland, in respect to vegetation, as that condition exists on the effective date of this chapter, or as it may naturally change thereafter: *Provided*, That in any area where the ordinary high-water mark cannot be found, the ordinary high-water mark adjoining saltwater shall be the line of mean higher high tide and the ordinary high-water mark adjoining freshwater shall be the line of mean high water.

(18) "Percolation test" means a soil test performed at the depth of the bottom of a proposed subsurface soil absorption system estimating the water absorption capability of the soil. The results are normally expressed as the rate in minutes at which one inch of water is absorbed.

(19) "Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company or any branch of state or local government.

(20) "Proprietary device or method" means any device or method classified as an alternative system or a component thereof that is held under a patent, trademark or copyright.

(21) "Public sewer system" means a sewerage system owned or operated by a city, town, municipal corporation, county, political subdivision of the state, or other approved ownership consisting of a collection system and necessary trunks, pumping facilities and a means of final treatment and disposal and approved or under permit from the department of ecology.

(22) "Restrictive layer" means a layer impeding the movement of water, air, and growth of plant roots. Examples of such layers or conditions are groundwater tables, hardpans, claypans, fragipans, compacted soil, bedrock and clayey soil.

(23) "Septic tank" means a watertight pretreatment receptacle receiving the discharge of sewage from a building sewer or sewers, and designed and constructed to permit separation of settleable and floating solids from the liquid, detention and digestion of the organic matter, prior to discharge of the liquid portion.

(24) "Sewage" means the water-carried human or domestic waste from residences, buildings, industrial establishments or other facilities, together with ground water infiltration, that may be present.

(25) "Soil log" means an excavation in soil of sufficient size and depth allowing adequate determinations of the soil's characteristics together with the detailed description of the soil's texture, structure, color, bulk density or compaction, water absorption capabilities or



permeability, and/or other characteristics providing information on the soil's capacity to act as an acceptable treatment and disposal medium for sewage.

(26) "Standard marine system" means a marine shoreline on-site sewage system meeting all the WAC 246-272-140 and 246-272-150 requirements, except the following:

- (a) The vertical separation shall:
  - (i) Be three feet when the SSAS is gravity fed;
  - (ii) Be two feet when the SSAS has pressure distribution per technical review committee guidelines; or
  - (iii) Meet the technical review committee alternative system guidelines.

(b) A minimum horizontal separation of fifty feet shall exist between the SSAS or other soil absorption component and the ordinary high-water mark.

(27) "Subdivision" means a division of land, as defined in chapter 58.17 RCW, now or as hereafter amended, including both long and short subdivisions.

(28) "Subsurface soil absorption system (SSAS)" means a system consisting of trenches (three feet or less in width) or beds (more than three feet in width), together with the piping and gravel, designed and installed in original undisturbed soil for the purpose of receiving effluent from a septic tank or other pretreatment device and transmitting it into the soil.

(29) "Surface water" means any body of water, whether fresh or marine, flowing or contained in natural or artificial depressions for significant periods of the year. Such bodies include, but are not limited to, natural and artificial lakes, ponds, rivers, streams, swamps, marshes, and tidal waters.

(30) "Treatment standard 1" means a thirty-day average of less than 10 mg/l of BOD5 and 10 mg/l of total suspended solids and a thirty-day geometric mean of less than 200 fecal coliform/100 ml.

(31) "Treatment standard 2" means a thirty-day average of less than 10 mg/l of BOD5 and 10 mg/l of total suspended solids and a thirty-day geometric mean of less than 800 fecal coliform/100 ml.

(32) "Type 1 soil" means soil with a texture as noted in WAC 246-272-110 (Determination of site characteristics) or other soils where conditions are such that the treatment potential is ineffective in retaining and/or removing substances of public health significance to underground sources of drinking water.

(33) "Vertical separation" means the depth of unsaturated, original, undisturbed soil of types 2-6 that exists between the bottom of a SSAS and a restrictive layer or water table.

(34) "Wave barrier" means a bulkhead of adequate height and construction preventing backwash of on-site sewage system components from wave action resulting from inclement weather and/or watercraft during extreme high tides.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-010, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 c 349. 89-21-026 (Order 332), § 248-96-020, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-020, filed 6/3/83; 81-05-028 (Order 208), § 248-96-020, filed 2/18/81; 80-

04-038 (Order 196), § 248-96-020, filed 3/20/80; Order 101, § 248-96-020, filed 6/10/74.]

**WAC 246-272-020 Local regulation.** (1) Local boards of health may adopt local rules and regulations governing on-site sewage systems. Local rules, regulations, and guidelines shall be consistent with, and at least as stringent as, the state board of health regulations. Local rules and regulations and any subsequent revisions shall be approved by the department in accordance with the procedure outlined in subsections (2) through (7) of this section.

Beginning July 1, 1984, the health officer shall begin to enforce these regulations, unless local rules and regulations have been approved by the department and adopted locally. This shall not preclude the adoption of rules and regulations by local boards of health after June, 1984.

(2) Local boards of health shall submit to the department for review and approval a copy of proposed local regulations.

(3) Upon reviewing the local regulations, the department shall consider all factors relevant to the administration of the local health department's program.

(4) The department shall have ninety days from the date of receipt of the local regulations to either approve or disapprove the proposal. Failure of the department to approve or disapprove within the ninety-day period results in the approval of the local regulation.

(5) Locally proposed or adopted regulations or revisions will become effective after the regulations or revisions have received approval from the department or ninety days after receipt by the department, whichever comes first. The local health department shall provide to the department a copy of the adopted local regulations.

(6) If the department determines that the local regulations are not consistent with the purpose and objectives of the state board of health regulations, the department shall provide in writing to the local board of health, the specific reasons for not approving the local regulations. Decisions may be appealed to the state board of health within one hundred twenty days after the disapproval has been received by the local board of health. Resubmission of revised local regulations may occur any time after disapproval has been received.

(7) Local rules and regulations shall include special requirements for areas within their jurisdiction identified as having type 1 soils. The requirements within these regulations shall be commensurate with the degree of protection deemed necessary for the underground source of drinking water by the health officer and the department. The minimum requirement shall be as noted in WAC 246-272-100 (Minimum land area requirement).

(8) Nothing in these regulations shall prohibit the adoption and enforcement of more stringent regulations by local health departments where such regulations are needed to protect the public health.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-020, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-020, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-025, filed 6/3/83.]

**WAC 246-272-030 Applicability.** These regulations shall apply to all on-site sewage systems except the following:

(1) New construction for which a permit was issued prior to July 1, 1984, or adoption of local regulations and is still valid. The regulations in effect at the time the permit was issued shall apply, except where portions of the new regulations are less stringent;

(2) An extension, alteration, or replacement necessitated by the failure of an existing on-site sewage system and is not on a marine shoreline. These regulations shall be applied to the maximum extent permitted by the site. A permit shall be required as per WAC 246-272-090;

(3) Permit applications for systems located in subdivisions having received preliminary approval or having been filed for record between July 1, 1979, and June 30, 1984 (chapter 58.17 RCW). The regulations in effect at the time preliminary or final approval was given shall apply, unless the local board of health finds a change in conditions creates a serious threat to the public health; and

(4) Facilities constructed or operated in accordance with a permit or approval issued by the Washington state department of ecology. Where these regulations may be in conflict with chapters 90.48 or 70.95B RCW, said RCW shall govern.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-030, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-030, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 c 349. 89-21-026 (Order 332), § 248-96-040, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-040, filed 6/3/83; 80-04-038 (Order 196), § 248-96-040, filed 3/20/80; Order 101, § 248-96-040, filed 6/10/74.]

**WAC 246-272-060 No surface discharge.** Sewage from any on-site sewage system, excluding septic tank waste as per WAC 246-272-220 (Disposal of septic tank waste), shall not be discharged to surface water or upon the surface of the ground.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-060, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-060, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-050, filed 6/3/83; Order 101, § 248-96-050, filed 6/10/74.]

**WAC 246-272-080 Larger on-site sewage systems.** Plans and specifications for new construction or repairs or expansions to existing larger on-site sewage systems, bearing the signature of the owner or an authorized representative, shall be submitted to and approved by the department prior to construction. By a mutual agreement with the department, local health departments may assume plan review and approval authority for larger on-site sewage systems. Where the assistance of the health officer in the review of the site and/or the design is requested by the department, fees for service may be charged to the applicant by the health officer: *Provided*, That the authorization for such fees is set forth in local regulations adopted pursuant to this chapter. Submittals, design, and management requirements shall adhere to the following procedures, requirements, and review documents.

(1) **Preliminary report:** Prior to or concurrent with the preparation of detailed plans and specifications for new construction or improvements to a larger on-site sewage system, the person proposing the larger on-site sewage system shall submit to the department for approval a preliminary report addressing the nature and scope of the proposed construction. This report shall include an analysis of the area where the proposed SSAS is to be located to satisfactorily assimilate and treat the proposed sewage quantities for the anticipated life of the system. In addition to those factors identified in WAC 246-272-100 (1)(b), the preliminary report shall contain, but need not be limited to, consideration of the following factors:

- (a) Soil and site evaluation.
- (b) Schedule for phase development.
- (c) Water balance analysis of the drainfield area.
- (d) Overall effects of the proposed sewage system upon the surrounding area.
- (e) Local zoning, platting, and building requirements as they relate to sewer utilities.

(2) **Submission of plans and specifications:**

(a) Complete plans and specifications fully describing the larger on-site sewage system shall be submitted to and approved in writing by the department prior to:

- (i) Installation of the system, or
- (ii) Entering into contract for installing a larger on-site sewage system.

The plans and specifications shall be adhered to unless deviations are first submitted to and written approval received from the department. Routine field deviations required during construction need not be submitted for approval but shall be shown on the "as-built" drawings.

(b) Plans submitted for approval shall include the proposed provisions for inspection of the work during construction.

(c) A detailed operation and maintenance manual, fully describing the treatment and disposal systems and outlining routine maintenance procedures for proper operation of the system, shall be submitted together with the plans and specifications.

(3) **Approvals--Period of validity--Renewal:**

(a) Approvals of plans and specifications by the department under this section shall be valid for an initial period of two years commencing with the date of the letter of approval. Lapsed approvals may be renewed for successive one-year periods thereafter at the discretion of the department upon the written request by the applicant.

(b) As a condition of renewal, the department may require the plans and specifications to be revised to conform with the design standards and the requirements of the rules and regulations of this chapter current at the time of request for renewal.

(4) **Requirements for engineers and engineer's construction report:** All preliminary engineering reports and plans and specifications for new larger on-site sewage systems, extensions or alterations, shall be prepared by a professional engineer licensed in the state of Washington in accordance with chapter 18.43 RCW and shall bear

the engineer's seal. Within sixty days following the completion of and prior to the use of any project or portion thereof for which plans and specifications have received the approval of the department, an engineer's construction report shall be submitted to the department and signed by a professional engineer stating the project has been constructed in accordance with the plans and specifications approved by the department. If any changes exist from the approved plans and specifications, "as-built" drawings noting such changes shall be submitted to the department. Where larger on-site systems are reviewed and approved by the health officer, the health officer may also accept preliminary reports, plans and specifications, and construction reports submitted by a registered sanitarian or a designer certified within the health officer's jurisdiction. The professional engineer, registered sanitarian, or certified designer should have expertise in the areas of soils and the design of larger on-site sewage systems.

(5) The review and approval agency shall establish a procedure for construction and final inspections.

(6) Design of the system shall comply with Design Guidelines for Larger On-site Sewage Systems, December 1987, D.S.H.S./D.O.E.

(7) Soil interpretations shall be based upon the Design Manual: On-site Wastewater Treatment and Disposal Systems, United States Environmental Protection Agency, EPA-625/1-80-012, October, 1980.

(8) Management of larger on-site systems shall be provided by an entity approved by the department. The type of entity required and the degree of management

shall be commensurate with the complexity of the system and the site conditions. The management entity shall submit a plan for approval including, but not be limited to, the following:

- (a) Duties of management, including operation and maintenance responsibilities.
- (b) Methods to ensure the continuity and permanency of management's responsibilities.
- (c) Monitoring, recordkeeping, and reporting to the department.
- (d) Rights of purchasers and management.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-272-080, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-080, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-075, filed 6/3/83; 80-04-038 (Order 196), § 248-96-075, filed 3/20/80; Order 101, § 248-96-075, filed 6/10/74.]

**WAC 246-272-100 Minimum land area requirement.** (1) For any development approved after June 30, 1984, including but not limited to subdivisions, mobile home parks, multifamily housing, and commercial establishments, where an on-site sewage system is proposed, one of the following methods for determining minimum gross land area requirements shall be used. The minimum gross land area shall exist for each unit volume of sewage (450 gallons per day) or for each single family residence.

(a) **METHOD I.** Table I notes the minimum gross land area required per unit volume or single family residence based upon soil type and the type of water supply.

**TABLE I  
MINIMUM GROSS LAND AREA REQUIRED PER UNIT VOLUME OF SEWAGE OR SINGLE FAMILY RESIDENCE**

| TYPE OF WATER SUPPLY    | SOIL TYPE <sup>1</sup> |                  |                  |                  |                  |                  |
|-------------------------|------------------------|------------------|------------------|------------------|------------------|------------------|
|                         | 1                      | 2                | 3                | 4                | 5                | 6                |
| Public                  | 1<br>acre              | 12,500<br>sq.ft. | 15,000<br>sq.ft. | 18,000<br>sq.ft. | 20,000<br>sq.ft. | 22,000<br>sq.ft. |
| Individual—<br>Each Lot | 2<br>acres             | 1<br>acre        | 1<br>acre        | 1<br>acre        | 2<br>acres       | 2<br>acres       |

<sup>1</sup> Soil types are defined in WAC 246-272-110 (Determination of site characteristics).

**(b) METHOD II.**

(i) On-site sewage systems shall be installed on lots, parcels, or tracts that have a sufficient amount of area with proper soils in which sewage can be retained and treated properly on-site. Justification demonstrating that the development has sufficient area with proper soils to adequately retain and treat sewage on-site shall be provided in a report. The report shall fully support the conclusions reached by the proper analysis of all needed data. All such data shall be contained or referenced. This justification shall be sufficient to enable the health officer to establish minimum gross land area requirements. The minimum gross land area requirement

for each unit volume of sewage or for each single family residence shall be twelve thousand five hundred square feet. Application of this will result in a maximum single family residence density of 3.5 units per acre or for other development a maximum flow density of one thousand five hundred seventy gallons of sewage per acre per day. Factors that must be considered in the report shall include but not be limited to the following:

- (A) Soil type and depth.
- (B) Area drainage, development and/or lot drainage.
- (C) Public health impact on ground and surface water quality.
- (D) Setbacks from property lines, water supplies, etc.

- (E) Source of domestic water.
- (F) Topography, geology, and ground cover.
- (G) Climatic conditions.
- (H) Availability of public sewers.
- (I) Activity or land use, present, and anticipated.
- (J) Growth patterns.
- (K) Reserve areas for additional subsurface disposal.
- (L) Anticipated sewage volume.
- (M) Compliance with zoning and other requirements.
- (N) Possible use of alternative systems or designs.
- (O) Other justification submitted by the developer.

(ii) If the report required in section (1)(b)(i) of this subsection identifies type 1 soils, the health officer may allow a reduction below the requirements noted in Table 1. The health officers and the department shall develop guidelines to be applied when such reductions are considered by July 1, 1984. Until guidelines have been developed, the health officer may permit such reductions only when an alternative system will be used. The alternative system shall provide a degree of treatment to the sewage, before the sewage enters the original, undisturbed soil, equal to or greater than the treatment provided by a mound or sand filter. Mounds and sand filters are defined and the design criteria specified in the appropriate technical review committee guidelines. Until the guidelines have been developed, the resulting gross land area per unit volume of sewage or single family residence shall not be less than one-half acre.

(2) The health officer may reduce land area requirements in this section if the proposed on-site sewage systems are to be located within the boundaries of a recognized sewer utility and where the assessment roll has been finalized.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-272-100, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-100, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-090, filed 6/3/83; Order 101, § 248-96-090, filed 6/10/74.]

**WAC 246-272-110 Determination of site characteristics.** (1) Site characteristics shall be determined in accordance with chapter 3 and Appendix A of Design Manual: On-site Wastewater Treatment and Disposal Systems, United States Environmental Protection Agency, Report No. EPA-625/1-80-012, October, 1980, except where modified or in conflict with these regulations.

(2) The textural classification of a soil shall be determined by using normal laboratory and/or field procedures such as particle size analyses and percolation tests. Following are the specific soil textural classifications and soil type designations. The soil textures in Table 7-2 of the design manual referenced in subsection (1) of this section are amended as follows:

| Soil Type      | Soil Textural Classifications <sup>1</sup> |
|----------------|--|
| 1 <sup>2</sup> | Coarse sands or coarser                    |
| 2              | Medium sand                                |
| 3              | Fine sand, loamy sand                      |
| 4              | Sandy loam, loam                           |

| Soil Type | Soil Textural Classifications <sup>1</sup>              |
|-----------|---|
| 5         | Porous, well-developed structure in silt and silt loams |
| 6         | Other silt loams, silty clay loams, and clay loams.     |

<sup>1</sup> According to the United States Department of Agriculture, soil conservation service's soil classification system.

<sup>2</sup> Includes other soils and/or conditions where the treatment potential is ineffective in retaining and/or removing substances of public health significance to underground sources of drinking water.

(3) All site evaluations shall be performed by or under the direct supervision of the health officer, a registered sanitarian, professional engineer, registered soil scientist (American registry of certified professionals in agronomy, crops and soils), or certified designer having knowledge and experience in the areas of soil and wastewater treatment and disposal.

(4) All soil tests shall be conducted using uniform procedures and terminology as set forth in chapter 3 and Appendix A of the manual referred to in WAC 246-272-110(1).

(5) If sufficient information is not available concerning water table conditions, the health officer or department may require that the soils analysis be performed during the months of suspected high-water table conditions.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-272-110, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-110, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-094, filed 6/3/83.]

**WAC 246-272-120 Subdivision and individual site review.** (1) Subdivisions - preliminary tests for subdivisions utilizing individual on-site sewage systems shall include at least one representative soil log per acre or tract or more as required by the health officer. A reduced number of soil logs may be allowed if adequate soils information is available.

(2) Individual sites - at least one soil log shall be performed at the site of each disposal area. This requirement may be waived by the health officer if adequate soils information is available. Additional soil logs may be required where the soil characteristics vary.

(3) Individuals performing subdivision and individual site reviews shall meet the requirements and use the procedures specified in WAC 246-272-110.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-272-120, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-120, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-095, filed 6/3/83; Order 101, § 248-96-095, filed 6/10/74.]

**WAC 246-272-130 Larger tract requirements.** (1) For lots, parcels, or tracts with a gross land area of five acres or 1/128th of a section or more, the health officer may take the following actions:

(a) Alter the requirements found in WAC 246-272-110(3), 246-272-140(2), and 246-272-150(2).

(b) Modify the restrictions noted in WAC 246-272-110(2).

(2) Where the health officer takes one of the actions noted in WAC 246-272-110(1), the following requirements shall apply:

(a) All portions of a SSAS shall be at least thirty feet from property lines or lines of easement existing for SSAS installation that are at the same elevation as, or at a lower elevation than, the SSAS.

(b) A restrictive covenant against further subdivision of the property into parcels or lots less than five acres or 1/128th of a section shall be recorded on the building site and remain in effect until connection to public sewer is made or some approved alternative is installed which the health officer determines will permit development of smaller parcels.

(3) On-site sewage systems installed under the provisions of this section shall meet the purpose and objectives of these regulations to the maximum extent possible.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-130, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-130, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-096, filed 6/3/83; Order 101, § 248-96-096, filed 6/10/74.]

**WAC 246-272-150 Design.** (1) The detailed design and construction of all on-site sewage systems shall conform to the "Design Manual: On-site Wastewater Treatment and Disposal Systems," United States Environmental Protection Agency, EPA-625/1-80-012, October, 1980, except where modified by, or in conflict with these regulations.

(2) The design for an on-site sewage system shall be performed by or under the supervision of a professional engineer, registered sanitarian or certified designer. A resident owner, at the discretion of the health officer, may design the resident owner's own system, if a minimum vertical separation of three feet can be maintained.

(3) The system shall be designed to receive all sanitary sewage and domestic waste from the building served unless otherwise approved by the health officer. For individual residences, flows of one hundred twenty gallons/bedroom/day shall be used for design purposes. For other establishments, the typical values noted in the design manual referred to in WAC 246-272-150(1) shall be used. Any deviations shall be supported by appropriate water usage information and/or the use of low water use fixtures. Drainage from footing or roof drains or any other type of drain shall neither enter the sewage system nor be directed over the area where the on-site sewage system is located.

(4) All septic tanks shall be designed in accordance with subsection (1) of this section, with the following exceptions:

(a) All tanks must have a minimum of two compartments with the first compartment consisting of one-half to two-thirds of the required total volume.

(b) Intercompartmental apparatus shall be sanitary tees, slots or baffles assuring that effluent only from the clarified zone passes into the next compartment.

(c) Septic tanks serving single family residences shall have a minimum liquid capacity based on the number of bedrooms in the residence, as follows:

| Number of Bedrooms in House | Required Minimum Liquid Volume |
|-----------------------------|--------------------------------|
| 2 or less                   | 750                            |
| 3                           | 900                            |
| 4                           | 1000                           |

For each additional bedroom add 250 gallons.

A septic tank designed to service a facility other than one single family residence shall have a minimum liquid capacity equal to one and one-half times the projected daily sewage volume, with a minimum of 1000 gallons.

(d) Concrete tanks shall be approved by the health officer. Tanks made of materials other than concrete shall be approved by the health officer and the department.

(e) All septic tanks and pump chambers to be located in high water table areas shall be adequately treated to preclude ground water intrusion.

(5) Effluent shall be disposed of by means of a SSAS except when approval for other disposal systems is granted by the health officer and/or the department.

(a) The size of the SSAS shall be determined from the results of the site review and soil logs per the design manual.

(b) The health officer shall not permit installation and use of cesspools and seepage pits for the disposal of sewage.

(c) The bottom of a SSAS shall not be deeper than three feet below the finished grade, except under special conditions approved by the health officer. The depth of such a system shall not exceed ten feet from finished grade.

(d) Subsurface absorption beds (see definition of SSAS) may be considered for use only when authorized by the health officer and/or the department and when the soils are type 1, 2, or 3.

(e) Piping materials shall be approved by the health officer and the department.

(6) Cover can be used over a SSAS provided no portion of the SSAS sidewall below the invert of the distribution pipe is installed in this material.

(7) When sewage holding tank systems are used, a management program assuring ongoing operation and maintenance, which shall be approved by the health officer, shall be in effect. Sewage holding tanks shall not be permitted for either new construction or expansion of residential dwellings, whether seasonal or year-round. The health officer may approve sewage holding tanks for the following situations:

(a) Permanent use. Controlled, part-time, commercial usage situations, including, but not limited to, recreational vehicle parks, trailer dump stations, and certain limited hour businesses;

(b) Interim use. To handle emergency situations; and

(c) Repairs. As permitted under WAC 246-272-160 (1)(e)(i).

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-150, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-150, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 c 349. 89-21-026 (Order 332), § 248-96-110, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 43.20.050. 83-13-014 (Order 259), § 248-96-110, filed 6/3/83; Order 101, § 248-96-110, filed 6/10/74.]

**WAC 246-272-160 Repair of failures along marine shorelines.** (1) When an on-site sewage system failure occurs, the health officer shall require one of the following:

(a) Repair of the on-site sewage system using the requirements of this section. The repair system may be located either on the:

- (i) Property served; or
- (ii) Nearby or adjacent property if easements are obtained.

(b) Connection to a publicly owned larger on-site sewage system;

- (c) Connection to public sewer; or
- (d) Connection to a privately owned larger system where it is deemed economically feasible.

(e) If subsections (1)(a), (b), (c), or (d) of this section are not feasible, the health officer shall require one of the following:

- (i) Usage of a holding tank;
- (ii) Obtainment of a National Pollutant Discharge Elimination System or state discharge permit, issued to a public entity or jointly to a public entity and the system owner, from the Washington state department of ecology. This shall be considered only if an on-site sewage system is not feasible and the only realistic method of final disposal is to discharge to the surface of the land or into surface water; or
- (iii) Abandonment of the property.

(2) When the soil absorption component fails, the requirements under WAC 246-272-120 (2) and (3) shall be met before a repair permit is issued.

(3) A detailed design shall be submitted for each repair system. The repair shall be sized to accommodate all the sewage.

(4) When repair of an on-site sewage system is required to correct a failure, the health officer shall permit:

- (a) A standard marine system; or
- (b) A nonconforming repair. A nonconforming repair shall only be permitted when a:
  - (i) Standard marine system cannot be installed; and
  - (ii) Connection to either a public sewer or an approved larger on-site sewage system is not feasible.

(5) Table IV notes the minimum repair requirements based upon vertical separation and horizontal separation. The horizontal separation indicated is the distance between the SSAS or other disposal component and the ordinary high-water mark. Treatment standards shall be met before discharge to unsaturated, subsurface soil:

TABLE IV  
REQUIREMENTS FOR NONCONFORMING REPAIRS

| Vertical Separation in Feet | Horizontal Separation In Feet     |                       |                                   |
|-----------------------------|-----------------------------------|-----------------------|-----------------------------------|
|                             | < 25                              | 25-50                 | > 50                              |
| <1 <sup>1</sup>             | Treatment Standard 1              | Treatment Standard 1  | Treatment Standard 2 <sup>2</sup> |
| 1-2                         | Treatment Standard 1              | Treatment Standard 2  | Pressure Distribution             |
| >2                          | Treatment Standard 2 <sup>2</sup> | Pressure Distribution | —                                 |

<sup>1</sup> The health officer may permit ASTM C-33 sand to be used as fill to create unsaturated, subsurface soil, but fill cannot be used to achieve the vertical separation requirements.

<sup>2</sup> Not including mound systems.

(6) When a nonconforming repair is permitted:

(a) Priority shall be given to protection of drinking water sources. The site of the repair shall be selected to maximize the:

- (i) Vertical separation;
- (ii) Distance from a well or suction line; and
- (iii) Distance to surface water.

(b) The permit shall identify the system as a nonconforming repair. The permit shall state the manner and the extent the system is nonconforming. A copy of the permit and any accompanying easements or restrictive covenants shall be recorded with the county auditor. The requirement does not apply to a repaired system when a waiver from new construction standards is obtained per WAC 246-272-210;

(c) Operation, maintenance, monitoring, and reporting to the health officer shall comply with the protocol in the technical review committee guidelines. The minimum frequency shall be:

- (i) Quarterly when treatment standard 1 is required; and
  - (ii) Annually when treatment standard 2 is required.
- (d) Low-flow plumbing fixtures should be used.

(7) The health officer shall require wave barrier protection as deemed necessary.

(8) Actions taken under this section shall comply with other local and state requirements.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-160, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-160, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 c 349. 89-21-026 (Order 332), § 248-96-120, filed 10/10/89, effective 11/10/89.]

**WAC 246-272-170 Marine expansions.** The health officer shall require the following for a marine expansion:

- (1) A standard marine system shall be installed; and
- (2) A system replacement area shall be maintained as required by WAC 246-272-140(4).

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-170, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-170, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 c 349. 89-21-026 (Order 332), § 248-96-125, filed 10/10/89, effective 11/10/89.]

**WAC 246-272-190 Inspection.** The health officer may make inspections during construction to determine compliance with these regulations. No part of any installation shall be covered until approval has been obtained from the health officer. The health officer may waive this requirement provided the installation has been made by a person certified under WAC 246-272-230 and a designer program has been established according to WAC 246-272-180 provided that the designer performs the final inspection. If deviations from the approved plans and specifications have occurred in construction, a complete set of certified "as-built" drawings shall be provided to the health officer for a permanent record of the installation.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-272-190, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-272-190, filed 12/27/90, effective 1/31/91; 83-13-014 (Order 259), § 248-96-140, filed 6/3/83; Order 101, § 248-96-140, filed 6/10/74.]

### Chapter 246-280 WAC

#### RECREATIONAL SHELLFISH BEACHES

##### WAC

|             |  |
|-------------|--|
| 246-280-001 | Authority, purpose, and scope.               |
| 246-280-010 | Definitions.                                 |
| 246-280-015 | General administration.                      |
| 246-280-020 | Recreational shellfish beach classification. |

##### **WAC 246-280-001 Authority, purpose, and scope.**

(1) Authority. Under the authority of RCW 43.20.050, powers and duties of state board of health, these regulations are hereby established as minimum requirements for the monitoring and classification of recreational shellfish beaches.

(2) Purpose. It is the purpose of chapter 246-280 WAC to protect public health and establish procedures for evaluating the sanitary quality of recreational shellfish beaches.

(3) Scope.

(a) These regulations shall apply to recreational shellfish beaches under public ownership. Commercial shellfish harvest, even though it may occur on publicly owned beaches, is governed by chapter 246-282 WAC and chapter 69.30 RCW.

(b) These regulations shall apply to recreationally harvested shellfish on privately owned beaches when the general public has unlimited access to beaches for recreational shellfishing. The department may evaluate and monitor these privately owned beaches if the department determines it to be in the public interest.

(4) Other statutes related to this chapter are:

(a) Chapter 69.30 RCW, sanitary control of shellfish; and

(b) Chapter 246-282 WAC, sanitary control of shellfish.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-280-001, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-280-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 90.70 RCW. 89-20-020 (Order 335), § 248-52-001, filed 9/27/89, effective 10/28/89.]

##### **WAC 246-280-010 Definitions.** (1) Abbreviations:

(a) "ml" means milliliter; and

(b) "PSP" means paralytic shellfish poisoning.

(2) "Beach evaluation" means the examination of the sanitary conditions of recreational shellfish beaches through water quality testing, shellfish tissue testing, PSP testing, and sanitary surveys.

(3) "Beach inventory" means the department's list of recreational shellfish beaches governed by chapter 246-280 WAC.

(4) "Closed classification" means a beach exceeds the standards for safe shellfish harvest.

(5) "Conditionally open classification" means a recreational shellfish beach meets the standards for safe shellfish harvest during well-defined time periods, such as dry weather months, and is closed to shellfish harvest when the standards are exceeded.

(6) "Department" means the Washington state department of health (DOH).

(7) "Emergency closure" means temporary closure of a recreational shellfish beach when a contamination event is suspected of impacting an open or conditionally open beach.

(8) "Geometric mean value" means a statistical calculation giving a mean value of data points. Geometric mean value is a term used in state water quality standards. The calculation is:

(a)  $a \times b \times c \times d = y$ ; and

(b)  $n$ th root of  $y$  = geometric mean value.  $N$  = number of data points which determines the power of the root.

(9) "Health officer" means the health officer or an authorized representative of the city, county, city-county health department or district.

(10) "Local board of health" means the city, town, county, city-county, or district board of health as defined under chapters 70.05, 70.08, and 70.46 RCW.

(11) "Open classification" means a recreational shellfish beach which complies with WAC 246-280-030 standards for safe shellfish harvest without any restrictions due to health hazards.

(12) "Paralytic shellfish poisoning (PSP)" means a human illness caused by eating shellfish that contain high levels of toxin which results from the shellfish consuming large amounts of toxin-producing microscopic marine organism called *Gonyaulax catenella*.

(13) "Public ownership" means owned by the federal government, state government, a county, a city, or a port district.

(14) "Recreational shellfish beach" means any beach under public ownership available to the public and any privately owned beach where the general public has unlimited access to recreationally harvest shellfish.

(15) "Recreational shellfish harvest" means to harvest shellfish for personal consumption with no intention for sale or barter.

(16) "Sanitary survey" means an evaluation of the sanitary conditions of the shoreline and uplands of a recreational shellfish beach.

(17) "Shellfish" means, for the purposes of chapter 246-280 WAC, all varieties of oysters, clams, mussels, and scallops.

(18) "Unclassified" means a recreational shellfish beach which does not have an initial classification because the department has incomplete sanitary survey data.

(19) "Water quality study" means an evaluation of the sanitary conditions of the marine water of a recreational shellfish beach described under WAC 246-280-030 and 246-280-040.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-280-010, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-280-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 90.70 RCW. 89-20-020 (Order 335), § 248-52-005, filed 9/27/89, effective 10/28/89.]

**WAC 246-280-015 General administration.** (1) The department and the health officer for each local health jurisdiction shall develop a joint plan of operation designating the roles of each agency for administering chapter 246-280 WAC. This plan shall:

(a) Specifically designate those recreational shellfish beaches included in the joint plan;

(b) Establish whether the department or the health officer shall assume primary responsibility for an identified beach;

(c) Provide for a minimum acceptable frequency of beach evaluation;

(d) Specify who has responsibility for water quality studies, sanitary surveys, PSP monitoring, beach classification, and public notification;

(e) Be signed by the secretary and the chairperson of the local board of health;

(f) Be updated as needed to ensure proper operation of the plan; and

(g) Identify a process for implementing remedial actions to correct pollution sources where deemed appropriate by the department for those beaches classified as closed or conditionally open.

(2) If the local board of health adopts rules governing recreational shellfish harvest within its jurisdiction, the adopted rules shall be consistent with chapter 246-280 WAC.

(3) The department shall develop guidelines on water quality monitoring, PSP monitoring, shoreline survey procedures, public information/notification, and other topics.

(4) Throughout this chapter, the term "health officer" may be substituted for the term "department" if the joint plan of operation delegates authority for action to the health officer.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-280-015, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-280-015, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 90.70 RCW. 89-20-020 (Order 335), § 248-52-010, filed 9/27/89, effective 10/28/89.]

**WAC 246-280-020 Recreational shellfish beach classification.** (1) The department or the health officer for each local health jurisdiction as designated in the joint plan of operation, under WAC 246-280-015, shall

classify recreational shellfish beaches, based on the risk to public health from consuming shellfish. After completing an initial classification, the department or the health officer for each local health jurisdiction shall make an annual update based on the additional data collected during the year.

(2) The joint plan of operation's criteria used to classify beaches shall include the following:

(a) Water quality data;

(b) A sanitary survey of pollution sources; and

(c) A review of natural and synthetic toxins, including PSP.

(3) The department shall classify recreational shellfish beaches as follows:

(a) Open;

(b) Conditionally open;

(c) Closed;

(d) Emergency closure; and

(e) Unclassified.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-280-020, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-280-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 90.70 RCW. 89-20-020 (Order 335), § 248-52-020, filed 9/27/89, effective 10/28/89.]

## Chapter 246-282 WAC

### SANITARY CONTROL OF SHELLFISH

#### WAC

246-282-010 Definitions.

246-282-030 Storage, cleansing and washing and shipping of shellstock.

246-282-080 Identification and records.

246-282-090 Certificate of compliance—Certificate of approval—Suspension for revocation of certificate of approval—Licensure—Revocation of license.

246-282-100 Notice of decision—Adjudicative proceeding.

**WAC 246-282-010 Definitions.** The following definitions shall apply in the interpretation and the implementation of these rules and regulations:

(1) "Approved" means acceptable to the secretary based on his or her determination as to conformance with appropriate standards and good public health practice.

(2) "Commercial quantity" means any quantity exceeding:

(a) Forty pounds of mussels;

(b) One hundred oysters;

(c) Fourteen horse clams;

(d) Six geoducks; or

(e) Fifty pounds of hard or soft shell clams.

(3) "Department" means the state department of health.

(4) "Easily cleanable" means readily accessible and of such material and finish, and so fabricated that residue may be completely removed by approved cleaning methods.

(5) "Food contact surfaces" means those surfaces of equipment and utensils with which the shellfish meat normally comes in contact, and those surfaces that drain



onto surfaces that may come into contact with said food being processed.

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

(7) "Person in charge" means an individual responsible for the supervision of employees and the management of any shellfish operation as defined in subsection (12) of this section.

(8) "Sanitized" means the treatment of clean surfaces of equipment and utensils by an approved process which is effective in destroying microorganisms, including pathogens.

(9) "Secretary" means the secretary of the department of health or the secretary's authorized representative.

(10) "Shellfish" means all varieties of fresh or frozen oysters, clams, or mussels, either shucked or in the shell, and all fresh or frozen edible products thereof.

(11) "Shellfish growing areas" means the lands and waters in and upon which shellfish are grown for harvesting in commercial quantities or for sale for human consumption.

(12) "Shellfish operation" means any activity in the harvesting, transporting, processing, to include, but not limited to culling, shucking, packing, and repacking or shipping or reshipping of shellfish in commercial quantities or for sale for human consumption.

[Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-005, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-005, filed 7/24/78.]

**WAC 246-282-030 Storage, cleansing and washing and shipping of shellstock.** (1) Shellstock shall be stored, handled, and shipped under such temperature conditions as will keep them alive, and shall be protected from contamination at all times.

(2) All shellstock prior to opening or shipping shall be reasonably clean so that mud, sand, and extraneous material will not be transferred to the opened product during processing.

(3) Water used for washing, or "wet storage" (natural storing and cleansing), of shellstock shall be obtained from an approved growing area, or from other sources which meet or exceed the water quality standards of an approved growing area.

(4) Wet storage of shellstock may be practiced only upon approval of the director. A detailed description and map denoting the location of the wet storage area shall accompany the request.

[Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-020, filed 7/24/78; Regulation 58.020, effective 3/11/60.]

**WAC 246-282-080 Identification and records.** (1) Shellfish shall be so identified by label, tag or other permanent means at the wholesale or retail level that any given container of shucked meats or lot of shellstock can be traced to the original growing area source(s).

(2) Shipments of shellfish in the shell shall be accompanied by a tag, label or other mark showing that the shipper has been duly certified by the state in which the growing area is located.

(3) Shucked shellfish shall be packed, shipped and sold retail in approved containers that are legibly marked by embossing, lithographing, or other permanent means with the name, address, and certification number of the packer, and the date packed or coded in such a manner that the date packed can be determined. Fresh packs shall be labeled with wording equivalent to "keep refrigerated," and frozen packs shall be labeled with wording equivalent to "keep frozen."

(4) All shippers, reshippers, packers, repackers, and wholesalers shall keep an accurate record of all lots of shellfish received, shipped and sold. Retailers shall keep a record of all lots received. Such records shall be kept on file for a minimum of six months.

(5) Information recorded by the harvester-shipper shall include: (a) Location of harvesting area(s) by name or code, (b) name and quantity of shellfish, (c) date of harvest, (d) date shipped.

(6) Shucker-packers and repackers shall record the following information: (a) Location of harvesting area(s) by name or code, or name of harvester, (b) name and quantity of shellfish, (c) date of harvest or date received, and (d) packing date.

[Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-070, filed 7/24/78; Regulation 58.070, effective 3/11/60.]

**WAC 246-282-090 Certificate of compliance--Certificate of approval--Suspension for revocation of certificate of approval--Licensure--Revocation of license.** (1) Only shellfish bearing, upon the tag, bill of lading, label or container as required in WAC 246-282-080(2), a certificate of compliance with the sanitary requirements of this state, or a state, territory, province of, or country of origin whose requirements are equal or comparable to these regulations, may be sold or offered for sale for human consumption in the state of Washington.

(2) No person shall possess a commercial quantity of shellfish or sell or offer to sell for human consumption shellfish in the state which have not been grown, harvested, shucked, packed, or shipped in accordance with the provisions of these regulations or chapter 69.30 RCW.

(3) Certificates of approval for shellfish growing areas and/or for shellfish operations, as hereinabove defined, shall be issued and administered as prescribed in chapter 69.30 RCW, and may be denied, suspended, or revoked

for any failure or refusal to maintain the sanitary requirements or to comply with the provisions of these regulations or chapter 69.30 RCW.

(4) No person shall operate a "shellfish operation," as defined hereinabove, without having first obtained a valid operating license issued by the director. Each license shall be issued only for the shellfish operation and person named in the application and no license shall be transferable or assignable except with the written approval of the director. An operating license will be issued to any person who shall evidence:

(a) Possession of, or an approved application for, a valid certificate of approval as described hereinabove;

(b) Continued compliance by the licensee, the licensee's employees, or those under the licensee's supervision, with the rules and regulations herein and with chapter 69.30 RCW which compliance, in part, shall include the licensee's processing and/or sale of shellfish which have been harvested only from growing areas certified by the director in the name of the licensee or the person from whom the licensee has obtained said shellfish.

(5) The department shall have cause to deny, revoke, or suspend the license required herein where any licensee has:

(a) Had his or her certificate of approval, as defined above, and as issued by the department, revoked, suspended, or denied, for any reason;

(b) Failed or refused to comply with any of the rules and regulations of the state board of health or chapter 69.30 RCW;

(c) Harvested shellfish from any growing area which does not have a valid certificate of approval issued in the name of said licensee or in the name of the person from whom the licensee has obtained said shellfish;

(d) Obtained or attempted to obtain an operating license, certificate of compliance, or certificate of approval by fraudulent means or misrepresentation.

(6) All licenses and certificates issued under the provisions of these regulations shall be posted in a conspicuous place on the licensed premises. The licensee, or at least one employee thereof, shall have a certificate of approval on his or her person while engaged in the harvesting of shellfish. Such certificates of approval shall be provided by the department. All licenses and certificates of approval shall expire on the thirtieth day of September each year.

(7) Certificates of approval shall be displayed, upon request, to an authorized representative of the department, a fisheries patrol officer, or an ex officio patrol officer. Failure to do so subjects the grower to the penalty provisions of this chapter, as well as immediate seizure of the shellfish by the representative or officer.

[Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.30.030 and 43.20.050. 85-21-048 (Order 296), § 248-58-080, filed 10/14/85. Statutory Authority: RCW 69.30.030. 78-08-059 (Order 163), § 248-58-080, filed 7/24/78; Regulation 58.080, effective 3/11/60.]

**WAC 246-282-100 Notice of decision—Adjudicative proceeding.** (1) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. 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 43.70.095. A person upon whom the department imposes a civil fine has the right to an adjudicative proceeding to contest the decision.

(3) A license applicant or holder or a person upon whom the department imposes a civil fine, 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 69.30.030. 92-02-019 (Order 225B), § 246-282-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-282-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 69.30.030. 90-06-049 (Order 040), § 248-58-085, filed 3/2/90, effective 3/2/90.]

## Chapter 246-290 WAC PUBLIC WATER SUPPLIES

### WAC

|             |                                    |
|-------------|------------------------------------|
| 246-290-010 | Definitions.                       |
| 246-290-130 | Source approval.                   |
| 246-290-300 | Monitoring requirements.           |
| 246-290-310 | Maximum contaminant levels (MCLs). |
| 246-290-320 | Follow-up action.                  |
| 246-290-330 | Public notification.               |

### WAC 246-290-010 Definitions. (1) Abbreviations:

(a) kPa – kilo pascal (SI units of pressure);

(b) m – meter;

(c) MCL – maximum contaminant level;

(d) mg/L – milligrams per liter;

(e) MID – maximum instantaneous demand;

(f) mL – milliliter;

(g) mm – millimeter;

(h) MPN – most probable number of coliform bacteria per 100 mL;

(i) NTNC – nontransient noncommunity;

(j) NTU – nephelometric turbidity unit;

(k) pCi/L – picocuries per liter;

- (l) psi – pounds per square inch;
- (m) SAL – state advisory level;
- (n) SOC – synthetic organic chemical;
- (o) THM – trihalomethane;
- (p) TNC – transient **noncommunity**;
- (q) ug/L – micrograms per liter;
- (r) umhos/cm – micromhos per centimeter;
- (s) VOC – volatile organic chemical; and
- (t) WFI – water facilities inventory and report form.
- (2) "Acute" means posing an immediate risk to human health.
- (3) "Composite sample" means a sample created in a certified laboratory by mixing equal parts of water from up to five different sources.
- (4) "Confirmation" means to demonstrate the results of a sample to be precise by analyzing a repeat sample. Confirmation occurs when analysis results fall within plus or minus thirty percent of the original sample.
- (5) "Contaminant" means a substance present in drinking water which may adversely affect the health of the consumer or the aesthetic qualities of the water.
- (6) "Cross-connection" means a physical arrangement connecting a public water system, directly or indirectly, with anything other than another potable water system, and capable of contaminating the public water system.
- (7) "Department" means the Washington state department of health or health officer as identified in a joint plan of operation per WAC 246-290-030(1).
- (8) "Disinfection" means the use of chlorine or other agent or process the department approves for killing or inactivating microbiological organisms, including pathogenic and indicator organisms.
- (9) "Distribution system" means that portion of a public water supply system which stores, transmits, pumps, and distributes water to consumers.
- (10) "Duplicate (verification) sample" means a second sample collected at the same time and location as the first sample and used for verification.
- (11) "Fire flow" means the rate of water flow needed to fight fires under WAC 246-293-640 or adopted city, town, or county standards.
- (12) "Guideline" means a department document assisting the purveyor in meeting a rule requirement.
- (13) "Health officer" means the health officer of the city, county, city-county health department or district, or an authorized representative.
- (14) "Hydraulic analysis" means the study of the water system network evaluating water flows within the distribution system under worst case conditions such as, maximum hourly flow plus fire flow, when required, or maximum instantaneous demand (MID), when fire flow is not required. Hydraulic analysis includes consideration of all factors affecting system energy losses.
- (15) "Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 4.
- (16) "Maximum contaminant level violation" means a confirmed measurement above the MCL and for a duration of time, where applicable, as outlined under WAC 246-290-310.
- (17) "Maximum instantaneous demand (MID)" means the maximum rate of water use, excluding fire flow, which has occurred or is expected to occur within a defined service area at an instant in time.
- (18) "Potable" means water suitable for drinking by the public.
- (19) "Primary standards" means standards based on chronic or acute human health effects.
- (20) "Protected ground water source" means a ground water source the purveyor shows to the department's satisfaction as protected from potential sources of contamination on the basis of hydrogeologic data and/or satisfactory water quality history.
- (21) "Public water system" is defined and referenced under WAC 246-290-020.
- (22) "Purchase source" means water a purveyor purchases from a public water system not under the control of the purveyor for distribution to the purveyor's customers.
- (23) "Purveyor" means an agency or subdivision of the state or a municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or other entity owning or operating a public water system. Purveyor also means the authorized agent of such entities.
- (24) "Regularly" means four hours or more per day for four days or more per week.
- (25) "Repeat (confirmation) sample" means a sample collected a second time at the same location for confirmation of original analysis results.
- (26) "Resident" means an individual living in a dwelling unit served by a public water system.
- (27) "Seasonal source" means a public water system source used on a regular basis, but not in use more than three consecutive months within a twelve-month period.
- (28) "Secondary standards" means standards based on factors other than health effects.
- (29) "Service" means a connection to a public water system designed to serve a single family residence, dwelling unit, or equivalent use. When the connection is a group home or barracks-type accommodation, three persons shall be equivalent to one service.
- (30) "Standard methods" means the most recently published edition of the book, titled "*Standard Methods for the Examination of Water and Waste Water*," jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This book is available through public libraries or may be ordered from AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235.
- (31) "State advisory level (SAL)" means a department-established value for a chemical without an existing MCL. The SAL represents a level which when exceeded, indicates the need for further assessment to determine if the chemical is an actual or potential threat to human health.

(32) "Synthetic organic chemical (SOC)" means a manufactured carbon-based chemical.

(33) "Trihalomethane (THM)" means one of a family of organic compounds, named as derivatives of methane, where three of the four hydrogen atoms in methane are each substituted by a halogen atom in the molecular structure. Trihalomethanes may occur when chlorine, a halogen, is added to water.

(34) "Verification" means to demonstrate the results of a sample to be precise by analyzing a duplicate sample. Verification occurs when analysis results fall within plus or minus thirty percent of the original sample.

(35) "Volatile organic chemical (VOC)" means a manufactured carbon-based chemical that vaporizes quickly at standard pressure and temperature.

(36) "Water facilities inventory form (WFI)" means the department form summarizing each public water system's characteristics.

(37) "Well field" means a group of wells one purveyor owns or controls which:

(a) Draw from the same aquifer or aquifers as determined by comparable inorganic chemical analysis; and

(b) Discharge water through a common pipe and the common pipe shall allow for collection of a single sample before the first distribution system connection.

[Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-010, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-010, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-015, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-015, filed 2/17/88. Statutory Authority: RCW 43.20-.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

**WAC 246-290-130 Source approval.** (1) No new, previously unapproved sources, or modification of existing sources shall be used as a public water supply without department approval. A party seeking approval shall provide the department:

(a) A copy of the water right permit, if required, obtained from the department of ecology for the source, quantity, type, and place of use;

(b) A hydrogeologic assessment of the proposed source along with a general description of the watershed, spring, and/or aquifer recharge area affecting the quantity or quality of flow. Seasonal variation shall also be included;

(c) For unfiltered surface water, the watershed control program identified under WAC 246-290-450;

(d) Upstream water uses affecting either water quality or quantity;

(e) A map showing the project location and vicinity;

(f) A map depicting topography, distances to the surface water intake, well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features affecting the quality or quantity of water;

(g) The dimensions and location of the sanitary control area under WAC 246-290-210;

(h) Copies of the recorded legal documents for the sanitary control area under WAC 246-290-210;

(i) A copy of the on-site inspection approval made by the department or local health department representative;

(j) A copy of the water well report;

(k) Required construction documents;

(l) Well source development data establishing the capacity of the source. Data shall include static water level, yield, the amount of drawdown, recovery rate and duration of pumping. Interference between existing sources and the source being tested shall also be shown. The source shall be pump tested at no less than the maximum design rate to determine whether the well and aquifer are capable of supplying water at the rate desired and to provide information necessary to determine the proper pump settings in the well. A department guideline on pump testing is available to assist purveyors;

(m) An initial analysis result of raw water quality, including as a minimum a bacteriological, complete inorganic chemical and physical analysis and a VOC analysis. When source water quality is subject to variation, the department may require additional monitoring defining the range of variation. If the source being approved is for a community system, a radionuclide analysis shall also be required;

(n) Detailed information regarding aspects of water quality addressed under WAC 246-290-310. If treatment is planned, refer to WAC 246-290-250(2); and

(o) Other department-required information. Before initiating source development or modification, the purveyor shall contact the department to identify any such additional information.

(2) The department shall issue a written approval when:

(a) The purveyor submits the necessary information; and

(b) The developed source provides water complying with chapter 246-290 WAC.

[Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-130, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-130, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-097, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-097, filed 2/17/88.]

**WAC 246-290-300 Monitoring requirements.** (1) General.

(a) The purveyor shall be responsible for satisfying requirements of this section. The monitoring requirements in this section are minimums. The department may require additional monitoring:

(i) When system water quality exceeds an MCL; or

(ii) When source contamination is suspected; or

(iii) Under other circumstances as identified in a departmental order.

(b) Purveyor's samples required under this section shall be collected, transported, and analyzed according to department-approved methods. The state public

health laboratory or another department-certified laboratory shall perform the analyses, except turbidity as required under WAC 246-290-300(4) may be tested by water utility or health department personnel.

(c) When one public water system receives water from another public water system, the receiving system is only required to take bacteriological samples as described under WAC 246-290-300(2) and trihalomethane samples as described under WAC 246-290-300(5).

Subject to revision as appropriate, the department may reduce the monitoring requirement of the receiving system provided the receiving system:

- (i) Has a good water quality history;
- (ii) Operates in a satisfactory manner consistent with regulations under this chapter;
- (iii) Is included in the supplying system's regular monitoring schedule; and
- (iv) Is included in the service and population totals for the supplying system.

Periodic reviews of the system's sampling record may be made to determine if continued reduction is appropriate.

(d) Special purpose samples, such as check samples or samples taken to determine if disinfection following pipe repair has been sufficient, shall not count toward fulfillment of the monitoring requirements of this chapter.

(e) Monitoring requirements in subsections (2), (3), (4), (5), (6), (7), and (8) of this section apply equally to systems serving resident or nonresident populations unless otherwise stated.

(2) Bacteriological.

(a) Drinking water samples shall be collected for bacteriological analysis from representative points in the distribution system at regular time intervals.

(b) The frequency for monitoring drinking water shall be determined according to the following:

(i) For **community** systems, the minimum number of routine samples to be analyzed is shown in Table 2;

(ii) For **NTNC** and **TNC** systems, the minimum number of routine samples to be analyzed is shown in Table 3. In the case where an activity lasts for one week or less, sampling frequency shall be as directed by the department;

(iii) For **Group A** water systems serving both a resident and a nonresident population, the minimum number of routine samples to be analyzed may vary from month to month. The number of samples required each month will be the higher number of samples from Table 2 and Table 3; and

(iv) For **Group B** water systems, the minimum number of routine samples is one every twelve months.

(c) When disinfection is practiced, the purveyor shall collect untreated (raw) water samples from each source for bacteriological analysis of total coliform in addition to the number of treated samples required. The frequency of monitoring untreated water shall be determined according to the following:

(i) For protected ground water sources, one sample every three months shall be analyzed;

(ii) For unprotected ground water sources, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months;

(iii) For surface sources with treatment including coagulation, filtration, and disinfection or other treatment process, the number of samples analyzed shall be ten percent of the distribution samples required each month, and in no case less than one every three months; and

(iv) For surface sources without coagulation and filtration treatment, the number of samples analyzed shall be twenty percent of the distribution samples required each month, and in no case less than one every three months.

TABLE 2

MINIMUM ROUTINE BACTERIOLOGICAL SAMPLING REQUIREMENTS FOR COMMUNITY SYSTEMS BASED ON THE NUMBER OF RESIDENTS

| Number of Residents* Served | Minimum No. of Samples Per Month | Number of Residents Served | Minimum No. of Samples Per Month |
|-----------------------------|----------------------------------|----------------------------|----------------------------------|
| Less than 251               | 1**                              | 37,001 - 41,000            | 45                               |
| 251 - 1,000                 | 1                                | 41,001 - 46,000            | 50                               |
| 1,001 - 2,500               | 2                                | 46,001 - 50,000            | 55                               |
| 2,501 - 3,300               | 3                                | 50,001 - 54,000            | 60                               |
| 3,301 - 4,100               | 4                                | 54,001 - 59,000            | 65                               |
| 4,101 - 4,900               | 5                                | 59,001 - 64,000            | 70                               |
| 4,901 - 5,800               | 6                                | 64,001 - 70,000            | 75                               |
| 5,801 - 6,700               | 7                                | 70,001 - 76,000            | 80                               |
| 6,701 - 7,600               | 8                                | 76,001 - 83,000            | 85                               |
| 7,601 - 8,500               | 9                                | 83,001 - 90,000            | 90                               |
| 8,501 - 9,400               | 10                               | 90,001 - 96,000            | 95                               |
| 9,401 - 10,300              | 11                               | 96,001 - 111,000           | 100                              |
| 10,301 - 11,100             | 12                               | 111,001 - 130,000          | 110                              |
| 11,101 - 12,000             | 13                               | 130,001 - 160,000          | 120                              |
|                             |                                  | 160,001 - 190,000          | 130                              |

| Number of Residents* Served | Minimum No. of Samples Per Month | Number of Residents Served | Minimum No. of Samples Per Month |
|-----------------------------|----------------------------------|----------------------------|----------------------------------|
| 12,001 - 12,900             | 14                               | 190,001 - 220,000          | 140                              |
| 12,901 - 13,700             | 15                               | 220,001 - 250,000          | 150                              |
| 13,701 - 14,600             | 16                               | 250,001 - 290,000          | 160                              |
| 14,601 - 15,500             | 17                               | 290,001 - 320,000          | 170                              |
| 15,501 - 16,300             | 18                               | 320,001 - 360,000          | 180                              |
| 16,301 - 17,200             | 19                               | 360,001 - 410,000          | 190                              |
| 17,201 - 18,100             | 20                               | 410,001 - 450,000          | 200                              |
| 18,101 - 18,900             | 21                               | 450,001 - 500,000          | 210                              |
| 18,901 - 19,800             | 22                               | 500,001 - 550,000          | 220                              |
| 19,801 - 20,700             | 23                               | 550,001 - 600,000          | 230                              |
| 20,701 - 21,500             | 24                               | 600,001 - 660,000          | 240                              |
| 21,501 - 22,300             | 25                               | 660,001 - 720,000          | 250                              |
| 22,301 - 23,200             | 26                               | 720,001 - 780,000          | 260                              |
| 23,201 - 24,000             | 27                               | 780,001 - 840,000          | 270                              |
| 24,001 - 24,900             | 28                               | 840,001 - 910,000          | 280                              |
| 24,901 - 25,000             | 29                               | 910,001 - 970,000          | 290                              |
| 25,001 - 28,000             | 30                               | 970,001 - 1,050,000        | 300                              |
| 28,001 - 33,000             | 35                               | 1,050,001 - 1,140,000      | 310                              |
| 33,001 - 37,000             | 40                               |                            |                                  |

\*Does not include population of utilities wholesaled to, except as provided under WAC 246-290-300 (1)(c)

\*\*May be reduced by the department to no less than one every three months for systems with protected ground water sources.

TABLE 3

MINIMUM ROUTINE BACTERIOLOGICAL SAMPLING REQUIREMENTS FOR NTNC AND TNC SYSTEMS BASED ON NONRESIDENT POPULATIONS

| Maximum Day Population Served in Any One Month | Minimum Number Samples That Month |
|--|-----------------------------------|
| Less than 25                                   | 1 every 12 months                 |
| 25 - 299                                       | 1 every 3 months                  |
| 300 - 999                                      | 1*                                |
| 1,000 - 2,499                                  | 2                                 |
| 2,500 - 3,499                                  | 3                                 |
| 3,500 - 4,999                                  | 4                                 |
| 5,000 - 9,999                                  | 6                                 |
| 10,000 - 14,999                                | 8                                 |
| 15,000 - 19,999                                | 10                                |
| 20,000 - 29,999                                | 12                                |
| 30,000 - 39,999                                | 14                                |
| 40,000 - 49,999                                | 16                                |
| 50,000 - 74,999                                | 20                                |
| 75,000 - 99,999                                | 25                                |
| 100,000 or more                                | 30                                |

\*May be reduced by the department to one every three months for systems with protected ground water sources.

(3) Inorganic chemical and physical.

(a) The purveyor's complete inorganic chemical and physical analysis shall consist of the primary and secondary chemical and physical standards.

(i) Primary chemical and physical standards are arsenic, barium, cadmium, chromium, fluoride, lead, mercury, nitrate (as N), selenium, silver, sodium, and turbidity.

(ii) Secondary chemical and physical standards are chloride, color, copper, hardness, iron, manganese, specific conductivity, sulfate\*, total dissolved solids\*, and zinc.

\*Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Purveyor samples taken for inorganic chemical analyses shall be collected at the source before treatment.

(c) The frequency for a purveyor's monitoring shall be according to:

(i) **Purveyors of community** systems shall have one complete analysis from each surface water source every twelve months;

(ii) **Purveyors of community** systems shall have one complete analysis from each ground water source or well field every thirty-six months;

(iii) **Purveyors of NTNC, TNC, and Group B** systems shall have one initial complete analysis from each source or well field. The department may waive or reduce the minimum requirement for the initial complete analysis if available information shows, to the department's satisfaction, that the aquifer provides water of satisfactory inorganic chemical quality; and

(iv) After the initial complete analysis, **NTNC, TNC, and Group B** systems shall have one nitrate sample analyzed from each source or well field every thirty-six months.

(d) When the purveyor provides treatment for one or more inorganic chemical or physical contaminants, samples shall be taken for the specific contaminant or contaminants before and after treatment. The department shall determine the frequency of sampling.

(4) Turbidity.

(a) **Purveyors of Group A** water systems with surface water sources shall monitor turbidity at least once a day.

(b) The purveyor shall monitor turbidity at or before the entry point to the distribution system and where needed for treatment process control.

(c) The department shall determine monitoring requirements for **Group B** water systems.

(d) The purveyor shall ensure that turbidimeters are designed to meet the criteria listed under standard methods, and that turbidimeters are properly operated, maintained, and calibrated at all times, based on the manufacturer's recommendations.

(5) Trihalomethanes.

(a) **Purveyors of community** systems serving a population of ten thousand or more and providing water treated with chlorine or other halogenated disinfectant shall monitor as follows:

(i) Ground water sources. The purveyor shall collect one sample from each treated spring, well, or well field every twelve months. This sample shall be taken at the source before treatment or at the extreme end of the distribution system. The sample shall be analyzed for maximum total trihalomethane potential (MTTP); or

(ii) Surface water sources. The purveyor shall collect four samples per treated source every three months. The samples shall be taken within a twenty-four-hour period. The purveyor shall take one of the samples from the extreme end of the distribution system and three samples from representative locations in the distribution system. The samples shall be analyzed for total trihalomethanes (TTHM), the sum of trichloromethane, bromodichloromethane, dibromochloromethane, and tribromomethane. After one year of monitoring, the department may reduce the monitoring frequency to one sample every three months per treatment plant if the TTHM levels are less than 0.10 mg/L. The purveyor shall take the sample at the extreme end of the distribution system; or

(iii) Purchased surface water sources. The purveyor shall collect one water sample per each purchased surface source every three months. The sample shall be taken at the extreme end of the distribution system and analyzed for TTHM.

(b) **Purveyors of community** systems shall monitor for TTHM when serving a population less than ten thousand and providing surface water treated with chlorine or other halogenated disinfectant. The purveyor shall collect one water sample per treated source every three months for one year. The sample shall be taken at the extreme end of the distribution system and analyzed for TTHM. After the first year, the purveyor shall monitor surface water sources every thirty-six months.

(c) **Purveyors of community** systems shall monitor for TTHM when serving less than ten thousand people and purchasing surface water treated with chlorine or other halogenated disinfectant or adding a halogenated disinfectant after purchase. The purveyor shall collect one water sample every three months at the extreme end of

the distribution system or at a department-acceptable location. The sample shall be analyzed for TTHM. After the first year, the purveyor shall monitor every thirty-six months.

(6) Pesticides.

**Purveyors of community** systems with surface water sources shall monitor for pesticides for which MCLs are established every thirty-six months. The purveyor shall collect the water sample during the time of year the department designates as the time when pesticide contamination is most likely to occur.

(7) Radionuclides.

(a) The purveyor's monitoring requirements for gross alpha particle activity, radium-226 and radium-228 shall be:

(i) **Community** systems shall monitor once every forty-eight months. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals;

(ii) The purveyor may omit analysis for radium-226 and radium-228 if the gross alpha particle activity is less than five pCi/L; and

(iii) If the results of the initial analysis are less than half of the established MCL, the department may allow compliance with the monitoring requirements based on analysis of a single sample collected every forty-eight months.

(b) The purveyor's monitoring requirements for man-made radioactivity shall be:

(i) **Purveyors of community** systems using surface water sources and serving more than one hundred thousand persons and other department-designated water systems shall monitor for man-made radioactivity (beta particle and photon) every forty-eight months. Compliance shall be based on the analysis of a composite of four consecutive quarterly samples or the analysis of four quarterly samples; and

(ii) Purveyors of any water system, as directed by the department, downstream from a nuclear facility shall monitor once every three months for gross beta and iodine-131, and monitor once every twelve months for strontium-90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man-made radioactivity if the department determines that such data is applicable to a particular public water system.

(8) Volatile organic chemicals (VOCs).

(a) Prior to January 1, 1992, purveyors of **COMMUNITY** and **NTNC** systems shall monitor each source for all chemicals listed in Table 4. If a source is treated, VOC samples shall be collected after treatment. The department shall contact the purveyor to schedule sample collection. Purveyors shall submit VOC samples to a certified lab for analysis within ninety days of contact by the department.

TABLE 4

## LIST 1: VOLATILE ORGANIC CHEMICALS (VOCs) WITH MCLs

Trichloroethylene  
Carbon Tetrachloride  
Vinyl Chloride<sup>1</sup>  
1,2-Dichloroethane  
Benzene  
para-Dichlorobenzene  
1,1-Dichloroethylene  
1,1,1-Trichloroethane

<sup>1</sup> Purveyors shall monitor for vinyl chloride if their source sampling has verified one or more of the following:

Trichloroethylene;  
1,2-Dichloroethane;  
1,1-Dichloroethylene;  
1,1,1-Trichloroethane;  
Chloroethane;  
trans-1,2-Dichloroethylene;  
cis-1,2-Dichloroethylene;  
1,1-Dichloroethane;  
1,1,2-Trichloroethane;  
1,1,1,2-Tetrachloroethane;  
1,1,2,2-Tetrachloroethane; or  
Tetrachloroethylene.

## LIST 2: VOCs WITHOUT MCLs

|                            |                         |
|----------------------------|-------------------------|
| Bromobenzene               | p-Xylene                |
| Bromomethane               | O-Xylene                |
| Chlorobenzene              | m-Xylene                |
| Chloroethane               | Bromochloromethane      |
| Chloromethane              | n-Butylbenzene          |
| o-Chlorotoluene            | Dichlorodifluoromethane |
| p-Chlorotoluene            | Fluorotrichloromethane  |
| Dibromomethane             | Hexachlorobutadiene     |
| m-Dichlorobenzene          | Isopropylbenzene        |
| o-Dichlorobenzene          | p-Isopropyltoluene      |
| trans-1,2-Dichloroethylene | Naphthalene             |
| cis-1,2-Dichloroethylene   | n-Propylbenzene         |
| Dichloromethane            | Sec-butylbenzene        |
| 1,1-Dichloroethane         | Tert-butylbenzene       |
| 1,1-Dichloropropene        | 1,2,3-Trichlorobenzene  |
| 1,2-Dichloropropane        | 1,2,4-Trichlorobenzene  |
| 1,3-Dichloropropane        | 1,2,4-Trimethylbenzene  |
| 1,3-Dichloropropene        | 1,3,5-Trimethylbenzene  |
| 2,2-Dichloropropane        | Trihalomethanes:        |
| Ethylbenzene               | Bromodichloromethane    |
| Styrene                    | Dibromochloromethane    |
| 1,1,2-Trichloroethane      | Tribromomethane         |
| 1,1,1,2-Tetrachloroethane  | Trichloromethane        |
| 1,1,2,2-Tetrachloroethane  |                         |
| Tetrachloroethylene        |                         |
| 1,2,3-Trichloropropane     |                         |
| Toluene                    |                         |

## LIST 3: VOCs WITHOUT MCLs WHICH ARE REQUIRED FOR SELECTED SOURCES

|                          |                                    |
|--------------------------|------------------------------------|
| Ethylene dibromide (EDB) | 1,2-Dibromo-3-Chloropropane (DBCP) |
|--------------------------|------------------------------------|

(b) During the first twelve months of VOC monitoring, purveyors shall sample surface water and ground water sources once every three months or as directed by the department. If no VOCs (exclusive of THMs) are detected in the first sample from a ground water source, the purveyor shall sample that source once more during that twelve-month period.

(c) If no VOCs (exclusive of THMs) are verified after the initial twelve months of monitoring, purveyors of COMMUNITY and NTNC water systems shall monitor each source at least once every thirty-six months.

(d) Purveyors may ask the certified lab to composite samples representing as many as five individual sources. If VOCs (exclusive of THMs) are detected in a composite sample, the lab shall analyze the duplicate sample for each source in the composite at the purveyor's expense. If duplicate samples are not available, the purveyor shall repeat sample each individual source within fourteen days of contact by the department. Analysis of all VOC samples shall occur within fourteen days of collection. The following restrictions shall apply to compositing of samples:

- (i) Samples shall not be composited in the field;
- (ii) Multiple source samples, such as samples representing well fields, shall not be composited;
- (iii) Ground water sources shall not be composited with surface water sources; and

(iv) The following shall not be composited:

- (A) Seasonal sources;
- (B) Sources treated for the presence of synthetic organic chemicals; and
- (C) Sources with synthetic organic chemicals, exclusive of THMs, detected within the last five years.

(e) Purveyors with emergency and seasonal sources shall monitor the sources when the sources are in use.

(f) If five or fewer separate sources are combined through a common pipe before entering the distribution system, and before a domestic service, the department may consider those sources as one for the purpose of sampling. The purveyor shall collect the distribution samples as directed by the department. If VOCs, exclusive of THMs, are detected, the department shall require repeat samples from each individual source.

(g) The department may require the purveyor to repeat sample for confirmation of results.

(h) The department shall not require purveyors of COMMUNITY systems serving less than two hundred fifty people and NTNC systems to monitor for the List 2 VOCs after purveyors complete the first twelve months of VOC monitoring for both List 1 and List 2 VOCs, provided no VOCs, exclusive of THMs, are detected and no changes have occurred indicating a need to take additional samples.

(i) Purveyors of COMMUNITY and NTNC systems shall monitor for List 3 VOCs if the department determines their sources are located in an area where the chemicals may have been applied, transported, handled, manufactured, or stored. The department shall notify purveyors of COMMUNITY and NTNC systems if this requirement applies.



(j) When water is purchased from another system, the department shall not require the purveyor of the purchasing system to monitor that source for VOCs. However, the department's requirement may still apply for a purveyor to monitor for trihalomethanes under subsection (5) of this section.

(k) Only samples analyzed after January 1, 1988, by a laboratory certified for VOC analysis of drinking water may be used to meet the requirements of this subsection.

(9) Other substances.

On the basis of public health concerns, the department may require the purveyor to monitor for additional substances.

TABLE 5  
MONITORING LOCATION

| Sample Type                              | Sample Location  |
|--|--|
| Bacteriological                          | From representative points in distribution system.                       |
| Complete Inorganic Chemical and Physical | From a sample point as close to the source as possible.                  |
| Nitrate                                  | From a sample point as close to the source as possible.                  |
| Turbidity - Surface Water                | From a location at or before the entry point to the distribution system. |
| Trihalomethanes - Surface Water          | From representative points in the distribution system.                   |
| - Ground Water                           | From the source before treatment.  |
| Pesticides - Surface Water               | From the source.   |
| Radionuclides                            | From the source.   |
| VOCs                                     | After treatment, if any, at entry points to distribution systems.        |
| Other Substances                         | As directed by the department.   |

[Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-300, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-300, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-165, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-165, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

**WAC 246-290-310 Maximum contaminant levels (MCLs).** (1) The purveyor shall be responsible for complying with the standards of water quality identified in this section.

If a substance exceeds its maximum contaminant level (MCL), the purveyor shall take follow-up action as described under WAC 246-290-320.

(2) When enforcing the standards described under this section, the department shall enforce compliance with the primary standards as its first priority.

(3) Bacteriological.

(a) Standards under subsection (3) of this section shall be considered primary standards.

(b) If any coliform bacteria are present in any sample, follow-up action as described under WAC 246-290-320(2) shall be taken.

(c) The MCL for coliform bacteria is as follows:

(i) When the membrane filter test is used, the number of coliform bacteria shall not be greater than:

(A) One per one hundred milliliters as the average of all samples tested each month; or

(B) Four per one hundred milliliters in two or more samples when less than twenty samples are tested each month; or

(C) Four per one hundred milliliters in more than five percent of the samples when twenty or more samples are tested each month.

(ii) When the five-tube MPN method is used, coliform bacteria shall not be present in:

(A) More than ten percent of the tubes tested each month; or

(B) Three or more tubes in two or more samples when less than twenty samples are tested each month; or

(C) Three or more tubes in more than five percent of the samples when twenty or more samples are tested each month.

(iii) The department may allow systems required to take less than four samples each month to base compliance with this section on the samples taken during the three-month period consisting of the month in question and the previous two months.

(iv) Special purpose samples, such as those taken to determine if disinfection following pipe repair or replacement has been sufficient, or check samples shall not be used to determine compliance with the MCL.

(v) Samples with unsuitable test results, i.e., confluent growth, TNTC (too numerous to count), excess debris, etc., will not qualify as routine samples and will not count toward fulfillment of the monitoring requirement.

(4) Inorganic chemical and physical.

The primary and secondary MCLs are listed in Table 6 and 7:

TABLE 6  
INORGANIC CHEMICAL CHARACTERISTICS

| Substance      | Primary MCLs (mg/L) |
|----------------|---------------------|
| Arsenic (As)   | 0.05                |
| Barium (Ba)    | 1.0                 |
| Cadmium (Cd)   | 0.01                |
| Chromium (Cr)  | 0.05                |
| Fluoride (F)   | 4.0                 |
| Lead (Pb)      | 0.05                |
| Mercury (Hg)   | 0.002               |
| Nitrate (as N) | 10.0                |
| Selenium (Se)  | 0.01                |
| Silver (Ag)    | 0.05                |
| Sodium (Na)    | *                   |

| Substance      | Secondary MCLs (mg/L) |
|----------------|-----------------------|
| Chloride (Cl)  | 250.0                 |
| Copper (Cu)    | 1.0                   |
| Fluoride (F)   | 2.0                   |
| Iron (Fe)      | 0.3                   |
| Manganese (Mn) | 0.05                  |

| Substance                  | Secondary MCLs (mg/L) |
|----------------------------|-----------------------|
| Sulfate (SO <sub>4</sub> ) | 250.0                 |
| Zinc (Zn)                  | 5.0                   |

Note: Although the state board of health has not established an MCL for sodium, there is enough public health significance connected with sodium levels to require inclusion in inorganic chemical and physical monitoring.

TABLE 7

## PHYSICAL CHARACTERISTICS

| Substance | Primary MCL |
|-----------|-------------|
| Turbidity | 1 NTU       |

| Substance                    | Secondary MCLs   |
|------------------------------|------------------|
| Color                        | 15 Color Units   |
| Hardness                     | None established |
| Specific Conductivity        | 700 umhos/cm     |
| Total Dissolved Solids (TDS) | 500 mg/L         |

## (5) Turbidity.

(a) The department shall consider standards under subsection (5) of this section primary standards.

(b) The MCLs for turbidity are:

(i) One NTU, based on a monthly average of the maximum daily turbidity, where the maximum daily turbidity is defined as the average of the:

(A) Highest two hourly readings over a twenty-four hour period when continuous monitoring is used; or

(B) Daily grab samples taken within one hour when daily monitoring is used.

The department may increase the MCL to five NTUs if the purveyor can show the source is within a controlled watershed and the source meets the requirements under WAC 246-290-210 and 246-290-450.

(ii) Five NTUs based on an average of the maximum daily turbidity for two consecutive days.

## (6) Trihalomethanes.

(a) The department shall consider standards under subsection (6) of this section primary standards.

(b) The MCL for total trihalomethanes (TTHM) is 0.10 mg/L. The concentrations of each of the trihalomethane compounds (trichloromethane, dibromochloromethane, bromodichloromethane, and tribromomethane) are added together to determine the TTHM level.

(c) There is no MCL for maximum total trihalomethane potential (MTTP). When the MTTP value exceeds 0.10 mg/L, the purveyor shall follow up as described under WAC 246-290-320(5).

## (7) Pesticides.

(a) The department shall consider standards under subsection (7) of this section primary standards.

(b) The MCLs for pesticides are:

(i) Chlorinated hydrocarbons:

| Substance    | MCL (mg/L) |
|--------------|------------|
| Endrin       | 0.0002     |
| Lindane      | 0.004      |
| Methoxychlor | 0.1        |
| Toxaphene    | 0.005      |

(ii) Chlorophenoxy:

| Substance         | MCL (mg/L) |
|-------------------|------------|
| 2, 4-D            | 0.1        |
| 2, 4, 5-TP Silvex | 0.01       |

(8) Radionuclides.

(a) The department shall consider standards under subsection (8) of this section primary standards.

(b) The MCLs for radium-226, radium-228, and gross alpha particle radioactivity are:

| Substance   | MCL (pCi/L) |
|---|-------------|
| Radium-226  | 3           |
| Combined Radium-226 and Radium-228                | 5           |
| Gross alpha particle activity (excluding uranium) | 15          |

(c) The MCL for beta particle and photon radioactivity from man-made radionuclides is: The average annual concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirem/year.

The department shall assume compliance with the four millirem/year dose limitation if the average annual concentration for gross beta activity, tritium, and strontium-90 are less than 50 pCi/L, 20,000 pCi/L, and 8 pCi/L respectively. When both tritium and strontium-90 are present, the sum of their annual dose equivalents to bone marrow shall not exceed four millirem/year.

(9) Volatile organic chemicals.

(a) The department shall consider standards under this subsection primary standards.

(b) The VOCs with MCLs are:

| Substance             | MCL (mg/L) |
|-----------------------|------------|
| Benzene               | .005       |
| Carbon Tetrachloride  | .005       |
| 1,2-Dichloroethane    | .005       |
| Trichloroethylene     | .005       |
| para-Dichlorobenzene  | .075       |
| 1,1-Dichloroethylene  | .007       |
| 1,1,1-Trichloroethane | .200       |
| Vinyl Chloride        | .002       |

(c) The department shall determine compliance with this subsection based on the running annual average of results for each sample location. The purveyor is in violation of an MCL when:

(i) The running annual average for one location is greater than the MCL (sum of all sample results in one year divided by four  $>$  MCL); or

(ii) Any one sample result causes the running annual average to exceed the MCL.

(10) The state board of health shall determine maximum contaminant levels for any additional substances.

[Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-310, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-310, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-175, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-175, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-175, filed 9/8/83.]

**WAC 246-290-320 Follow-up action. (1) General.**

(a) If water quality exceeds any MCLs listed under WAC 246-290-310, the purveyor shall notify the department and take follow-up action as described in this section.

(b) When a primary MCL violation occurs, the purveyor shall:

(i) Notify the department within forty-eight hours;

(ii) Notify the public according to procedures outlined under WAC 246-290-330;

(iii) Determine the cause of the contamination; and

(iv) Take corrective action as required by the department.

(c) When a secondary MCL violation occurs, the purveyor shall notify the department and take corrective action as directed by the department.

**(2) Bacteriological.**

(a) When coliform bacteria are present in any sample analyzed by the membrane filter method, the purveyor shall take action as follows:

(i) When the sample result is one through four per one hundred milliliters, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of coliform bacteria; or

(ii) When the sample result is greater than four per one hundred milliliters, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check samples shall continue to be collected until at least two consecutive daily check samples show less than one coliform per one hundred milliliters.

(b) When coliform bacteria are present in any sample analyzed by the five-tube MPN method, the purveyor shall take action as follows:

(i) When the sample result is one or two tubes positive, the sample is unsatisfactory and an additional drinking water sample shall be taken to confirm the presence of contamination; or

(ii) When the sample result is three or more tubes positive, the sample is unsatisfactory and nonconforming. The purveyor shall take action to determine and correct the cause of the contamination. Daily check

samples shall continue to be collected until at least two consecutive daily check samples show no coliform bacteria are present.

(c) All additional samples required by this section shall be collected from the same location where the unsatisfactory or unsuitable sample was taken, except as specified by the department.

(d) All additional samples shall be submitted for analyses as soon as possible after the unsatisfactory or unsuitable results are known.

(e) When the presence of coliform bacteria in water has been confirmed by check samples, the purveyor shall notify the department within forty-eight hours.

(f) When the sample result is marked unsuitable, an additional drinking water sample shall then be submitted for analysis for each unsuitable result immediately upon notification of the unsuitable result. The additional sample shall be analyzed by the MPN testing method.

(g) The location where the daily check samples were taken to fulfill the requirements of this section shall not be eliminated from future sampling without the department's approval.

(3) Inorganic chemical and physical. When an initial analysis of a substance exceeds the MCL, the purveyor shall:

(a) For nitrate, immediately take one additional sample from the same sampling point. If the average of the two samples exceeds the MCL, a violation is confirmed; or

(b) For all other inorganic chemical and physical substances, collect three additional samples from the same sample point within thirty days. If the average of all four samples exceeds the MCL, a violation is confirmed.

(4) Turbidity. When the turbidity exceeds the MCL identified under WAC 246-290-310 for longer than one hour monitored continuously, the purveyor shall report to the department within forty-eight hours. When the results of a manual turbidity analysis exceeds the MCL, the purveyor shall collect another sample within one hour. When the repeat sample confirms the MCL is exceeded, the purveyor shall notify the department.

(5) Trihalomethanes. When the average of all samples taken during any twelve-month period exceeds the MCL for total trihalomethanes, the violation is confirmed and the purveyor shall take corrective action as required by the department. When the maximum trihalomethane potential (MTTP) result is equal to or greater than 0.10 mg/L and the result is confirmed by a repeat sample, the purveyor shall monitor according to WAC 246-290-300(5) for one year or more.

(6) Volatile organic chemicals (VOCs). The purveyor shall be responsible for the following follow-up actions:

(a) After the purveyor's receipt of the first VOC analysis results from the laboratory, the purveyor shall provide notice to persons served by the system as described under WAC 246-290-330(5).

(b) When a List 1 VOC is verified at a concentration above the detection limit, the purveyor shall, at a minimum:

(i) Sample the source once every three months for at least three years; and

(ii) Make analysis results available to consumers within three months of receipt from the laboratory as described under WAC 246-290-330(5).

(c) When a List 1 VOC is verified at a concentration greater than a MCL, and the level will not cause the running annual average to exceed the MCL, the purveyor shall repeat sample the source as soon as possible. If a concentration greater than an MCL is confirmed, the purveyor shall:

(i) Notify the department within seven days of receipt of the repeat sample analysis results.

(ii) Provide consumer information per WAC 246-290-330 (5)(b).

(iii) Submit documentation to the department describing the water system's strategy for gathering and analyzing additional data and identify plans for keeping the public informed.

(iv) Sample the source a minimum of once every three months for at least three years.

(d) When the running annual average of a List 1 VOC is greater than an MCL, or one sample analysis result causes the annual average to exceed an MCL, the purveyor shall:

(i) Notify the department within seven days of receipt of analysis results.

(ii) Notify the public as described under WAC 246-290-330, including mandatory health effects language.

(iii) Submit an action plan to the department for approval addressing follow-up activities, including corrective action. The purveyor shall submit the action plan within four months of receipt of department notice that the annual average exceeds the MCL. The purveyor's action plan shall, at a minimum, contain a:

(A) Tabulation of VOC sample analysis results, including the location where VOCs were detected;

(B) Description of monitoring plans for system sources;

(C) Strategy for informing the public of monitoring results and investigations; and

(D) Description of short and long-term plans to minimize exposure and/or eliminate the source of contamination.

(iv) Implement the action plan within one year of the department's approval. The department may require the purveyor's earlier compliance if necessary to eliminate an immediate health threat or may require a revision of the action plan based upon additional sample results. The department may extend the purveyor's period of compliance when the department determines:

(A) Substantial construction is required; and

(B) The purveyor has taken all appropriate measures to protect the health of consumers served by the public water system.

If the department grants the purveyor an extension, the purveyor shall issue a notice identifying the MCL exceeded and the amount by which the repeat sample analysis results exceeded the MCL. The purveyor shall include the notice in all bills mailed to affected customers until the department determines that the purveyor complies with the MCL.

(v) Sample the source a minimum of once every three months for at least three years.

(e) When a List 2 or List 3 VOC is verified at a concentration above the detection limit, the purveyor shall:

(i) Submit the sample analysis results to the department within seven days of receipt from the laboratory; and

(ii) Sample the source a minimum of once every three months for one year and then annually thereafter during the three-month period when the highest previous measurement occurred.

(f) If the department determines that a List 2 or List 3 VOC is verified at a level greater than a state advisory level (SAL), the department shall notify the purveyor in writing. The purveyor shall repeat sample the source as soon as possible after initial department notice that a SAL has been exceeded. The purveyor shall submit the analysis results to the department within seven days of receipt from the laboratory. If any repeat sample confirms that a SAL has been exceeded, the purveyor shall:

(i) Provide consumer information per WAC 246-290-330 (5)(b);

(ii) Sample the source a minimum of once every three months for at least three years; and

(iii) Submit documentation to the department listing VOC analysis results, describing the water systems' strategy for gathering and analyzing additional data, and identifying plans for keeping the public informed. The purveyor shall submit this information to the department within six months of the date of the first notice from the department that a SAL has been exceeded.

(g) The department may reduce the purveyor's monitoring requirement for a source detecting a List 1 VOC if, after three years of quarterly monitoring, all analysis results are less than the MCL. The purveyor's reduced monitoring frequency shall be no less than one sample per year.

(h) The department may reduce the purveyor's monitoring requirement for a source detecting a List 2 or List 3 VOC if the source has been monitored annually for at least three years, and all analysis results are less than the SAL.

(i) In establishing SAL's for List 2 and List 3 VOCs, the department shall use the most recent edition of the department document titled "Procedures And References For Determination Of State Advisory Levels For Drinking Water Contaminants" which has been approved by the state board of health. Copies are available from the department upon request.

(j) When List 1, List 2 (exclusive of THMs), or List 3 VOCs are verified in well fields, the purveyor shall repeat sample individual wells within the well field.

(k) When the sum of all trihalomethanes detected exceeds 0.100 mg/L, the purveyor shall sample within three months for total trihalomethanes as required under WAC 246-290-300(5).

(l) The department may collect samples from a water system or may require that specified quality assurance techniques be used to collect samples.

(7) The department shall determine the purveyor's follow-up action when a substance not included in these regulations is detected.

[Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-320, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-290-320, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339, 89-21-020 (Order 336), § 248-54-185, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045, 88-05-057 (Order 307), § 248-54-185, filed 2/17/88. Statutory Authority: RCW 43.20.050, 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

**WAC 246-290-330 Public notification.** (1) Responsibility. The purveyor of a **Group A** water system shall notify the water system users when the following occurs within the **Group A** system:

- (a) A primary MCL violation as described under WAC 246-290-310;
- (b) Failing to comply with a:
  - (i) Prescribed treatment technique;
  - (ii) Monitoring requirement under WAC 246-290-300; or
  - (iii) Testing procedure.
- (c) Operating under a variance or exemption; or
- (d) Failing to meet a variance or exemption schedule.

The department may also require the purveyor of a **Group B** water system to notify users when any of the conditions listed in (a) through (d) of this subsection occur within the **Group B** system.

(2) Content. Notices shall provide:

- (a) A clear, concise, and simple explanation of the violation;
- (b) Discussion of potential adverse health effects and any segments of the population that may be at higher risk;
- (c) Mandatory health effects information required under WAC 246-290-330(4);
- (d) A list of steps the purveyor has taken or is planning to take to remedy the situation;
- (e) A list of steps the consumer should take, including advice on seeking an alternative water supply if necessary; and
- (f) The purveyor's name and phone number.

The purveyor may provide additional information to further explain the situation.

(3) Distribution.

(a) Purveyors of **COMMUNITY** systems in violation of a primary MCL, treatment technique or variance or exemption schedule shall provide:

- (i) Newspaper notice to water system users within fourteen days of violation;
- (ii) Direct mail notice or hand delivery to all permanent residences served by the system within forty-five days of the violation. The department may waive the purveyor's mail or hand delivery if the violation is corrected within forty-five days;
- (iii) Notice to radio and television stations serving the area within seventy-two hours of violation of a nitrate MCL or other acute violation as determined by the department; and
- (iv) Repeat mail or hand delivery every three months until the violation is corrected.

(b) Purveyors of **COMMUNITY** systems shall provide newspaper notice to water system users within three months of the following:

(i) Violation of a monitoring requirement or testing procedure; or

(ii) Granting of a variance or exemption.

Purveyors shall also provide repeat notice by mail or hand delivery to all permanent residences served by the system every three months until the situation is corrected or for as long as the variance or exemption remains in effect.

(c) Purveyors of **NTNC** and **TNC** systems in violation of a primary MCL, treatment technique, variance, or exemption schedule shall post a notice within fourteen days of the violation. If the violation is acute, the department shall require posting within seventy-two hours.

(d) Purveyors of **NTNC** and **TNC** systems shall post a notice within three months of the:

(i) Violation of a monitoring requirement or testing procedure; or

(ii) Granting of a variance or exemption.

(e) Where there is mention of a newspaper notice in this section, the purveyor may substitute a community or homeowner's association newsletter or similar periodical publication if the newsletter reaches affected consumers within the specified time.

(f) The purveyor may substitute a posted notice in the absence of a newspaper of general circulation or homeowner's association newsletter or similar periodical publication.

(g) The purveyor shall place posted notices in conspicuous locations and present the notices in a manner making them easy to read. Notices shall remain posted until the violation is corrected or for as long as the variance or exemption remains in effect. When appropriate, notices shall be multi-lingual.

(h) The purveyor of a **COMMUNITY** water system shall give a copy of the most recent public notice to all new billing units or new hookups before or at the time water service begins.

(i) The purveyor shall provide the department with a copy of a public notification at the time the purveyor notifies the public.

(4) Mandatory language.

(a) The purveyor shall provide specific health effects language in the notice when a violation occurs involving a:

(i) Primary VOC MCL; or

(ii) Secondary fluoride MCL.

(b) Required specific language is contained in the department guideline titled "health effects language for drinking water public notification."

(5) VOC notification procedure.

(a) Availability of results. After receipt of the first analysis results, the purveyor of a **COMMUNITY** or **NTNC** water system shall notify persons served by the system of the availability of the results and shall supply the name and telephone number of a contact person.

(i) The purveyor shall initiate notification within three months of the purveyors receipt of the first VOC analysis results. This notification is only required one time.

(ii) Notification shall occur by:

(A) Inclusion in the first set of water bills issued after receipt of the results;

(B) Newspaper notice which shall run at least one day each month for three consecutive months;

(C) Direct mail;

(D) Posting if NTNC system; or

(E) Any other method approved by the department.

(iii) Within three months of receipt of analysis results, purveyors selling water to other public water systems shall provide copies of the analysis results to the purchasing system.

(iv) Within thirty days of receipt of analysis results, purveyors purchasing water shall make results available to their customers. The purveyor's notification shall occur by the method outlined under (a)(i) of this subsection.

(b) Consumer information.

(i) The purveyor shall provide consumer information within twenty-one days of receipt of confirmation sample results when:

(A) A List 1 VOC is confirmed at a concentration greater than a MCL, and the level will not cause the running annual average to exceed the MCL; or

(B) The department determines that a List 2 or List 3 VOC is confirmed at a level greater than a SAL.

(ii) Consumer information shall include:

(A) Name and level of VOC detected;

(B) Location where the VOC was detected;

(C) Any health effects that the VOC could cause at its present concentration;

(D) Plans for follow-up activities; and

(E) Phone number to call for further information.

(iii) Consumer information shall be distributed by any of the following methods:

(A) Notice placed in the major newspaper in the affected area;

(B) Direct mail to customers;

(C) Posting if NTNC system; or

(D) Any other method approved by the department.

(6) Fluoride notification procedure.

When a secondary MCL violation occurs, the purveyor of a **COMMUNITY** water system shall send notice to:

(a) The department annually;

(b) Water system users annually; and

(c) New billing units added while the violation exists.

(7) When circumstances dictate the purveyor give a broader or more immediate notice to protect public health, the department may require the purveyor's notification by whatever means necessary.

(8) When the state board of health grants a public water system a waiver, the purveyor shall notify customers and new billing units or new hookups before water service begins. The purveyor shall provide a notice annually and send a copy to the department.

(9) The department may give notice to the water system users as required by this section on behalf of the water purveyor. However, the purveyor remains responsible for ensuring the department's requirements are met.

[Statutory Authority: Chapter 43.20 RCW, 91-07-031 (Order 150B), § 246-290-330, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-290-330, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339, 89-21-020 (Order 336), § 248-54-187, filed 10/10/89, effective 11/10/89.]

## Chapter 246-310 WAC

### CERTIFICATE OF NEED

#### WAC

|              |  |
|--------------|--|
| 246-310-002  | Repealed.  |
| 246-310-010  | Definitions.   |
| 246-310-020  | Applicability of chapter 246-310 WAC.  |
| 246-310-030  | Repealed.  |
| 246-310-030A | Repealed.  |
| 246-310-035  | Tertiary services identification.  |
| 246-310-050  | Applicability determination.   |
| 246-310-080  | Letter of intent.  |
| 246-310-090  | Submission and withdrawal of applications.                                       |
| 246-310-100  | Amendment of certificate of need applications.                                   |
| 246-310-110  | Categories of review.  |
| 246-310-120  | Concurrent review process.   |
| 246-310-130  | Nursing home concurrent review cycles.   |
| 246-310-132  | Open heart surgery concurrent review cycle.                                      |
| 246-310-150  | Expedited review process.  |
| 246-310-160  | Regular review process.  |
| 246-310-170  | Notification of beginning of review.   |
| 246-310-180  | Public hearings.   |
| 246-310-190  | Ex parte contacts.   |
| 246-310-200  | Bases for findings and action on applications.                                   |
| 246-310-210  | Determination of need.   |
| 246-310-250  | Open heart surgery.  |
| 246-310-260  | Kidney transplantation.  |
| 246-310-270  | Ambulatory surgery.  |
| 246-310-280  | Kidney disease treatment centers.  |
| 246-310-350  | Nursing home and continuing care retirement community definitions.               |
| 246-310-380  | Nursing home bed need standards.   |
| 246-310-400  | AIDS long-term care pilot facility review standards.                             |
| 246-310-410  | Swing bed review standards.  |
| 246-310-470  | Review and action on health maintenance organization projects.                   |
| 246-310-480  | Projects proposed for the correction of deficiencies.                            |
| 246-310-490  | Written findings and actions on certificate of need applications.                |
| 246-310-500  | Issuance, suspension, denial, revocation, and transfer of a certificate of need. |
| 246-310-560  | Provision for reconsideration decision.  |
| 246-310-570  | Circumstances for which an amended certificate of need is required.              |
| 246-310-590  | Monitoring of approved projects.   |
| 246-310-600  | Withdrawal of a certificate of need.   |
| 246-310-610  | Adjudicative proceeding.   |
| 246-310-630  | Public access to records.  |
| 246-310-900  | Capital expenditure minimum adjustment procedures.                               |
| 246-310-990  | Certificate of need review fees.   |

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

|             |  |
|-------------|--|
| 246-310-002 | Purpose of chapter 248-156 WAC. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-002, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.025, 81-09-060 (Order 1641), § 248-156-010, filed 4/20/81.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919. |
| 246-310-030 | Index and procedures for adjustment. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.025, 81-09-060 (Order 1641), § 248-156-030, filed  |

4/20/81.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919.

246-310-030A Tertiary services identification. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-030A, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW, 90-21-028 (Order 082), § 248-19-235, filed 10/9/90, effective 10/9/90.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 70.38.135 and 70.38.919.

**WAC 246-310-002 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-310-010 Definitions.** For the purposes of chapter 246-310 WAC, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

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

(2) "Affected persons" means:

(a) The applicant;

(b) Health care facilities and health maintenance organizations providing services similar to the services under review and located in the health service area;

(c) Third-party payers reimbursing health care facilities in the health service area;

(d) Any agency establishing rates for health care facilities and health maintenance organizations in the health service area where the proposed project is to be located;

(e) Health care facilities and health maintenance organizations which, in the twelve months prior to receipt of the application, have submitted a letter of intent to provide similar services;

(f) Any person residing within the geographic area to be served by the applicant; and

(g) Any person regularly using health care facilities within the geographic area to be served by the applicant.

(3) "Alterations," see "construction, renovation, or alteration."

(4) "Ambulatory care facility" means any place, building, institution, or distinct part thereof not a health care facility as defined in this section and operated for the purpose of providing health services to individuals without providing such services with board and room on a continuous twenty-four-hour basis. The term "ambulatory care facility" includes the offices of private physicians, whether for individual or group practice.

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

(6) "Applicant," except as used in WAC 246-310-230, means any person proposing to engage in any undertaking subject to review under the provisions of chapter 70.38 RCW.

"Applicant," as used in WAC 246-310-230, means any person or individual with a ten percent or greater financial interest in a partnership or corporation or other comparable legal entity engaging in any undertaking subject to review under the provisions of chapter 70.38 RCW.

(7) "Capital expenditure" means an expenditure, including a force account expenditure (i.e., an expenditure for a construction project undertaken by a nursing home facility as its own contractor), which, under generally accepted accounting principles, is not properly chargeable as an expense of operation or maintenance. The costs of any studies, surveys, designs, plans, working drawings, specifications, and other activities (including staff effort, consulting and other services which, under generally accepted accounting principles, are not properly chargeable as an expense of operation and maintenance) shall be considered capital expenditures. Where a person makes an acquisition under lease or comparable arrangement, or through donation, which would have required certificate of need review if the acquisition had been made by purchase, such acquisition shall be deemed a capital expenditure. Capital expenditures include donations of equipment or facilities to a nursing home facility, which if acquired directly by such facility, would be subject to review under the provisions of this chapter and transfer of equipment or facilities for less than fair market value if a transfer of the equipment or facilities at fair market value would be subject to such review.

(8) "Certificate of need" means a written authorization by the secretary's designee for a person to implement a proposal for one or more undertakings.

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

(10) "Commencement of the project" means whichever of the following occurs first: In the case of a construction project, giving notice to proceed with construction to a contractor for a construction project; beginning site preparation or development; excavating or starting the foundation for a construction project; or beginning alterations, modification, improvement, extension, or expansion of an existing building. In the case of major medical equipment, installation. In the case of other projects, initiating a health service.

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

(12) "Continuing care contract" means a contract providing a person, for the duration of that person's life or for a term in excess of one year, shelter along with nursing, medical, health-related, or personal care services. The contract is conditioned on the transfer of property, the payment of an entrance fee to the provider of such services, or the payment of periodic charges for the care and services involved. A continuing care contract is not excluded from this definition because the

contract is mutually terminable or because shelter and services are not provided at the same location.

(13) "Continuing care retirement community" means an entity providing shelter and services under a continuing care contract with the entity's members and sponsoring or including a health care facility or a health service.

(14) "Days" means calendar days. Days are counted starting the day after the date of the event from which the designated period of time begins to run. If the last day of the period falls on a Saturday, Sunday, or legal holiday observed by the state of Washington, a designated period runs until the end of the first working day following the Saturday, Sunday, or legal holiday.

"Working days" exclude Saturdays, Sundays, and legal holidays observed by the state of Washington. Working days are counted in the same way as calendar days.

(15) "Department" means the Washington state department of health.

(16) "Ex parte contact" means any oral or written communication between any person in the certificate of need program or any other person involved in the decision regarding an application for, or the withdrawal of, a certificate of need and the applicant for, or holder of, a certificate of need, any person acting on behalf of the applicant or holder, or any person with an interest regarding issuance or withdrawal of a certificate of need.

(17) "Expenditure minimum" means one million dollars for the twelve-month period beginning with July 24, 1983, adjusted annually by the department according to the provisions of WAC 246-310-900.

(18) "Health care facility" means hospitals, psychiatric hospitals, nursing homes, kidney disease treatment centers including freestanding dialysis units, ambulatory surgical facilities, continuing care retirement communities, hospices and home health agencies, and includes such facilities when owned and operated by a political subdivision or instrumentality of the state and such other facilities as required by federal law and implementing regulations, but does not include Christian Science sanatoriums operated or listed and certified by the First Church of Christ Scientist, Boston, Massachusetts. In addition, the term "health care facility" does not include any nonprofit hospital:

(a) Operated exclusively to provide health care services for children;

(b) Which does not charge fees for such services; and

(c) If not contrary to federal law as necessary to the receipt of federal funds by the state.

(d) In addition, the term "health care facility" does not include a continuing care retirement community which:

(i) Offers services only to contractual members;

(ii) Provides its members a contractually guaranteed range of services from independent living through skilled nursing, including some form of assistance with activities of daily living;

(iii) Contractually assumes responsibility for costs of services exceeding the member's financial responsibility

as stated in contract, so that, with the exception of insurance purchased by the retirement community or its members, no third party, including the Medicaid program, is liable for costs of care even if the member depletes personal resources;

(iv) Offers continuing care contracts and operates a nursing home continuously since January 1, 1988, or obtained a certificate of need to establish a nursing home;

(v) Maintains a binding agreement with the department of social and health services assuring financial liability for services to members, including nursing home services, shall not fall upon the department of social and health services;

(vi) Does not operate, and has not undertaken, a project resulting in a number of nursing home beds in excess of one for every four living units operated by the continuing care retirement community, exclusive of nursing home beds; and

(vii) Has undertaken no increase in the total number of nursing home beds after January 1, 1988, unless a professional review of pricing and long-term solvency was obtained by the retirement community within the prior five years and fully disclosed to members.

(19) "Health maintenance organization" means a public or private organization, organized under the laws of the state, which:

(a) Is a qualified health maintenance organization under Title XIII, Section 1310(d) of the Public Health Service Act; or

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

(ii) Is compensated (except for copayments) for the provision of the basic health care services listed in (b)(i) of this subsection to enrolled participants by a payment made on a periodic basis without regard to the date the health care services are provided and fixed without regard to the frequency, extent, or kind of health service actually provided; and

(iii) Provides physicians' services primarily:

(A) Directly through physicians who are either employees or partners of such organization, or

(B) Through arrangements with individual physicians or one or more groups of physicians (organized on a group practice or individual practice basis).

(20) "Health service area" means a geographic region appropriate for effective health planning including a broad range of health services.

(21) "Health services" means clinically related (i.e., preventive, diagnostic, curative, rehabilitative, or palliative) services and includes alcoholism, drug abuse, and mental health services.

(22) "Home health agency" means an entity which is, or is to be, certified as a provider of home health services in the Medicaid or Medicare program. The department shall not require a home health agency previously issued a certificate of need as a new health care facility to obtain additional certificate of need approval if the



agency has not received Medicare or Medicaid certification by the effective date of these rules.

(23) "Hospice" means an entity which is, or is to be, certified as a provider of hospice services in the Medicaid or Medicare program. The department shall not require a hospice previously issued a certificate of need as a new health care facility to obtain additional certificate of need approval if the hospice has not received Medicare or Medicaid certification by the effective date of these rules.

(24) "Hospital" means any institution, place, building or agency or distinct part thereof which qualifies or is required to qualify for a license under chapter 70.41 RCW, or as a psychiatric hospital licensed under chapter 71.12 RCW.

(25) "Inpatient" means a person receiving health care services with board and room in a health care facility on a continuous twenty-four-hour-a-day basis.

(26) "Intermediate care facility" means any institution or distinct part thereof certified as an intermediate care facility for participation in the Medicaid (Title XIX of the Social Security Act) program.

(27) "Kidney disease treatment center" means any place, institution, building or agency or a distinct part thereof equipped and operated to provide services, including dialysis and/or kidney transplantation, to persons who have end-stage renal disease.

(28) "May" means an act is permitted, but not required.

(29) "Nursing home" means any home, place, institution, building or agency or distinct part thereof including a nursing unit or a long-term care area of a hospital operating or maintaining facilities providing convalescent or chronic care, or both, for a period in excess of twenty-four consecutive hours for three or more patients not related by blood or marriage to the operator, who, by reason of illness or infirmity, are unable properly to care for themselves. Convalescent and chronic care may include, but not be limited to, any or all procedures commonly employed in waiting on the sick, such as administration of medicines, preparation of special diets, giving of bedside nursing care, application of dressings and bandages, and carrying out of treatment prescribed by a duly licensed practitioner of the healing arts. Nursing home includes any such entity licensed or required to be licensed under the provisions of chapter 18.51 RCW and any other intermediate care facility or skilled nursing facility as these terms are defined in this section.

(30) "Obligation," when used in relation to a capital expenditure, means the following has been incurred by or on behalf of a health care facility:

(a) An enforceable contract has been entered into by a health care facility or by a person on behalf of the health care facility for the construction, acquisition, lease, or financing of a capital asset; or

(b) A formal internal commitment of funds by a health care facility for a force account expenditure constituting a capital expenditure; or

(c) In the case of donated property, the date on which the gift is completed in accordance with state law.

(31) "Offer," when used in connection with health services, means the health facility provides one or more specific health services.

(32) "Person" means an individual, a trust or estate, a partnership, a corporation (including associations, joint stock companies, and insurance companies), the state, or a political subdivision or instrumentality of the state, including a municipal corporation or a hospital district.

(33) "Predevelopment expenditures" means capital expenditures, the total of which exceeds the expenditure minimum, made for architectural designs, plans, drawings, or specifications in preparation for the acquisition or construction of physical plant facilities. "Predevelopment expenditures" exclude any obligation of a capital expenditure for the acquisition or construction of physical plant facilities and any activity which the department may consider the "commencement of the project" as this term is defined in this section.

(34) "Professional review of continuing care retirement community pricing and long-term solvency" means prospective financial statements, supported by professional analysis and documentation, which:

(a) Conform to Principles and Practices Board Statement Number 9 of the Healthcare Financial Management Association, "Accounting and Reporting Issues Related to Continuing Care Retirement Communities"; and

(b) Project the financial operations of the continuing care retirement community over a period of ten years or more into the future; and

(c) Are prepared and signed by a qualified actuary as defined under WAC 284-05-060 or an independent certified public accountant, or are prepared by management of the continuing care retirement community and reviewed by a qualified actuary or independent certified public accountant who issues a signed examination or compilation report on the prospective financial statements; and

(d) Include a finding by management that the intended expansion project of the continuing care retirement project is financially feasible.

(35) "Project" means all undertakings proposed in a single certificate of need application or for which a single certificate of need is issued.

(36) "Secretary" means the secretary of the Washington state department of health or the secretary's designee.

(37) "Shall" means compliance is mandatory.

(38) "Skilled nursing facility" means any institution or distinct part thereof certified as a skilled nursing facility for participation in the Medicare (Title XVIII) or Medicaid (Title XIX) program.

(39) "State health plan" means a document developed in accordance with RCW 70.38.065 and in effect until June 30, 1990, unless superseded by department-adopted rules.

(40) "State Health Planning and Resources Development Act" means chapter 70.38 RCW.

(41) "Tertiary health service" means a specialized service meeting complicated medical needs of people and requires sufficient patient volume to optimize provider

effectiveness, quality of service, and improved outcomes of care.

(42) "Undertaking" means any action subject to the provisions of chapter 246-310 WAC.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-17-086 (Order 081), § 248-19-220, filed 8/17/90, effective 9/17/90; 90-02-093 (Order 023), § 248-19-220, filed 1/3/90, effective 2/3/90. Statutory Authority: RCW 70.38.135. 88-15-021 (Order 2639), § 248-19-220, filed 7/11/88; 86-06-030 (Order 2344), § 248-19-220, filed 2/28/86; 84-07-014 (Order 2082), § 248-19-220, filed 3/14/84; 81-09-012 (Order 210), § 248-19-220, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-220, filed 11/30/79.]

**WAC 246-310-020 Applicability of chapter 246-310 WAC.** (1) The following undertakings shall be subject to the provisions of chapter 246-310 WAC, with the exceptions provided for in this section.

(a) The construction, development, or other establishment of a new health care facility:

(i) No new health care facility may be initiated as a health service of an existing health care facility without certificate of need approval as a new health care facility;

(ii) The extension, on a regular and ongoing basis, of the services of a home health agency or a hospice in a county not previously regularly included in the service area of that home health agency or hospice during the preceding twelve months shall be considered the development of a new home health agency or hospice.

(b) The sale, purchase, or lease of part or all of any existing hospital licensed under chapter 70.41 RCW or a psychiatric hospital licensed under chapter 71.12 RCW;

(c) A change in bed capacity of a health care facility increasing the total number of licensed beds or redistributing beds among acute care, skilled nursing, intermediate care, and boarding home care, as defined under RCW 18.20.020, if the bed redistribution is effective for a period in excess of six months;

(d) Any new tertiary health services offered in or through a health care facility, and not offered on a regular basis by, in, or through such health care facility within the twelve-month period prior to the time the facility will offer such services:

(i) Tertiary services include the following:

(A) Specialty burn services. This is a service designed, staffed, and equipped to care for any burn patient regardless of the severity or extent of the burn. All staff and equipment necessary for any level of burn care are available;

(B) Intermediate care nursery and/or obstetric services level II. Intermediate care nursery is defined in chapter 246-318 WAC. A level II obstetric service is in an area designed, organized, equipped, and staffed to provide a full range of maternal and neonatal services for uncomplicated patients and for the majority of complicated obstetrical problems;

(C) Neonatal intensive care nursery and/or obstetric services level III. Neonatal intensive care nursery is defined in chapter 246-318 WAC. A level III obstetric

service is in an area designed, organized, equipped, and staffed to provide services to the few women and infants requiring full intensive care services for the most serious type of maternal-fetal and neonatal illnesses and abnormalities. Such a service provides the coordination of care, communications, transfer, and transportation for a given region. Level III services provide leadership in preparatory and continuing education in prenatal and perinatal care and may be involved in clinical and basic research;

(D) Transplantation of specific solid organs, including, but not limited to, heart, liver, pancreas, lung, and kidney and including bone marrow. A transplantation service for each solid organ is considered a separate tertiary service;

(E) Open heart surgery and/or elective therapeutic cardiac catheterization including elective percutaneous transluminal coronary angioplasty (PTCA). Open heart surgery includes the care of patients who have surgery requiring the use of a heart lung bypass machine. Therapeutic cardiac catheterization means passage of a tube or other device into the coronary arteries or the heart chambers to improve blood flow. PTCA means the treatment of a narrowing of a coronary artery by means of inflating a balloon catheter at the site of the narrowing to dilate the artery;

(F) Inpatient physical rehabilitation services level III. Level III rehabilitation services are services for persons with usually nonreversible, multiple function impairments of a moderate-to-severe complexity resulting in major changes in the patient's lifestyle and requiring intervention by several rehabilitation disciplines. Services are multidisciplinary, including such specialists as a rehabilitation nurse; and physical, occupational, and speech therapists; and vocational counseling; and a physiatrist. The service is provided in a dedicated unit with a separate nurses station staffed by nurses with specialized training and/or experience in rehabilitation nursing. While the service may specialize (i.e., spinal cord injury, severe head trauma, etc.), the service is able to treat all persons within the designated diagnostic specialization regardless of the level of severity or complexity of the impairments;

(G) Specialized inpatient pediatric services. The service is designed, staffed, and equipped to treat complex pediatric cases for more than twenty-four hours. The service has a staff of pediatric specialists and subspecialists.

(ii) The department shall review, periodically revise, and update the list of tertiary services. The department shall change the tertiary services list following the procedures identified in WAC 246-310-035;

(iii) The offering of an inpatient tertiary health service by a health maintenance organization or combination of health maintenance organizations is subject to the provisions under chapter 246-310 WAC unless the offering is exempt under the provisions of RCW 70.38.111.

(e) Any increase in the number of dialysis stations in a kidney disease center;

(f) Any capital expenditure in excess of the expenditure minimum for the construction, renovation, or alteration of a nursing home. However, a capital expenditure, solely for any one or more of the following, which does not substantially affect patient charges, is not subject to certificate of need review:

- (i) Communications and parking facilities;
- (ii) Mechanical, electrical, ventilation, heating, and air conditioning systems;
- (iii) Energy conservation systems;
- (iv) Repairs to, or the correction of, deficiencies in existing physical plant facilities necessary to maintain state licensure;
- (v) Acquisition of equipment, including data processing equipment, not for use in the direct provision of health services;
- (vi) Construction, involving physical plant facilities, including administrative and support facilities, not for use in the provision of health services;
- (vii) Acquisition of land; and
- (viii) Refinancing of existing debt.

(g) Any expenditure for the construction, renovation, or alteration of a nursing home or change in nursing home services in excess of the expenditure minimum made in preparation for any undertaking subject to the provisions under chapter 246-310 WAC and any arrangement or commitment made for financing such undertaking;

(h) No person may divide a project in order to avoid review requirements under any of the thresholds specified under this section; and

(i) The department may issue certificates of need authorizing only predevelopment expenditures, without authorizing any subsequent undertaking for which the predevelopment expenditures are made.

(2) No person shall engage in any undertaking subject to certificate of need review unless:

(a) A certificate of need authorizing such undertaking is issued and remains valid; or

(b) An exemption is granted in accordance with the provisions of this chapter.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-21-028 (Order 082), § 248-19-231, filed 10/9/90, effective 10/9/90; 89-23-098 (Order 019), § 248-19-231, filed 11/21/89, effective 12/22/89.]

**WAC 246-310-030 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-310-030A Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-310-035 Tertiary services identification.** (1) The criteria in this section shall be used as guidelines when examining services to determine whether the service is considered a tertiary service.

(2) In determining whether a service is a tertiary service the department shall consider the degree to which the service meets the following criteria:

(a) Whether the service is dependent on the skills and coordination of specialties and subspecialties. Including, but not limited to, physicians, nurses, therapists, social workers;

(b) Whether the service requires immediate access to an acute care hospital;

(c) Whether the service is characterized by relatively few providers;

(d) Whether the service is broader than a procedure;

(e) Whether the service has a low use rate;

(f) Whether consensus supports or published research shows that sufficient volume is required to impact structure, process, and outcomes of care; and

(g) Whether the service carries a significant risk or consequence.

(3) Annually the department shall request review of proposed changes to the list of tertiary services identified in WAC 246-310-020. The annual review shall be conducted as follows:

(a) The department shall send notice to all persons who have sent the certificate of need program a written request to be notified of the annual review of tertiary services.

(b) The notice shall contain the following:

(i) Identification of the thirty-day period during which written comments may be received. This thirty-day period shall be called the comment period;

(ii) The criteria listed in this section; and

(iii) The name and address of the person in the department to whom written comments are to be addressed.

(c) The written comments must address whether a service meets or partially meets the criteria in this section.

(d) Within sixty days after the close of the comment period the department shall determine whether to propose any changes to the list of tertiary services in chapter 246-310 WAC. This sixty-day period shall be called the consideration period.

(e) During the consideration period information may be exchanged between the department and persons proposing changes to the list of tertiary services in chapter 246-310 WAC.

(4) The department shall convene a technical work group at least every three years to do the following:

(a) Review the criteria listed in this section to determine whether the criteria appropriately define a tertiary service; and

(b) Propose any necessary changes to the list of tertiary services in WAC 246-310-020.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-035, filed 12/23/91, effective 1/23/92.]

**WAC 246-310-050 Applicability determination.** (1) Any person wanting to know whether an action the person is considering is subject to certificate of need requirements (chapter 246-310 WAC) should submit a written request to the certificate of need unit requesting a formal determination of applicability of the certificate of need requirements to the action.

(a) A copy of a written request for determination of applicability shall be sent simultaneously to the appropriate advisory review agencies.

(b) The written request shall be in a form prescribed by the department and contain an explicit description of the action. The description shall include the nature and extent of any construction, changes in services, and the estimated total costs of the action.

(2) The department may request such additional written information as is reasonably necessary to make an applicability determination on the action.

(3) The department shall respond in writing to a request for an applicability determination within thirty days of receipt of all the information needed for such determination. In the written response, the department shall state the reasons for its determination that the action is or is not subject to certificate of need requirements.

(4) Information or advice given by the department as to whether an action is subject to certificate of need requirements shall not be considered an applicability determination unless it is in written form in response to a written request submitted in accordance with provisions of this section.

(5) A written applicability determination on an action in response to a written request and based on written information shall be binding upon the department: *Provided*, The nature, extent, or cost of the action does not significantly change.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-240, filed 2/28/86; 81-09-012 (Order 210), § 248-19-240, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-240, filed 11/30/79.]

**WAC 246-310-080 Letter of intent.** Any person planning to propose an undertaking subject to certificate of need review shall submit a letter of as follows:

(1) A copy of the letter of intent shall include the following information:

(a) A description of the extent of the services proposed;

(b) The estimated cost of the proposed project;

(c) A description of the service area.

(d) Any person proposing an undertaking subject to certificate of need review shall send simultaneously a copy of the letter of intent to the regional health council or councils, if any, for the health service area or areas in which the project is to be located and, in the case of a hospital project, to the hospital commission.

(e) The letter of intent shall not constitute "notice of intent" with respect to the acquisition of major medical equipment.

(2) Expedited or regular review. Any person proposing an undertaking subject to an expedited or regular review shall submit a letter of intent at least thirty days prior to the submission of the application.

(3) Concurrent review.

(a) Any person proposing undertakings subject to concurrent review shall submit a letter of intent according to the applicable schedule.

(b) Within thirty days following the last day of the letter of intent submittal period, the department, after consultation with the advisory review agencies, shall determine which of the proposed undertakings compete with other proposed undertakings. Two or more undertakings within the same concurrent review cycle may be competing when the proposed nursing home beds would be located in the same county or nursing home planning area and/or the undertakings propose nursing home beds to be allocated from the same statewide continuing care retirement community (CCRC) bed pool as defined in WAC 246-310-380.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-270, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-270, filed 2/28/86; 81-09-012 (Order 210), § 248-19-270, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-270, filed 11/30/79.]

**WAC 246-310-090 Submission and withdrawal of applications.** (1) General.

(a) A person proposing an undertaking subject to review shall submit a certificate of need application in such form and manner and containing such information as the department, after consultation with the advisory review agencies, has prescribed and published as necessary to such a certificate of need application.

(i) The information, which the department prescribes and publishes as required for a certificate of need application, shall be limited to the information necessary for the department to perform a certificate of need review and shall vary in accordance with and be appropriate to the category of review or the type of proposed project: *Provided however*, That the required information shall include that which is necessary to determine whether the proposed project meets applicable criteria and plan standards.

(ii) Information regarding a certificate of need application submitted by an applicant after the department has given "notification of the beginning of review" in the manner prescribed by WAC 246-310-170 shall be submitted in writing to the department, the regional health council, and for hospital projects, to the hospital commission.

(iii) Except as provided in WAC 246-310-326, no information regarding a certificate of need application submitted by an applicant after the conclusion of a public hearing conducted under the provisions of WAC 246-310-180 or the date of the final action of the appropriate regional health council or the date of the final action of the hospital commission on the application, whichever occurs last, shall be considered by the department in reviewing and taking action on a certificate of need application. An exception to this rule shall be made when, during its final review period, the department finds an unresolved pivotal issue requires submission of

further information by an applicant and the applicant agrees to an extension of the review period in order to resolve this issue as provided for in WAC 246-310-160 (2)(b), 246-310-150 (2)(c), and 246-310-140(4). The department shall furnish copies of its request to the applicant for such additional information to the appropriate advisory review agencies. The department shall give public notice of such request for additional information through the same newspaper in which the "notification of beginning of review" for the project was published. The notice shall identify the project, the nature of the unresolved issue and the information requested of the applicant, and shall state the period of time allowed for receipt of written comments from interested persons.

(b) A person submitting a certificate of need application shall simultaneously submit copies of such application to the certificate of need unit of the department and the appropriate advisory review agencies.

(i) The original and two copies of the application shall be submitted to the certificate of need unit of the department.

(ii) At least three and such additional copies of the application as may be required by the regional health council shall be submitted to the appropriate regional health council.

(iii) For a hospital project, one copy shall be submitted to the hospital commission.

(c) On or before the last day of the applicable screening period for a certificate of need application, as prescribed in subsections (2) and (3) of this section, the department shall send a written notice to the person submitting the application stating whether or not the application has been declared complete. If an application has been found to be incomplete, the notice from the department shall specifically identify the portions of the application in which the information provided has been found to be insufficient or indefinite and request the supplemental information needed to complete the application. The notice from the department shall incorporate the findings as to insufficient or indefinite application information transmitted to the department by the regional health council and the hospital commission.

(d) The department shall not request any supplemental information of a type not prescribed and published as being necessary to a certificate of need application for the type of project being proposed. The department may request clarification of information provided in the application.

(e) A response to the department's request for information to supplement an incomplete application shall be written and submitted to the same agencies and in the same numbers as required for an application under the provisions of subsection (1)(b) of this section.

(2) Screening and prereview activities.

(a) The department and the appropriate advisory review agencies shall, within a fifteen-day period for emergency, expedited, and regular reviews, screen the application to determine whether the information provided in the application is complete and as explicit as is necessary for a certificate of need review. This screening

period shall begin on the first day after which the department and the advisory review agencies have each received copies of the application.

(b) The department shall return an incomplete certificate of need application to the person submitting the application if the department has not received a response to a request for the supplemental information sent in accordance with subsection (1)(c) of this section within forty-five days for emergency, expedited, and regular reviews and within one month for concurrent review after such request was sent.

(c) For emergency, expedited, and regular reviews, a person submitting a response to the department's request for supplemental information to complete a certificate of need application within forty-five days after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall have the right to exercise one of the following options:

(i) Submission of written supplemental information and a written request that such information be screened and the applicant be given opportunity to submit further supplemental information if the application is still incomplete;

(ii) Submission of written supplemental information with a written request that review of the certificate of need application begin without the department notifying the applicant as to whether the supplemental information is adequate to complete the application; or

(iii) Submission of a written request that the incomplete application be reviewed without supplemental information.

(d) For concurrent review a person submitting a response to the department's request for supplemental information to complete a certificate of need application within one month after the request was sent by the department, in accordance with subsection (1)(c) of this section, shall submit written supplemental information or a written request that the incomplete application be reviewed. The review shall begin in accordance with the published schedule.

(e) After receipt of a request for review of a certificate of need application, submitted in accordance with subsection (2)(c)(ii) or (iii) of this section, the department shall give notification of the beginning of review in the manner prescribed for a complete application in WAC 246-310-170.

(f) If a person requests the screening of supplemental information in accordance with subsection (2)(c)(i) of this section, such screening shall be carried out in the same number of days and in the same manner as required for an application in accordance with the provisions of subsection (1)(c) and (2)(a) of this section. The process of submitting and screening supplemental information may be repeated until the department declares the certificate of need application complete, the applicant requests that review of the incomplete application begin, or the one hundred twentieth day after the beginning of the first screening period for the application, whichever occurs first. The department shall return an application to the applicant if it is still incomplete on the one hundred twentieth day after the beginning of the

first screening period and the applicant has not requested review of such incomplete application.

(3) **Withdrawal of applications.**

A certificate of need application shall be withdrawn from the certificate of need process if the department receives a written request for withdrawal of the application from the person submitting the application at any time before final action on such application has been taken by the secretary's designee.

(4) **Resubmission of applications withdrawn or returned as incomplete.**

A submission of a new certificate of need application shall be required for a certificate of need review of any undertaking for which the department has returned an incomplete application in accordance with subsection (2)(b) of this section, or for which a certificate of need application has been withdrawn in accordance with subsection (3) of this section. The content of the application should be updated as necessary before resubmission.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-280, filed 2/28/86; 81-09-012 (Order 210), § 248-19-280, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-280, filed 11/30/79.]

**WAC 246-310-100 Amendment of certificate of need applications.** (1) The following changes to an application may be considered an amendment of an application:

(a) The addition of a new service or elimination of a service included in the original application.

(b) The expansion or reduction of a service included in the original application.

(c) An increase in the bed capacity.

(d) A change in the capital cost of the project or the method of financing the project.

(e) A substantial change in the rationale used to justify the project.

(2) Direct responses to screening questions will not be considered amendments.

(3) Amendments to certificate of need applications shall include information and documentation consistent with the requirements of WAC 246-310-090 (1)(a)(i) and (b).

(4) **Application for emergency review.** If an applicant amends an application during the screening period, the department, after consultation with the advisory review agencies, shall determine whether the amended application constitutes a new application. An application amended during the review period shall be considered a new application.

(5) An application for expedited or regular review may be amended during the screening period or the advisory review period.

(a) The advisory review agency recommends to the department that a change to an application constitutes an amendment. When the advisory agency recommends an application has been amended, a written justification

shall be submitted to the applicant and the department within five working days after the recommendation is made. The applicant may submit written information to the department within five working days indicating why the change should not be considered an amendment. The applicant shall also submit the written information to the advisory agency.

(b) The department shall determine within five working days of receipt of the advisory agency recommendation concerning an amendment whether the change constitutes an amendment to an application.

(c) When an application has been amended, the review period may be extended at the written request of the advisory review agency for a period not to exceed forty-five days.

(6) An application for concurrent review may be amended according to the following provisions:

(a) The department, in consultation with the advisory review agency, shall determine when an application has been amended.

(b) An amendment may be made through the first forty-five days of the concurrent review process. When an applicant amends an application, the review period for all applications reviewed concurrently shall be extended by a single thirty-day period. The forty-five days for amendments shall be divided as follows:

(i) During the first thirty days an applicant or applicants may amend an application one or more times.

(ii) When an amendment has been made to an application in the first thirty days, all applicants may make one final amendment during the remaining fifteen days of the forty-five day period.

(iii) The department shall send written notice to all applicants when an amendment to an application is submitted.

(iv) If no amendment has been made to any application through the thirty-day period, no amendments may be made during the subsequent fifteen-day period.

(c) Any information submitted after the amendment period which has not been requested in writing by the department shall be returned to the person submitting the information and shall not be considered in the review of the application.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-295, filed 2/28/86.]

**WAC 246-310-110 Categories of review.** (1) In the review of any certificate of need application, one of the following review processes shall be used: Regular review, concurrent review, emergency review, expedited review, or administrative review.

(2) **Determination of review process.**

The department, after any necessary consultation with the appropriate advisory review agencies, shall determine which review process will be used in the review of a given certificate of need application.

(a) **Administrative review.**

(i) The secretary's designee shall have the authority to review an abbreviated application proposing the obligation of any capital expenditure by or on behalf of a health care facility decreasing the total number of licensed beds or relocating licensed beds from one facility to another, by ten beds or ten percent, whichever is less, in any two-year period. Prior to making a determination of administrative review, the secretary's designee shall consult with the advisory review agencies.

(ii) An abbreviated application shall be submitted in a form acceptable to the secretary's designee in accordance with the provisions of WAC 246-310-090 (1)(b).

(iii) Such review shall be completed within ten working days after receipt of an application.

(b) Emergency review.

(i) Beginning January 1, 1981, an emergency review may, with the written consent of the appropriate advisory review agencies, be conducted when an immediate capital expenditure is required in order for a health care facility to maintain or restore basic and essential patient services.

(ii) The department may, after consulting with the appropriate advisory review agencies, determine an application submitted for emergency review does not qualify for such review. Such a determination and notification to the applicant shall be made within five days after receipt of the application. When the department makes a determination an application is not subject to emergency review procedures, the application will be reviewed under another review process appropriate for the type of undertaking proposed. The department will notify the applicant of the other process under which the application will be reviewed.

(c) Expedited review.

Beginning July 24, 1983, an expedited review shall be conducted on a certificate of need application for the following:

(i) Projects proposed for the correction of deficiencies as described in WAC 246-310-480, except projects for the repair to or correction of deficiencies in the physical plant necessary to maintain state licensure, which are exempt from review by the provisions of WAC 246-310-020, if they do not substantially affect patient charges.

(ii) The replacement of equipment having similar functional capability and not resulting in the offering or development of any new health services.

(iii) Demonstration or research projects: *Provided*, That such projects do not involve a change in bed capacity or the provision of a new institutional health service.

(iv) Acquisition of an existing health care facility.

(v) Projects limited to predevelopment expenditures.

(d) Regular review process.

The regular review process shall be used for any application unless the department has determined the emergency, expedited, or concurrent review process will be used in the review of such application. The regular review process will also be used to review applications for projects solely for the purposes listed in WAC 246-310-020 determined by the department to substantially

affect patient charges, unless the project qualifies for an expedited review under subsection (2)(b)(i) of this section.

(e) Concurrent review process.

The concurrent review process shall be used for all applications determined to be competing in accordance with WAC 246-310-120.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-110, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-300, filed 2/28/86; 81-09-012 (Order 210), § 248-19-300, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-300, filed 11/30/79.]

**WAC 246-310-120 Concurrent review process. (1)**

Projects for which the department may establish concurrent review schedules are identified in RCW 70.38.115(7). An annual concurrent review has been scheduled for competing projects proposing:

(a) New nursing homes,

(b) Nursing home bed additions,

(c) The redistribution of beds from the following facility and service categories to skilled nursing facility beds:

(i) Acute care,

(ii) Boarding home, or

(iii) Intermediate care for the mentally retarded, or

(d) The redistribution of beds from the following facility and service categories to intermediate care facility beds:

(i) Acute care, or

(ii) Boarding home, and

(e) The relocation of nursing home beds from one county or nursing home planning area to another county or nursing home planning area.

(2) Procedures for the concurrent review process shall be as follows:

(a) Submittal of initial applications.

(i) Each applicant shall submit simultaneously copies of the application to each reviewing agency.

(ii) Each applicant if requested in writing shall provide a copy of his or her application to the applicant of each other competing application.

(b) Screening of the initial applications.

(i) The department and the appropriate advisory agencies shall screen each initial application during the screening period of the applicable concurrent review cycle schedule.

(ii) The screening period shall begin on the first work day following the last day of the initial application submittal period for the applicable concurrent review cycle schedule.

(iii) The department by the end of the screening period of the applicable concurrent review cycle schedule shall send a written request for supplemental information to each applicant.

(iv) Each applicant by the end of the final application submittal period shall respond to the department's written request for supplemental information in one of the following ways:

(A) Submitting the requested written supplemental information, or

(B) Submitting a written request that the incomplete application be reviewed without supplemental information.

(c) Reviewing of final applications.

(i) The department shall commence the review of competing applications on the date prescribed for the applicable concurrent review cycle schedule.

(ii) The total number of days in the advisory and final review periods shall not exceed one hundred and thirty-five, unless extended in accordance with subsection (2)(d) of this section.

(iii) The appropriate advisory review agencies shall submit written findings and recommendations on each competing application to the department within ninety days from the beginning of the advisory review period, unless the advisory review period is extended in accordance with subsection (2)(d) of this section.

(iv) The department shall conclude its final review and the secretary's designee shall take action on a certificate of need application within forty-five days after the end of the advisory review agencies' review period, unless extended in accordance with subsection (2)(d) of this section.

(d) Extending review of final applications.

(i) The advisory review period shall be extended in accordance with the provisions of WAC 246-310-100(6).

(ii) The final review period may be extended by the department under the following provisions:

(A) The department informs each applicant of the competing applications of the existence of an unresolved pivotal issue.

(B) The department may make a written request for additional information from one or more of the applicants of the competing applications.

(C) The department shall specify in the written request a deadline for receipt of written responses.

(D) Each applicant receiving such written request may provide a written response within the specified deadline.

(E) The department may extend the final review period for all competing applications up to thirty days after the receipt of the last response to the department's request for additional information or after the specified deadline, whichever occurs first.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-120, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-327, filed 5/1/87. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-327, filed 2/28/86.]

**WAC 246-310-130 Nursing home concurrent review cycles.** (1) The department shall review concurrently during review cycles established under subsection (6) of this section the following:

(a) New nursing homes,

(b) Nursing home bed additions, or

(c) Redistribution of beds from the following facility or service categories to skilled nursing care beds:

(i) Acute care,

(ii) Boarding home care, or

(iii) Intermediate care for the mentally retarded; or

(d) Redistribution of beds from the following facility or service categories to intermediate care facility beds:

(i) Acute care, or

(ii) Boarding home care.

(2) Undertakings of type A continuing care retirement communities (CCRCs), as defined in subsection (3)(b)(i) of this section which do not propose or are not operating within a transition period as defined in subsection (3)(d) of this section during development, and which meet the following conditions, shall be reviewed under the regular review process per WAC 246-310-160:

(a) The number of nursing home beds requested in a single undertaking shall not exceed sixty; and

(b) After project completion, the number of nursing home beds, including those with which the CCRC contracts, shall not exceed one bed for each four independent living units within the CCRC. In computing this ratio, only independent living units of the CCRC already existing, and/or scheduled for completion at the same time as the proposed nursing home beds under the same financial feasibility plan, shall be counted.

(3) For purposes of this section, the following definitions shall be used:

(a) "Continuing care contract" means a contract to provide a person, for the duration of the person's life or for a term in excess of one year, shelter along with nursing, medical, health-related, or personal care services, in exchange for payment of an entrance fee, periodic charges, or both. Continuing care contracts include, but are not limited to, life care agreements and mutually terminable contracts. The living space and services under a continuing care contract may or may not be provided at the same location.

(b) "Continuing care retirement community (CCRC)" means any of a variety of entities providing shelter and services based on continuing care contracts with its enrollees. CCRCs are categorized as follows:

(i) "Type A CCRC" means a CCRC meeting the following requirements:

(A) Maintains for a period in excess of one year a CCRC contract with its enrollees or residents for a contractually guaranteed range of services from independent living through nursing home care, including some form of assistance with activities of daily living;

(B) Continues a contract if an enrollee or resident is no longer able to pay for services;

(C) Offers services only to contractual enrollees with limited exception related to use of transition periods; and

(D) Prohibits Medicaid program liability for costs of care even if the member depletes his or her personal resources.

(ii) "Type B CCRC" means a CCRC meeting the following requirements:

(A) Maintains for a period in excess of one year a CCRC contract with its enrollees or residents,



(B) May provide a range of services beyond nursing home care,

(C) May terminate a contract if an enrollee or resident is unable to pay for services,

(D) May admit patients to the nursing home who are not CCRC enrollees or residents, and

(E) May maintain Medicaid contracts and/or other requirements for third-party payment.

(c) "Enrollee" of a CCRC means an individual who has signed a continuing care contract with a CCRC.

(d) "Transition period" means a period of time, not exceeding five years, between the date an enrollee becomes the first resident of a type A CCRC and the date it fully meets the requirements of a type A CCRC as contained in the current state health plan.

(4) The annual nursing home concurrent review consists of the following cycles:

(a) One of the annual cycles is reserved for the review of competing applications submitted by or on behalf of:

(i) Type A CCRCs applying for nursing home beds available from the statewide CCRC allotment as described in WAC 246-310-380(5);

(ii) Type A CCRCs which propose or are operating within a transition period during development and are not applying for nursing home beds available from any nursing home planning area; and

(iii) Type B CCRCs applying for nursing home beds available from the statewide CCRC allotment.

(b) Two other cycles are for review of competing applications for nursing home beds needed in half of the nursing home planning areas; and

(c) Until whichever occurs first, December 31, 1990, or issuance of a certificate of need for all or part of those available beds, one cycle is reserved for the review of competing applications submitted for nursing home beds available from the King County AIDS nursing home bed allotment established under WAC 246-310-400.

(5) The department shall use the following nursing home concurrent review application filing procedures:

(a) Each applicant shall:

(i) File the required number of copies of each application as specified in the application information requirements, and

(ii) Mail or deliver the application so that the department receives it no later than the last day for initial application receipt as prescribed in the schedule for that concurrent review cycle.

(b) The department shall:

(i) Only review applications for which a letter of intent, as described in WAC 246-310-080, was mailed or delivered to the department before the last day for receipt of letters of intent as indicated below;

(ii) Begin screening all applications received during the initial application period on the first working day following the close of that period; and

(iii) Return to the applicant any application received after the last day of the initial application receipt period.

(6) The schedules for the annual nursing home bed concurrent review cycles shall be as follows:

(a) For those applications described in subsection (4)(a) of this section, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of June and end on the first working day of July,

(ii) Period for receipt of initial applications shall begin on the first working day of July and end on the first working day of August,

(iii) End of initial application completeness screening period is the first working day of September,

(iv) End of final application receipt period is the first working day of October, and

(v) Beginning of concurrent review period is October 16 or first working day after that date.

(b) For competing applications submitted for nursing home beds available for the Chelan/Douglas, Clallam, Clark/Skamania, Cowlitz, Grant, Grays Harbor, Island excluding Camano, Jefferson, King, Kittitas, Klickitat, Okanogan, Pacific, San Juan, Skagit, Spokane, and Yakima nursing home planning areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of July and end on the first working day of August,

(ii) Period for receipt of initial applications shall begin on the first working day of August and end on the first working day of September,

(iii) End of initial application completeness screening period is the first working day of October,

(iv) End of final application receipt period is the first working day of November, and

(v) Beginning of concurrent review period is November 16 or first working day after that date.

(c) For competing applications submitted for nursing home beds available for the Adams, Asotin, Benton, Columbia, Ferry, Franklin, Garfield, Kitsap, Lewis, Lincoln, Mason, Pend Oreille, Pierce, Snohomish including Camano, Stevens, Thurston, Wahkiakum, Walla Walla, Whatcom, and Whitman nursing home planning areas, the concurrent review cycle schedule shall be as follows:

(i) Period for receipt of letters of intent shall begin on the first working day of August and end on the first working day of September,

(ii) Period for receipt of initial applications shall begin on the first working day of September and end on the first working day of October,

(iii) End of initial application completeness screening period is the first working day of November,

(iv) End of final application receipt period is the first working day of December, and

(v) Beginning of concurrent review period is December 16 or first working day after that date.

(d) For those applications described in subsection (4)(c) of this section, the concurrent review cycle shall be as follows:

(i) Period for receipt of letters of intent shall begin on February 17, 1989, and end on March 3, 1989;

(ii) Period of receipt of initial applications shall begin on March 6, 1989, and end on March 20, 1989;

(iii) End of initial application completeness screening period is April 3, 1989;

(iv) End of final application receipt period is April 17, 1989;

(v) Beginning of concurrent review period is April 17, 1989;

(vi) End of the advisory review period is June 16, 1989; and

(vii) End of the final review period is July 14, 1989.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 88-24-026 (Order 2736), § 248-19-328, filed 12/2/88. Statutory Authority: RCW 70.38.115 and 70.38.135. 88-04-047 (Order 2591), § 248-19-328, filed 1/29/88. Statutory Authority: RCW 70.38.115. 87-10-023 (Order 2487), § 248-19-328, filed 5/1/87.]

**WAC 246-310-132 Open heart surgery concurrent review cycle.** (1) The department shall review new open heart surgery services using the concurrent review cycle in this section.

(2) Certificate of need applications shall be submitted and reviewed according to the following schedule and procedures.

(a) Letters of intent shall be submitted between the first working day and last working day of April 1992 and each year thereafter.

(b) Initial applications shall be submitted between the first working day and last working day of May 1992 and each year thereafter.

(c) The department shall screen initial applications for completeness by the last working day of June 1992 and each year thereafter.

(d) Responses to screening questions shall be submitted by the last working day of July 1992.

(e) The public review and comment period for applications shall begin on August 14, 1992, or the first working day thereafter each year thereafter.

(f) The public review and comment period shall be limited to ninety days, unless extended according to the provisions of WAC 246-310-120 (2)(d).

(g) The final review period shall be limited to forty-five days, unless extended according to the provisions of WAC 246-310-120 (2)(d).

(3) Any letter of intent or certificate of need application submitted for review in advance of this schedule, or certificate of need application under review as of the effective date of this section, shall be held by the department for review according to the schedule in this section.

[Statutory Authority: RCW 70.38.135. 91-17-011 (Order 188), § 246-310-132, filed 8/12/91, effective 8/28/91.]

**WAC 246-310-150 Expedited review process.** (1) The expedited review process shall not exceed fifty days from the beginning of the review period unless extended in accordance with the provisions of subsection (2) of this section: *Provided however*, That the appropriate regional health council consents in writing to a thirty-day review period. If the regional health council does not

consent to a thirty-day review period, the expedited review process shall not exceed eighty days from the beginning of the review period.

(a) If the advisory agencies' review period is thirty days, advisory review agencies shall submit written findings and recommendations to the department within thirty days of the beginning of the review period. If the advisory agencies' review period is sixty days, the advisory review agencies shall submit written findings and recommendations to the department within sixty days of the beginning of the review period.

(b) The department shall complete its final review and the secretary's designee shall make his or her decision on a certificate of need application under an expedited review within twenty days of the end of the review period or extended review period of the advisory review agencies.

(2) The review period for an expedited review may be extended according to the following provisions:

(a) If the regional health council has consented to a thirty-day review period, the review period may be extended for up to an additional thirty days upon the written request of the advisory review agency when additional time is needed by the advisory review agency, to complete the review and submit written findings and recommendations to the department and/or up to an additional forty-five days in accordance with WAC 246-310-100. The department may grant further extensions to this review period: *Provided*, The person submitting the certificate of need application gives written consent to further extension.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final expedited review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend either the expedited review period for the advisory review agencies or the department's final review period upon receipt of a written request of the person submitting the application: *Provided however*, That such an extension shall not exceed sixty days.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-340, filed 2/28/86; 82-19-055 (Order 244), § 248-19-340, filed 9/15/82; 81-09-012 (Order 210), § 248-19-340, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-340, filed 11/30/79.]

**WAC 246-310-160 Regular review process.** (1) The regular review process shall not exceed ninety days from the beginning of the review period and shall be conducted in accordance with this section unless the review period is extended in accordance with the provisions of subsection (2) of this section.

(a) Within sixty days from the first day of the review period, the advisory review agencies shall submit written findings and recommendations on a certificate of need application to the department unless either of the advisory review agencies has requested and received an extension of this review period from the department.

(b) The department shall complete its final review and the secretary's designee shall make a decision on a certificate of need application within thirty days of the end of the review period or extended review period of the advisory review agencies.

(2) The review period for a regular review may be extended according to the following provisions:

(a) The advisory agencies' review period may be extended for up to an additional thirty days upon the written request of either of the advisory review agencies when such additional time is needed to complete the review and submit written findings and recommendations to the department and/or up to an additional forty-five days in accordance with WAC 246-310-100. The department may grant further extensions to this review period: *Provided*, The person submitting the certificate of need application gives written consent to such further extensions.

(b) If an issue, which is pivotal to the decision of the secretary's designee remains unresolved, the department may make one request for additional information from the person submitting the application. The department may extend its final review period up to but not exceeding thirty days after receipt of the applicant's written response to the department's request for information.

(c) The department may extend either the review period for the advisory review agencies or the department's final review period upon receipt of a written request of the person submitting the application: *Provided however*, That such an extension shall not exceed ninety days.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-160, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-330, filed 2/28/86; 82-19-055 (Order 244), § 248-19-330, filed 9/15/82; 81-09-012 (Order 210), § 248-19-330, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-330, filed 11/30/79.]

**WAC 246-310-170 Notification of beginning of review. (1) Notice required.**

The department shall provide written notification of the beginning of the review of a certificate of need application and notification of the beginning of the review of a proposed withdrawal of a certificate of need to affected persons (other than persons residing within the geographic area served or to be served by the applicant, any persons regularly using health care facilities within that geographic area, and third-party payers reimbursing health care facilities for services in the health service area in which the project is proposed to be located), and any other person submitting a written request that the person's name be on the mailing list for such notice.

Notification of the beginning of the review of a certificate of need application shall be provided to persons residing within the geographic area served or to be served by the applicant, to any person regularly using health care facilities within that geographic area, and third-party payers reimbursing health care facilities for services in the health service area in which the project is proposed to be located, through a newspaper of general circulation in the health service area of the project.

(2) Specific notice requirements.

(a) The department shall give "notification of the beginning of review" of an application after the department and the appropriate advisory review agencies have each received a complete application or the applicant's request, submitted in accordance with WAC 246-310-090 (2)(c), that review of the application begin. Such notice shall be given according to the following requirements:

(i) Emergency review.

When an application is being reviewed under the emergency review process, required notices shall be given within five working days following the receipt of a complete application or the applicant's written request that review of the application begin.

(ii) Expedited and regular review.

When an application is being reviewed under the expedited or regular review process, required notices shall be given within five working days of a declaration that the application is complete or the applicant's request that review of the application begin.

(b) The department shall give notification of the beginning of the review of a proposed withdrawal of a certificate of need when the department determines there may be good cause to withdraw a certificate of need.

(c) The notices shall include:

(i) A general description of the project;

(ii) In the case of a proposed withdrawal of a certificate of need, the reasons for the proposed withdrawal;

(iii) The proposed review schedule;

(iv) The period within which one or more affected persons may request the conduct of a public hearing during the review;

(v) The name and address of the agency to which a request for a public hearing should be sent;

(vi) The manner in which notification will be provided of the time and place of any hearing so requested;

(vii) Notice that any affected person wishing to receive notification of a meeting on the application called by the department after the end of the advisory agencies review period shall submit a written request to the department to receive notification of such meetings; and

(viii) The period within which any affected person may request notification of the meetings referenced in subsection (2)(c)(vii) of this section.

(d) The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(3) Beginning of review.

(a) Review of a certificate of need application under the expedited or regular review process shall begin on

the day the department sends notification of the beginning of review to the general public and other affected persons unless the department has received a written request from the applicant pursuant to WAC 246-310-090 (2)(c)(iii), in which case review shall begin upon receipt of such request.

(b) Review of certificate of need applications under the concurrent review process shall begin fifteen days after the conclusion of the published time period for the submission of final applications subject to concurrent review.

(c) Review of a certificate of need application under emergency review shall begin on the first day after the date on which the department and the appropriate advisory review agencies have determined the application is complete, or have each received a written request to begin review submitted by the applicant in accordance with WAC 246-310-090 (2)(c).

(d) Review of a proposed withdrawal of a certificate of need shall begin on the day the department sends notification of the beginning of review to the general public and to other affected persons.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-310, filed 2/28/86; 81-09-012 (Order 210), § 248-19-310, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-310, filed 11/30/79.]

**WAC 246-310-180 Public hearings.** (1) "Opportunity for a public hearing," as used in this section, shall mean a public hearing will be conducted if a valid request for such a hearing has been submitted by one or more affected persons.

(2) The department shall provide opportunity to affected persons for a public hearing on:

(a) A certificate of need application which is under review, unless the application is being reviewed according to the emergency or expedited review processes; and

(b) The proposed withdrawal of a certificate of need.

This requirement for a public hearing shall be satisfied if the appropriate regional health council has provided opportunity for such a public hearing to "affected persons" as this term is defined in WAC 246-310-010: *Provided however*, That the department has delegated the responsibility for such hearing to the appropriate regional health council, and such regional health council has followed public hearing procedures required under the provisions of this section.

(3) To be valid, a request for a public hearing on a certificate of need application or on the proposed withdrawal of a certificate of need shall:

(a) Be submitted in writing;

(b) Be received by the agency identified in the "notification of beginning of review" within fifteen days after the date on which the department's "notification of beginning of review" for the particular certificate of need application or proposed withdrawal of a certificate of need was published in a newspaper of general circulation; and

(c) Include identification of the particular certificate of need application or proposed certificate of need withdrawal for which the public hearing is requested and the full name, complete address, and signature of the person making the request.

(4) The department or the regional health council to which the department delegated responsibility for public hearings shall give written notice of a public hearing conducted pursuant to this section.

(a) Written notice shall be given to affected persons and the public at least fifteen days prior to the beginning of the public hearing.

(b) The notices shall include: Identification of the certificate of need application or certificate of need on which the public hearing is to be conducted and the date, time, and place of the public hearing.

(c) Notice to the general public to be served by the proposed project to which the certificate of need application or certificate of need pertains shall be through a newspaper of general circulation in the health service area of the proposed project. The notices to other affected persons shall be mailed on the same date the notice to the public is mailed to the newspaper for publication.

(5) In a public hearing on a certificate of need application or on a proposed withdrawal of a certificate of need, any person shall have the right to be represented by counsel and to present oral or written arguments and evidence relevant to the matter which is the subject of the hearing. Any person affected by the matter may conduct reasonable questioning of persons who make relevant factual allegations.

(6) The department or regional health council, whoever conducts the hearing, shall maintain a verbatim record of a public hearing and shall not impose fees for the hearing.

(7) The department shall not be required to conduct a public hearing on a certificate of need application being reviewed according to the emergency or expedited review procedures.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-320, filed 2/28/86; 81-09-012 (Order 210), § 248-19-320, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-320, filed 11/30/79.]

**WAC 246-310-190 Ex parte contacts.** (1) There shall be no ex parte contacts as defined in WAC 246-310-010(17) after whichever of the following occurs last:

(a) The conclusion of a public hearing held in accordance with WAC 246-310-180, or

(b) The final action of the appropriate regional health council, or

(c) The final action of the hospital commission.

(2) Any of the following communications shall not be considered ex parte contacts:

(a) A communication regarding the procedure or process of the review.

(b) A communication made in a meeting open to the public requested by the department and reasonable notice of the meeting has been given to the applicant, the advisory review agencies, all applicants in a concurrent review, and all persons having previously requested in writing to be notified of all such meetings or written requests for information concerning a specific application for certificate of need or a specific proposed withdrawal of a certificate of need.

(c) A written request for information made by the department and provided to all persons specified in subsection (2)(b) of this section.

(d) A response to a request made by the department in a meeting held in accordance with subsection (2)(b) of this section or in response to subsection (2)(c) of this section, and submitted to the department and to all persons specified in subsection (2)(b) of this section.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-190, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-326, filed 2/28/86.]

**WAC 246-310-200 Bases for findings and action on applications.** (1) The findings of the department's review of certificate of need applications and the action of the secretary's designee on such applications shall, with the exceptions provided for in WAC 246-310-470 and 246-310-480 be based on determinations as to:

- (a) Whether the proposed project is needed;
- (b) Whether the proposed project will foster containment of the costs of health care;
- (c) Whether the proposed project is financially feasible; and
- (d) Whether the proposed project will meet the criteria for structure and process of care identified in WAC 246-310-230.

(2) The decision on a certificate of need application shall be consistent with the state health plan in effect at the time the secretary's designee made the original or reconsidered or remanded decision. A finding of inconsistency shall not be based solely on the fact a proposed project is not specifically referenced in the state health plan.

(3) Criteria contained in this section and in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240 shall be used by the department in making the required determinations.

(a) In the use of criteria for making the required determinations, the department shall consider:

(i) The consistency of the proposed project with the applicable regional health plan (RHP) and annual implementation plan (AIP), and the state health plan (SHP);

(ii) The standards in the state health plan identified to be used for certificate of need review purposes and applicable to the type of project under review;

(iii) In the event standards in the state health plan or regional health plan do not address in sufficient detail for a required determination the services or facilities for

health services proposed, the department may consider standards not in conflict with the state health plan or regional health plan in accordance with subsection (3)(b) of this section;

(iv) The findings and recommendations of the regional health council and the hospital commission (in relation to the immediate and long-range financial feasibility of a hospital project as well as the probable impact of such project on the cost of and charges for providing health services by the hospital, including recommendations to approve, conditionally approve, partially approve, or deny an application); and

(v) The relationship of the proposed project to the long-range plan (if any) of the person proposing the project.

(b) The department may consider any of the following in its use of criteria for making the required determinations:

(i) Nationally recognized standards from professional organizations;

(ii) Standards developed by professional organizations in Washington state;

(iii) Federal Medicare and Medicaid certification requirements;

(iv) State licensing regulations;

(v) The hospital commission's policies, guidelines and regulations;

(vi) Applicable standards developed by other individuals, groups, or organizations with recognized expertise related to a proposed undertaking; and

(vii) The written findings and recommendations of individuals, groups, or organizations with recognized expertise related to a proposed undertaking, with whom the department consults during the review of an application.

(c) At the request of an applicant, the department shall identify the criteria and standards it will use prior to the submission and screening of a certificate of need application: *Provided however*, That when a person requests identification of criteria and standards prior to the submission of an application, the person shall submit such descriptive information on a project as is determined by the department to be reasonably necessary in order to identify the applicable criteria and standards. The department shall respond to such request within fifteen working days of its receipt. In the absence of an applicant's request under this subsection, the department shall identify the criteria and standards it will use during the screening of a certificate of need application. The department shall inform the applicant about any consultation services it will use in the review of a certificate of need application prior to the use of such consultation services.

(d) Representatives of the department or consultants whose services are engaged by the department may make an on-site visit to a health care facility, or other place for which a certificate of need application is under review, or for which a proposal to withdraw a certificate of need is under review when the department deems such an on-site visit is necessary and appropriate to the department's review of a proposed project.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-360, filed 2/15/85; 81-09-012 (Order 210), § 248-19-360, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-360, filed 11/30/79.]

**WAC 246-310-210 Determination of need.** The determination of need for any project shall be based on the following criteria, except these criteria will not justify exceeding the limitation on increases of nursing home beds provided in WAC 246-310-810:

(1) The population served or to be served has need for the project and other services and facilities of the type proposed are not or will not be sufficiently available or accessible to meet that need. The assessment of the conformance of a project with this criterion shall include, but need not be limited to, consideration of the following:

(a) In the case of a reduction, relocation, or elimination of a service, the need the population presently served has for the service, the extent to which the need will be met adequately by the proposed relocation or by alternative arrangements, and the effect of the reduction, elimination, or relocation of the service on the ability of low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly to obtain needed health care;

(b) In the case of health services or facilities proposed to be provided, the efficiency and appropriateness of the use of existing services and facilities similar to those proposed;

(c) In the case of an application by an osteopathic or allopathic facility for a certificate of need to construct, expand, or modernize a health care facility, acquire major medical equipment, or add services, the need for that construction, expansion, modernization, acquisition of equipment, or addition of services on the basis of the need for and the availability in the community of services and facilities for osteopathic and allopathic physicians and their patients, and the impact on existing and proposed institutional training programs for doctors of osteopathy and medicine at the student, internship, and residency training levels; and

(d) In the case of a project not involving health services, the contribution of the project toward overall management and support of such services.

(2) All residents of the service area, including low-income persons, racial and ethnic minorities, women, handicapped persons, and other underserved groups and the elderly are likely to have adequate access to the proposed health service or services. The assessment of the conformance of a project with this criterion shall include, but not be limited to, consideration as to whether the proposed services makes a contribution toward meeting the health-related needs of members of medically underserved groups which have traditionally experienced difficulties in obtaining equal access to health services, particularly those needs identified in the applicable regional health plan, annual implementation plan,

and state health plan as deserving of priority. Such consideration shall include an assessment of the following:

(a) The extent to which medically underserved populations currently use the applicant's services in comparison to the percentage of the population in the applicant's service area which is medically underserved, and the extent to which medically underserved populations are expected to use the proposed services if approved;

(b) The past performance of the applicant in meeting obligations, if any, under any applicable federal regulations requiring provision of uncompensated care, community service, or access by minorities and handicapped persons to programs receiving federal financial assistance (including the existence of any unresolved civil rights access complaints against the applicant);

(c) The extent to which Medicare, Medicaid, and medically indigent patients are served by the applicant; and

(d) The extent to which the applicant offers a range of means by which a person will have access to its services (e.g., outpatient services, admission by house staff, admission by personal physician).

(3) The resources for the proposed project are not needed for higher priority alternative uses identified in applicable health plans.

(4) The applicant has substantiated any of the following special needs and circumstances the proposed project is to serve.

(a) The special needs and circumstances of entities such as medical and other health professions schools, multidisciplinary clinics and specialty centers providing a substantial portion of their services or resources, or both, to individuals not residing in the health service areas in which the entities are located or in adjacent health service areas.

(b) The special needs and circumstances of biomedical and behavioral research projects designed to meet a national need and for which local conditions offer special advantages.

(c) The special needs and circumstances of osteopathic hospitals and nonallopathic services.

(5) The project will not have an adverse effect on health professional schools and training programs. The assessment of the conformance of a project with this criterion shall include consideration of:

(a) The effect of the means proposed for the delivery of health services on the clinical needs of health professional training programs in the area in which the services are to be provided; and

(b) If proposed health services are to be available in a limited number of facilities, the extent to which the health professions schools serving the area will have access to the services for training purposes.

(6) The project is needed to meet the special needs and circumstances of enrolled members or reasonably anticipated new members of a health maintenance organization or proposed health maintenance organization and the services proposed are not available from nonhealth maintenance organization providers or other health maintenance organizations in a reasonable and cost-effective manner consistent with the basic method

of operation of the health maintenance organization or proposed health maintenance organization. In assessing the availability of health services from these providers, the department shall consider only whether the services from these providers:

(a) Would be available under a contract of at least five years' duration;

(b) Would be available and conveniently accessible through physicians and other health professionals associated with the health maintenance organization or proposed health maintenance organization (for example - whether physicians associated with the health maintenance organization have or will have full staff privileges at a nonhealth maintenance organization hospital);

(c) Would cost no more than if the services were provided by the health maintenance organization or proposed health maintenance organization; and

(d) Would be available in a manner administratively feasible to the health maintenance organization or proposed health maintenance organization.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 85-05-032 (Order 2208), § 248-19-370, filed 2/15/85; 81-09-012 (Order 210), § 248-19-370, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-370, filed 11/30/79.]

**WAC 246-310-250 Open heart surgery.** (1) Open heart surgery means a specialized surgical procedure (excluding organ transplantation) which utilizes a heart-lung bypass machine and is intended to correct congenital and acquired cardiac and coronary artery disease.

(2) Open heart surgery is a tertiary service as listed in WAC 246-310-020. To receive approval an open heart surgery program must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(3) There shall be a minimum volume of two hundred adult open heart surgery procedures (one hundred if exclusively pediatric) performed annually in each institution performing open heart surgery within three years of initial operation.

(4) To receive approval an application shall meet the following standards unless the department finds that the new open heart surgery operating rooms are needed to substantially improve access to care.

(a) New open heart surgery services shall not result in a number of open heart operating rooms that exceeds the maximum number of open heart operating rooms needed in the area by 1995, as determined by multiplying the state's most recent (at the time of the application) adult or pediatric open heart surgery use rate by the area's 1995 adult or pediatric populations, and dividing the result by the minimum capacity of adult or pediatric units (two hundred or one hundred surgeries, respectively).

(b) There shall be no new open heart surgery operating rooms approved until all facilities providing open heart surgery in the planning area are performing at least two hundred (one hundred for pediatric) open

heart surgeries per year per open heart surgery operating room.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-250, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-13-116 (Order 67), § 248-19-600, filed 6/21/90, effective 7/1/90.]

**WAC 246-310-260 Kidney transplantation.** (1) Kidney transplantation is a tertiary service as listed in WAC 246-310-020.

(2) To receive approval a kidney transplant center must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(a) A center shall perform at least fifteen transplants annually by the fourth year of operation.

(b) A center shall document that it will meet the requirements of membership to the United Network for Organ Sharing (UNOS) or its successor organization.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-601, filed 7/27/90, effective 8/27/90.]

**WAC 246-310-270 Ambulatory surgery.** (1) To receive approval, an ambulatory surgical facility must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(2) The area to be used to plan for operating rooms and ambulatory surgical facilities is the secondary health services planning area.

(3) Secondary health services planning areas are: San Juan, Whatcom, East Skagit, Whidbey-Fidalgo, Western North Olympic, East Clallam, East Jefferson, North Snohomish, Central Snohomish, East Snohomish, Southwest Snohomish, Kitsap, North King, East King, Central King, Southwest King, Southeast King, Central Pierce, West Pierce, East Pierce, Mason, West Grays Harbor, Southeast Grays Harbor, Thurston, North Pacific, South Pacific, West Lewis, East Lewis, Cowlitz-Wahkiakum-Skamaniam, Clark, West Klickitat, East Klickitat, Okanogan, Chelan-Douglas, Grant, Kittitas, Yakima, Benton-Franklin, Ferry, North Stevens, North Pend Oreille, South Stevens, South Pend Oreille, Southwest Lincoln, Central Lincoln, Spokane, Southwest Adams, Central Adams, Central Whitman, East Whitman, Walla Walla, Columbia, Garfield, and Asotin.

(4) Outpatient operating rooms should ordinarily not be approved in planning areas where the total number of operating rooms available for both inpatient and outpatient surgery exceeds the area need.

(5) When a need exists in planning areas for additional outpatient operating room capacity, preference shall be given to dedicated outpatient operating rooms.

(6) An ambulatory surgical facility shall have a minimum of two operating rooms.

(7) Ambulatory surgical facilities shall document and provide assurances of implementation of policies to provide access to individuals unable to pay consistent with charity care levels provided by hospitals affected by the proposed ambulatory surgical facility. The amount of an ambulatory surgical facility's annual revenue utilized to finance charity care shall be at least equal to or greater than the average percentage of total patient revenue, other than medicare or medicaid, that affected hospitals in the planning area utilized to provide charity care in the last available reporting year.

(8) The need for operating rooms will be determined using the method identified in subsection (9) of this section.

(9) Operating room need in a planning area shall be determined using the following method:

(a) Existing capacity.

(i) Assume the annual capacity of one operating room located in a hospital and not dedicated to outpatient surgery is ninety-four thousand two hundred fifty minutes. This is derived from scheduling forty-four hours per week, fifty-one weeks per year (allowing for five weekday holidays), a fifteen percent loss for preparation and clean-up time, and fifteen percent time loss to allow schedule flexibility. The resulting seventy percent productive time is comparable to the previously operating hospital commission's last definition of "billing minutes" which is the time lapse from administration of anesthesia until surgery is completed.

(ii) Assume the annual capacity of one operating room dedicated to ambulatory surgery is sixty-eight thousand eight hundred fifty minutes. The derivation is the same as (a)(i) of this subsection except for twenty-five percent loss for prep/clean-up time and scheduling is for a thirty-seven and one-half hour week. Divide the capacity minutes by the average minutes per outpatient surgery (see (a)(vii) of this subsection). Where survey data are unavailable, assume fifty minutes per outpatient surgery, resulting in a capacity for one thousand three hundred seventy-seven outpatient surgeries per room per year.

(iii) Calculate the total annual capacity (in number of surgeries) of all dedicated outpatient operating rooms in the area.

(iv) Calculate the total annual capacity (in number of minutes) of the remaining inpatient and outpatient operating rooms in the area, including dedicated specialized rooms except for twenty-four hour dedicated emergency rooms. When dedicated emergency operating rooms are excluded, emergency or minutes should also be excluded when calculating the need in an area. Exclude cystoscopic and other special purpose rooms (e.g., open heart surgery) and delivery rooms.

(b) Future need.

(i) Project number of inpatient and outpatient surgeries performed within the hospital planning area for the third year of operation. This shall be based on the current number of surgeries adjusted for forecasted growth in the population served and may be adjusted for trends in surgeries per capita.

(ii) Subtract the capacity of dedicated outpatient operating rooms from the forecasted number of outpatient surgeries. The difference continues into the calculation of (b)(iv) of this subsection.

(iii) Determine the average time per inpatient and outpatient surgery in the planning area. Where data are unavailable, assume one hundred minutes per inpatient and fifty minutes per outpatient surgery. This excludes preparation and cleanup time and is comparable to "billing minutes."

(iv) Calculate the sum of inpatient and remaining outpatient (from (b)(ii) of this subsection) operating room time needed in the third year of operation.

(c) Net need.

(i) If (b)(iv) of this subsection is less than (a)(iv) of this subsection, divide their difference by ninety-four thousand two hundred fifty minutes to obtain the area's surplus of operating rooms used for both inpatient and outpatient surgery.

(ii) If (b)(iv) of this subsection is greater than (a)(iv) of this subsection, subtract (a)(iv) of this subsection from the inpatient component of (b)(iv) of this subsection and divide by ninety-four thousand two hundred fifty minutes to obtain the area's shortage of inpatient operating rooms. Divide the outpatient component of (b)(iv) of this subsection by sixty-eight thousand eight hundred fifty to obtain the area's shortage of dedicated outpatient operating rooms.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-270, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-700, filed 7/27/90, effective 8/27/90.]

**WAC 246-310-280 Kidney disease treatment centers.** (1) To receive approval, a kidney disease treatment center must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(2) End stage renal disease planning areas shall be health service areas. The health service areas are as follows:

(a) Health service Area I includes Clallam, Jefferson, San Juan Island, Kitsap, Pierce, King, Snohomish, Skagit, and Whatcom counties.

(b) Health service Area II includes Thurston, Mason, Grays Harbor, Pacific, Wahkiakum, Lewis, Cowlitz, Clark, Skamania, and Klickitat counties.

(c) Health service Area III includes Okanogan, Chelan, Douglas, Grant, Kittitas, Yakima, Benton, and Franklin counties.

(d) Health service Area IV includes Ferry, Stevens, Pend Oreille, Lincoln, Spokane, Adams, Whitman, Walla Walla, Columbia, Garfield, and Asotin counties.

(3) The maximum number of dialysis stations needed in an end stage renal disease planning area shall be determined using the following data:

(a) Utilization of a dialysis station or a center.

(i) One hundred percent utilization equals twelve dialyses per week.



(ii) Eighty percent utilization equals 9.6 dialyses per week.

(iii) When determining the utilization of an existing center each station on which at least six patients have been self/home trained annually shall be deducted from the approved stations.

(iv) When determining the utilization of an existing center, the utilization rate may be reduced to seventy-five percent and seventy percent in facilities with ten percent and twenty percent peritoneal dialysis patients respectively.

(b) At the time of the application, the most recent Washington state office of financial management population data.

(c) Historical data of the Northwest renal network.

(d) The health service area's most recent three-year average shall be used for incidence, death, transplant, and home training rates.

(4) The maximum number of dialysis stations projected as needed in an ESRD planning area shall be determined using the following methodology:

(a) Identify the number of incenter patients expected in the planning area in the year in which the application is submitted.

(i) Add expected new ESRD and re-entry cases per year.

(ii) Subtract expected ESRD patient deaths per year.

(iii) Subtract expected ESRD home training patients per year.

(iv) Subtract the number of expected functional transplants per year.

(b) Calculate the number of expected dialyses by multiplying the number of incenter patients by three treatments per week.

(c) Calculate the number of dialysis stations needed in the applicant's projected third full year of operation using eighty percent utilization.

(5) All kidney disease treatment centers within a reasonable driving time must be operating at an eighty percent utilization rate before additional stations are approved.

(6) New kidney disease treatment centers must reasonably project an eighty percent utilization rate by the third year of operation.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-280, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-701, filed 7/27/90, effective 8/27/90.]

**WAC 246-310-350 Nursing home and continuing care retirement community definitions.** The department shall use the definitions in this section in sections WAC 246-310-360 Nursing home bed need projection method through WAC 246-310-390 Nursing home bed need adjustment.

(1) "Baseline bed need" means the number of additional nursing home beds needed in the state or a planning area by the resident population by the projection year.

(2) "Baseline projection" means the number of nursing home beds calculated by the department as necessary state-wide or within a planning area, by the end of the projection period, for reasonable and appropriate use by the resident population.

(3) "Bedded" is a term which describes the adequacy of the bed supply within a planning area relative to the baseline projection.

(a) A planning area is "under-bedded" if the area's bed-to-population ratio is less than the target ratio.

(b) A planning area is "adequately bedded" if the area's bed-to-population ratio is between the target ratio and the state-wide current ratio.

(c) A planning area is "over-bedded" if its bed-to-population ratio is greater than the state-wide current ratio.

(4) "Bed supply" means within a geographic area the total number of:

(a) Nursing home beds which are licensed or certificate of need approved but not yet licensed, excluding:

(i) Those nursing home beds certified as intermediate care facility for the mentally retarded (ICF-MR) the operators of which have not signed an agreement on or before July 1, 1990, with the department of social and health services to give appropriate notice prior to termination of the ICF-MR service;

(ii) New or existing nursing home beds within a Type A CCRC which are approved under the provisions of WAC 246-310-380(5); or

(iii) Nursing home beds within a CCRC which is excluded from the definition of a health care facility per RCW 70.38.025(6); and

(iv) In computing the bed supply of a planning area, but not in computing state-wide bed supply, new nursing home beds within a Type B CCRC as defined in subsection (8)(b) of this section.

(b) Licensed hospital beds used for long-term care or certificate of need approved hospital beds to be used for long-term care not yet in use, excluding swing-beds.

(5) "Bed-to-population ratio" means the bed supply per one thousand persons of the estimated or forecast resident population age sixty-five and older, and includes the following:

(a) "State-wide current ratio" means a bed-to-population ratio computed from the most recent state-wide bed supply and the most recent estimate of the state-wide resident population.

(b) "Target ratio" means a bed-to-population ratio of forty-five established for planning and policy-making purposes.

(6) "Concurrent reviews" have been scheduled in WAC 246-310-120 for competing projects proposing nursing home beds. The redistribution of nursing home beds certified as intermediate care for the mentally retarded (ICF-MR) to skilled nursing facility beds will not be subject to concurrent review when the ICF-MR beds have been counted in the "bed supply" as referenced in subsection (4)(a)(i) of this section.

(7) "Continuing care contract" means a contract providing a person, for the duration of that person's life or for a term in excess of one year, shelter along with

nursing, medical, health-related, or personal care services. The contract is conditioned on the transfer of property, the payment of an entrance fee to the provider of such services, or the payment of periodic charges for the care and services involved. A continuing care contract is not excluded from this definition because the contract is mutually terminable or because shelter and services are not provided at the same location.

(8) A "continuing care retirement community (CCRC)" means any of a variety of entities, unless excluded from the definition of health care facility under RCW 70.38.025(6), which provides shelter and services based on continuing care contracts with its members. CCRCs are categorized as follows:

(a) "Type A CCRC" means a CCRC which:

(i) Maintains for a period in excess of one year a CCRC contract with a member which provides or arranges for at least the following specific services:

(A) Independent living units;

(B) Nursing home care with no limit on the number of medically needed days;

(C) Assistance with activities of daily living; and

(D) Services equivalent in scope to either state chore services or Medicaid home health services;

(ii) Continues a contract, if a member is no longer able to pay for services;

(iii) Offers services only to contractual members with limited exception during a transition period; and

(iv) Holds the Medicaid program harmless from liability for costs of care, even if the member depletes his or her personal resources.

(b) "Type B CCRC" means a CCRC which:

(i) Maintains for a period in excess of one year a CCRC contract with its members;

(ii) Provides shelter along with nursing, medical, health-related, or personal care services;

(iii) May terminate a contract, if a member is unable to pay for services;

(iv) May admit patients to the nursing home who are not CCRC members; and

(v) May maintain Medicaid contracts and/or other requirements for third party payment.

(9) A "member" of a CCRC means an individual who has signed a continuing care contract with a CCRC.

(10) "Net bed need" means baseline bed need of a planning area changed by any redistributions as follows:

(a) Adding nursing home beds being redistributed from another nursing home planning area or areas; or

(b) Subtracting nursing home beds being redistributed to another nursing home planning area or areas.

(11) "Planning and service area" (PSA) means the geographic area of one or more counties designated by the department of social and health services' aging and adult services administration to be represented by a single area agency on aging.

(12) "Planning area" means each individual county designated by the department as the smallest geographic area for which nursing home bed need projections are developed, except as follows:

(a) Clark and Skamania counties shall be one planning area.

(b) Chelan and Douglas counties shall be one planning area.

(c) Camano Island shall be included in Snohomish County and excluded from Island County.

(13) "Projection period" means the interval of time between July 1, 1990, and June 30, 1993.

(14) "Projection year" means the time interval between July 1, 1992, and June 30, 1993.

(15) "Redistribution" means a shift of net bed need among planning areas in accordance with a redistribution plan as described in WAC 246-310-380(4).

(16) "Resident population" means the number of residents sixty-five years of age and older living within the same geographic area which:

(a) Excludes contract holders living within a Type A CCRC:

(i) With approval for new nursing home beds under the provisions of WAC 246-310-380(5); or

(ii) Excluded from the definition of a health care facility per RCW 70.38.025(6);

(b) Is calculated using demographic data obtained from:

(i) The office of financial management; and

(ii) Certificate of need applications and exemption requests previously submitted by Type A CCRC.

(17) "Swing beds" means up to the first five hospital beds designated by an eligible rural hospital which are available to provide either acute care or long-term nursing services as required.

(18) "Transition period" means the period of time, not exceeding five years, between the date the facility is inhabited by a member and the date it fully meets the requirements of a Type A CCRC as contained in subsection (8)(a) of this section.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-350, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919. 90-12-071 (Order 062), § 248-19-800, filed 6/1/90, effective 7/1/90.]

**WAC 246-310-380 Nursing home bed need standards.** (1) The department shall use the following rules to interpret the certificate of need review criteria contained in WAC 246-310-210(1) for applications proposing the following:

(a) Construction, development, or other establishment of a new nursing home;

(b) Increase in the licensed bed capacity of a nursing home or a hospital long-term care unit;

(c) Change in license category of beds from the following to nursing home or hospital long-term care unit beds:

(i) Acute care, or

(ii) Boarding home care;

(2) The department shall comply with the following time schedule for developing bed need projections:

(a) By the last working day in January of each year, the department shall recalculate the baseline projection for each planning-area.

(b) By the last working day in January of each year, the department shall provide the aging and adult services administration of the department of social and health services with the baseline bed need for each planning-area, pending the department's decisions on applications submitted during the previous year's nursing home concurrent review cycles.

(c) By the last working day in January of each year, the department shall rank order planning-areas from lowest to highest by the projected current supply ratio.

(d) By the first working day of June of each year, the department shall calculate the net bed need for each planning-area.

(3) The following are the baseline projections for the projection period, listed by planning and service area and planning-area. When a planning-area baseline projection is less than the planning-area's bed supply as defined by WAC 246-310-350(4), no beds can be added until the state-wide target ratio is reached, except as allowed in subsections (4) and (6) of this section.

| Planning-area              | Baseline projection |
|----------------------------|---------------------|
| <b>(a) PSA # 1</b>         |                     |
| Clallam                    | 471                 |
| Grays Harbor               | 472                 |
| Jefferson                  | 188                 |
| Pacific                    | 179                 |
| <b>(b) PSA # 2</b>         |                     |
| Island excluding Camano    | 394                 |
| San Juan                   | 105                 |
| Skagit                     | 610                 |
| Whatcom                    | 866                 |
| <b>(c) PSA # 3</b>         |                     |
| Snohomish including Camano | 2,464               |
| <b>(d) PSA # 4</b>         |                     |
| King                       | 9,229               |
| AIDS project               | 35                  |
| <b>(e) PSA # 5</b>         |                     |
| Pierce                     | 3,334               |
| <b>(f) PSA # 6</b>         |                     |
| Lewis                      | 471                 |
| Mason                      | 302                 |
| Thurston                   | 993                 |
| <b>(g) PSA # 7</b>         |                     |
| Clark/Skamania             | 1,286               |
| Cowlitz                    | 526                 |
| Klickitat                  | 121                 |
| Wahkiakum                  | 27                  |

| Planning-area       | Baseline projection |
|---------------------|---------------------|
| <b>(h) PSA # 8</b>  |                     |
| Adams               | 71                  |
| Chelan/Douglas      | 618                 |
| Grant               | 305                 |
| Lincoln             | 86                  |
| Okanogan            | 235                 |
| <b>(i) PSA # 9</b>  |                     |
| Asotin              | 151                 |
| Benton              | 403                 |
| Columbia            | 42                  |
| Franklin            | 155                 |
| Garfield            | 22                  |
| Kittitas            | 183                 |
| Walla Walla         | 399                 |
| Yakima              | 1,392               |
| <b>(j) PSA # 11</b> |                     |
| Ferry               | 31                  |
| Pend Oreille        | 63                  |
| Spokane             | 2,463               |
| Stevens             | 185                 |
| Whitman             | 202                 |
| <b>(k) PSA # 13</b> |                     |
| Kitsap              | 1,119               |

(4) The aging and adult services administration of the department of social and health services may submit any redistribution plans to the department which:

(a) Redistribute baseline bed need among planning-areas;

(b) Document the following:

(i) That all involved area agencies on aging support each proposed redistribution, and

(ii) That the redistribution plan was approved by the assistant secretary for aging and adult services of the department of social and health services.

(c) Are received by the department no later than April tenth or the first working day thereafter.

(5) The department shall limit to three hundred the total number of nursing home beds approved for all Type A CCRC which propose or are operating within a transition period.

(a) These three hundred beds available for Type A CCRC during transition periods shall be in addition to the net nursing home beds needed in all of the planning-areas.

(b) All nursing home beds approved for Type A CCRC which propose or are operating within a transition period shall be counted as beds within this three hundred bed limitation unless and until the CCRC fully complies with all provisions of the Type A CCRC performance standards.

(6) The department shall not issue certificates of need approving more than the net bed need indicated for a given planning-area, unless:

(a) The department finds such additional beds are needed to be located reasonably close to the people they serve; and

(b) The department explains such approval in writing.

[Statutory Authority: RCW 70.38.135, 91-15-018 (Order 179), § 246-310-380, filed 7/10/91, effective 8/10/91. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919, 90-12-072 (Order 063), § 248-19-810, filed 6/1/90, effective 7/1/90.]

**WAC 246-310-400 AIDS long-term care pilot facility review standards.** (1) Until an AIDS long-term care pilot facility has received a license to operate as a nursing home in this state, the department shall apply the standards in this section and those in WAC 246-310-380 in the review of applications for an AIDS long-term care pilot facility.

(2) The department shall use the standards in this subsection to interpret the certificate of need review criteria contained in WAC 246-310-210.

(a) Applicants for a certificate of need shall propose a facility to be:

(i) Licensed for not more than thirty-five nursing home beds;

(ii) Located in the King County nursing home planning area;

(iii) Located in reasonable proximity to:

(A) A hospital;

(B) An outpatient radiology service; and

(C) An outpatient laboratory service; and

(iv) Operated with admissions policies which select patients with the following characteristics:

(A) Rapidly fluctuating care needs including at least some period of needing skilled nursing care;

(B) Do not need acute hospitalization; and

(C) Need some level of twenty-four hour care, but cannot live at home.

(v) Designated to provide a residential environment supporting people in living at the maximum level of independence possible.

(b) Applicants for a certificate of need shall:

(i) Make a commitment of at least five years to maintaining the facility as described in the application; and

(ii) Admit patients with fluctuating care needs similar to those with AIDS.

(3) The department, in interpreting the certificate of need review criteria contained in WAC 246-310-220, shall give preference to those applicants that demonstrate substantial financial support from a combination of community, federal, and/or private foundation sources.

(4) The department shall use the standards in this subsection to interpret the certificate of need review criteria contained in WAC 246-310-230.

(a) Applicants for a certificate of need shall:

(i) Show how planning the facility includes input from community AIDS service organizations;

(ii) Show how they will integrate the facility's services with the services provided by other public and private AIDS services organizations; and

(iii) Document their experience in health care services delivery to patients with AIDS.

(b) Applicants for a certificate of need shall express their intent to develop a policy advisory board after the facility is in operation, to include representatives from the groups served by the facility.

(5) The department, in interpreting the certificate of need review criteria contained in WAC 246-310-240, shall require that applicants demonstrate their capability to evaluate the project and state their willingness to share the information with the assistant secretary for HIV/AIDS infectious diseases.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-400, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919, 90-12-072 (Order 063), § 248-19-840, filed 6/1/90, effective 7/1/90.]

**WAC 246-310-410 Swing bed review standards.** (1)

The department shall use the following rules, in addition to those under WAC 246-310-380 to interpret the certificate of need review criteria contained in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240 for applications by hospitals proposing an increase in the number of designated swing beds.

(2) Swing beds are defined as up to the first five hospital beds, so designated by an eligible rural hospital, which are available to provide either acute care or long-term care nursing services as required.

(3) Hospitals proposing swing bed projects shall:

(a) Be located in geographic areas of the state defined by the United States Bureau of the Census as a nonstandardized metropolitan statistical area; and

(b) Have total licensed bed capacity not exceeding fifty.

(4) Hospitals shall demonstrate ability to meet minimum Medicare standards of care for rural hospital swing beds.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.919, 90-12-072 (Order 063), § 248-19-860, filed 6/1/90, effective 7/1/90.]

**WAC 246-310-470 Review and action on health maintenance organization projects.** (1) Undertakings requiring a certificate of need.

A certificate of need shall be required for any undertaking which, in accordance with WAC 246-310-020, is subject to the provisions of chapter 246-310 WAC, unless an exemption has been granted for such undertaking under the provisions of WAC 246-310-040.

(2) Required approval.

The secretary's designee shall issue a certificate of need for a proposed project if the certificate of need applicant for the proposed project is a health maintenance organization or a health care facility controlled (directly or indirectly) by a health maintenance organization and the department finds the proposed project meets the criteria set forth in WAC 246-310-210(6).

(3) Limitation on denials.

The secretary's designee shall not deny a certificate of need to a health maintenance organization or a health

care facility controlled (directly or indirectly) by a health maintenance organization solely because a proposed project is not discussed in the applicable regional health plan, annual implementation plan, or state health plan.

(4) Sale, acquisition, or lease of facilities or equipment for which a certificate of need has been issued.

A health care facility (or portion thereof) or medical equipment for which a certificate of need has been issued under the provisions of this section shall not be sold or leased and a controlling interest in such facility or equipment or in a lease of the facility or equipment shall not be acquired unless an exemption or a certificate of need for such sale, lease, or acquisition has been granted by the secretary's designee.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-470, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-470, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-410, filed 2/28/86; 81-09-012 (Order 210), § 248-19-410, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-410, filed 11/30/79.]

**WAC 246-310-480 Projects proposed for the correction of deficiencies.** (1) For the purposes of this section, "correction of deficiencies" shall mean one or more of the following:

(a) Eliminating or preventing imminent safety hazards as defined by federal, state, or local fire, building, or life safety codes or regulations; or

(b) Complying with state licensing standards; or

(c) Complying with accreditation or certification standards which must be met to receive reimbursement under Titles XVIII or XIX of the Social Security Act.

(2) An application submitted for a project limited to the correction of deficiencies, as defined in subsection (1) of this section, shall be approved unless the department finds, after consultation with the appropriate regional health council, that:

(a) The facility or service with respect to which such capital expenditure is proposed is not needed; or

(b) The obligation of such capital expenditure is not consistent with the state health plan in effect.

(3) A determination a facility or service is not needed shall be made only if the department finds the facility or service has been identified in the state health plan as not being needed.

(4) An application submitted for the correction of deficiencies shall be reviewed under the expedited review process, in accordance with WAC 246-310-150, unless it qualifies for emergency review in accordance with WAC 246-310-140.

(5) An application reviewed under the provisions of this section shall be approved only to the extent the capital expenditure is needed for the correction of the deficiency.

(6) If the department finds any portion of the project or the project as a whole is not needed for the correction of deficiencies, such portion or entire project shall be reviewed in accordance with WAC 246-310-200, 246-

310-210, 246-310-220, 246-310-230, and 246-310-240.

(7) If the department finds a proposed capital expenditure is needed to correct deficiencies, as defined in subsection (1) of this section, the criteria in WAC 246-310-210 shall not be applied to the consideration of the project.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-480, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-480, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-415, filed 2/28/86; 81-09-012 (Order 210), § 248-19-415, filed 4/9/81, effective 5/20/81.]

**WAC 246-310-490 Written findings and actions on certificate of need applications.** (1) Written findings.

(a) The findings of the department's review of a certificate of need application shall be stated in writing and include the basis for the decision of the secretary's designee as to whether a certificate of need is to be issued or denied for the proposed project.

(b) In making its findings and taking action on a certificate of need application, the department shall use all criteria contained in chapter 246-310 WAC applicable to the proposed project.

(i) The written findings shall identify any criterion the department has decided is not applicable to the particular project and give the reason for such decision.

(ii) The secretary's designee may deny a certificate of need if the applicant has not provided the information which is necessary to a determination that the project meets all applicable criteria and which the department has prescribed and published as necessary to a certificate of need review of the type proposed: *Provided however*, That the department has requested such information in a screening letter sent in accordance with WAC 246-310-090 (1)(c).

(c) The department shall make written findings on the extent to which the project meets the criteria set forth in WAC 246-310-210 (1) and (2) when the secretary's designee issues a certificate of need directly related to the provision of health services, beds, or major medical equipment: *Provided however*, That no such written finding shall be necessary for projects for the correction of deficiencies of the types described in WAC 246-310-480 and for projects proposed by or on behalf of a health maintenance organization or a health care facility controlled, directly or indirectly, by a health maintenance organization.

(d) When, as a part of concurrent review proceedings, the secretary's designee makes a decision to approve an application or applications and to disapprove other competing applications, he or she shall provide a specific written statement of reasons for determining the approved application or applications to be superior.

(2) Separability of application and action.

When a certificate of need application is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action on separable portions of the proposed project.

## (3) Conditional certificate of need.

(a) The secretary's designee in making his or her decision on a certificate of need application may decide to issue a conditional certificate of need if the department finds the project is justified only under specific circumstances: *Provided however*, That conditions shall relate directly to the project being reviewed and to review criteria.

(b) When the department finds a project for which a certificate of need is to be issued does not satisfy the review criteria set forth in WAC 246-310-210 (1) and (2), the secretary's designee may impose a condition or conditions that the applicant take affirmative steps so as to satisfy those review criteria. In evaluating the accessibility of the project, the current accessibility of the facility as a whole shall be taken into consideration.

(c) The conditions attached to a certificate of need may be released by the secretary's designee upon the request of the health care facility or health maintenance organization for which the certificate of need was issued.

(i) The request must include information needed by the department demonstrating the conditions are no longer valid and the release of such conditions would be consistent with the purpose of chapter 70.38 RCW.

(ii) A request for the removal of a condition must be submitted in accordance with WAC 246-310-090 and will be reviewed in accordance with the regular or expedited review procedures described in WAC 246-310-160 or 246-310-150.

(4) Distribution of written findings and statement of decision.

(a) A copy of the department's written findings and statement of the decision of the secretary's designee on a certificate of need application shall be sent to:

(i) The person submitting the certificate of need application;

(ii) The regional health council for the health service area in which the proposed project is to be located;

(iii) The hospital commission, if the proposed project is for a hospital;

(iv) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services; and

(v) When the secretary's designee issues a certificate of need for a project which does not satisfy the review criteria set forth in WAC 246-310-210 (1) and (2), the appropriate regional office of the Department of Health and Human Services.

(b) The written findings and statement of the decision of the secretary's designee on a certificate of need application shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

(5) Explanation of inconsistency with the regional health council recommendation or plan.

The department shall send to the applicant and to the appropriate regional health council a detailed, written statement as to the reasons why a decision the secretary has made on a certificate of need application is inconsistent with any of the following:

(a) The regional health council's recommendation as to the action to be taken on the certificate of need application;

(b) The goals and policies of the applicable regional health plan; or

(c) The priorities of the applicable annual implementation plan.

[Statutory Authority: RCW 70.38.135 and 70.38.919, 92-02-018 (Order 224), § 246-310-490, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-310-490, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135, 86-06-030 (Order 2344), § 248-19-420, filed 2/28/86; 81-09-012 (Order 210), § 248-19-420, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW, 79-12-079 (Order 188), § 248-19-420, filed 11/30/79.]

**WAC 246-310-500 Issuance, suspension, denial, revocation, and transfer of a certificate of need.** (1) The secretary's designee shall issue a certificate of need to the applicant.

(a) The secretary's designee shall issue a certificate of need for:

(i) The proposed project, or

(ii) A separable portion of the proposed project.

(b) When the certificate of need is issued for a separable portion of the proposed project, the secretary's designee shall provide written notice to the applicant stating the reasons for the department's action.

(c) The secretary's designee shall issue a certificate of need only when the department finds that the project or the separable portion of the proposed project is consistent with the applicable criteria contained in chapter 246-310 WAC.

(d) In issuing a certificate of need, the secretary's designee shall:

(i) Specify the maximum capital expenditure which may be obligated under the certificate, and

(ii) Prescribe the cost components to be included in determining the capital expenditure which may be obligated under such certificate.

(2) The secretary's designee may issue a conditional certificate of need for a proposed project or a separable portion of the proposed project.

(a) The conditions attached to a certificate of need must directly relate to the project being reviewed.

(b) The conditions must directly relate to criteria contained in chapter 246-310 WAC.

(3) The department shall apply the following provisions when suspending a certificate of need.

(a) The secretary's designee may suspend a certificate of need for cause which shall include, but not be limited to:

(i) Suspicion of fraud,

(ii) Misrepresentation,

(iii) False statements,

(iv) Misleading statements,

(v) Evasion or suppression of material fact in the application for a certificate of need or any of its supporting materials.

(b) The secretary's designee shall issue an order which states the reason for any suspension of a certificate of

need to the person to whom the certificate of need had been issued.

(c) A suspension of a certificate of need shall not exceed one hundred twenty calendar days.

(i) Prior to the expiration of the suspension the department shall:

(A) Review the facts and circumstances relevant to the suspension;

(B) Reinstate, amend, or revoke the certificate of need; and,

(ii) Send written notice of its decision on a suspended certificate of need to the person to whom the certificate of need had been issued.

(4) The secretary's designee shall send written notification of denial of a certificate of need to the applicant submitting the certificate of need application stating the reasons for the denial.

(5) When a proposed project or separable portion of the proposed project is denied a certificate of need, the department shall not accept another certificate of need application for the same project or separable portion unless the department determines:

(a) There is a substantial change in existing or proposed health facilities or services in the area to be served by the project; or

(b) There is a substantial change in the need for the facilities or services of the type proposed in the area to be served by the project; or

(c) One year has lapsed since the submission of the application for the certificate of need subject to regular review which was denied or the next scheduled concurrent review cycle permits the submission of applications.

(6) The department shall apply the following provisions in the revocation of a certificate of need.

(a) The secretary's designee may revoke a certificate of need for cause which shall include the following:

(i) Fraud,

(ii) Misrepresentation,

(iii) False statements,

(iv) Misleading statements, and

(v) Evasion or suppression of material facts in the application of a certificate of need, or in any of its supporting materials.

(b) When the secretary's designee revokes a certificate of need, the secretary's designee shall provide written notice of revocation to the person to whom the certificate of need was issued, including a statement of the reasons for such revocation.

(7) The department shall apply the following procedures in transferring or assigning a certificate of need.

(a) The department shall consider a request to transfer or assign a certificate of need valid only when:

(i) The person to whom the certificate of need was originally issued, or personal representative, where the holder is deceased, submits to the department a written request that the certificate of need be transferred to another person and gives the full name and complete address of the other person; and

(ii) The person to whom the current holder of the certificate of need wishes to transfer the certificate sends

an application for such transfer on a form and in such a manner as prescribed and published by the department.

(b) The department shall review applications for transfer or assignment of a certificate of need according to the:

(i) Expedited review procedures in WAC 246-310-150; or

(ii) Regular review procedures in WAC 246-310-160.

(c) The secretary's designee shall base his or her decision to approve or deny an application to transfer or assign a certificate of need on:

(i) The demonstrated ability of the person wishing to acquire the certificate of need to undertake, complete, and operate the project in accordance with the following review criteria:

(A) WAC 246-310-220 (1) and (3), and

(B) WAC 246-310-230 (1), (3), and (5).

(ii) The continuing conformance of the project with all other applicable review criteria.

(d) When the person submitting an application to transfer or assign a certificate of need proposes to modify the project description or the maximum capital expenditure, the department shall inform in writing such person that a new or amended certificate of need is required.

(e) When the department denies an application for transfer or assignment of a certificate of need, the department shall inform in writing the person who submitted the application of the reasons for such denial.

(f) The department shall not transfer or assign any certificate of need issued after February 1, 1988, except when:

(i) Prior to completion of the project, death or divorce of one or more persons holding a certificate renders it impossible or impractical to complete the project in the absence of a transfer or assignment; or

(ii) After commencement, a substantial portion of the project has been completed by the original holder of the certificate.

(g) The department shall not transfer or assign a certificate of need under subsections (7)(f)(i) and (ii) of this section when the authorized project is to be relocated.

(h) When the department transfers a certificate of need for a project which has not been commenced, the transferred certificate of need shall have a validity period of two years from the date of issue with the provision for one six-month extension if the holder can demonstrate to the satisfaction of the secretary's designee that substantial and continuing progress towards commencement has been made.

(8) When the secretary's designee fails to issue or deny a certificate of need, the applicant may seek a writ of mandamus from superior court pursuant to chapter 7.16 RCW.

[Statutory Authority: RCW 70.38.135. 91-05-093 (Order 143), § 246-310-500, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.115. 89-02-040 (Order 2745), § 248-19-440, filed 12/30/88. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-440, filed 2/28/86; 81-09-012 (Order 210), § 248-19-440,

filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-440, filed 11/30/79.]

**WAC 246-310-560 Provision for reconsideration decision.** (1) Any person or affected person may, for good cause shown, request a public hearing for the purpose of reconsideration of the decision of the secretary's designee on a certificate of need application or withdrawal of a certificate of need.<sup>1</sup>

(2) The department shall conduct a reconsideration hearing if it finds the request is in accord with the following requirements:

(a) The request for a reconsideration hearing shall be written, be received by the department within thirty days of the department's decision on the certificate of need application or withdrawal of the certificate of need, state in detail the grounds which the person requesting the hearing believes to show good cause, and be signed by the person making the request.

(b) Grounds which the department may deem to show good cause for a reconsideration hearing shall include but not be limited to the following:

(i) Significant relevant information not previously considered by the department which, with reasonable diligence, could not have been presented before the department made its decision;

(ii) Information on significant changes in factors or circumstances relied upon by the department in making its findings and decision; or

(iii) Evidence the department materially failed to follow adopted procedures in reaching a decision.

(3) A reconsideration hearing shall commence within thirty days after receipt of the request for the hearing.

(4) Notification of a public reconsideration hearing on a certificate of need application or withdrawal of a certificate of need shall be sent prior to the date of such hearing by the department to the following:

(a) The person requesting the reconsideration hearing;

(b) The person submitting the certificate of need application which is under reconsideration or the holder of the certificate of need;

(c) The regional health council for the health service area in which the proposed project is to be offered or developed;

(d) The hospital commission, if the proposed project is a hospital project;

(e) Health care facilities and health maintenance organizations located in the health service area where the project is proposed to be located providing services similar to the services under review;

(f) In the case of a concurrent review, other applicants competing as described in WAC 246-310-080; and to

(g) Other persons requesting the department to send them such notification.

(5) The department shall, within forty-five days after the conclusion of a reconsideration hearing, make written findings stating the basis of the decision made after such hearing.

(6) The secretary's designee may, upon the basis of the department's findings on a reconsideration hearing, issue or reissue, amend, revoke, or withdraw a certificate

of need or impose or modify conditions on a certificate of need for the project about which the reconsideration hearing was conducted.

Note:

<sup>1</sup>No fee will be charged for a reconsideration hearing.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-560, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-430, filed 2/28/86; 81-09-012 (Order 210), § 248-19-430, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-430, filed 11/30/79.]

**WAC 246-310-570 Circumstances for which an amended certificate of need is required.** (1) An amended certificate of need shall be required for any of the following modifications of a project for which a certificate of need was issued:

(a) An addition of a new service;

(b) An expansion of a service beyond that which was included in the certificate of need application on which the issuance of the certificate of need was based;

(c) An increase in the inpatient bed capacity; or

(d) A significant reduction in the scope of a project for which a certificate of need has been issued without a commensurate reduction in the cost of the project, or the project cost increases (as represented in bids on a construction project or final cost estimate or estimates acceptable to the person to whom the certificate of need was issued) when the total of such increases exceeds twelve percent or fifty thousand dollars, whichever is greater, over the maximum capital expenditure specified by the secretary's designee in issuing the certificate of need: *Provided however*, That the review of such reductions or cost increases shall be restricted to the continued conformance of the project with the criteria contained in WAC 246-310-220 and 246-310-240.

(2) An application for an amended certificate of need shall be submitted in accordance with the provisions of WAC 246-310-090.

(3) An application for an amended certificate of need may be reviewed under the expedited review process set forth in WAC 246-310-150.

(4) The department shall, after consultation with the appropriate advisory review agencies, provide a written determination as to the requirement for an amended certificate of need within twenty-one days after receipt of a request for such determination.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-570, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-450, filed 2/28/86; 81-09-012 (Order 210), § 248-19-450, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-450, filed 11/30/79.]

**WAC 246-310-590 Monitoring of approved projects.** (1) The department, in cooperation with the advisory review agencies, shall monitor the costs and components of approved projects so as to assure conformance with certificates of need that have been issued.



(2) The department shall require periodic progress reports from those applicants to whom certificates of need have been issued.

(a) Progress reports shall be required at least annually and at no greater frequency than quarterly.

(b) Progress reports shall be submitted in the form and manner prescribed and published by the department.

(3) Information required on approved projects may include:

- (a) Actual project costs;
- (b) Changes in the project;
- (c) Financing arrangements, different than approved under the certificate of need;
- (d) Project commencement date;
- (e) Progress toward completion of construction; and
- (f) Project completion date.

(4) The information required on approved projects may vary according to the nature of the projects.

(5) Progress reports on a project for which a particular certificate of need has been issued shall terminate when the project has been completed and the department finds it has received all the information necessary to determine the project has been completed in accordance with the certificate of need which had been issued and the provisions of chapter 246-310 WAC.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-590, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-590, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-470, filed 2/28/86. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-470, filed 11/30/79.]

**WAC 246-310-600 Withdrawal of a certificate of need.** (1) The secretary's designee may withdraw a certificate of need if the department determines, after consultation with the appropriate advisory review agencies, that the holder of a certificate is not meeting the timetable specified in the certificate of need application for making services or equipment available or completing the project and is not making a good-faith effort to meet such timetable.

(2) In reviewing a proposed withdrawal of a certificate of need, the department shall adhere to the provisions of WAC 246-310-170, 246-310-180, 246-310-190, and 246-310-560.

(3) The review period for a proposed withdrawal of a certificate of need shall not exceed ninety days unless extended by the department to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 246-310-180. The review period of the appropriate advisory review agencies shall not exceed sixty days unless extended by the department at the written request of the regional health council to allow sufficient time for the conduct of a public hearing pursuant to the provisions of WAC 246-310-180. Such extension shall not exceed thirty days.

(4) The findings of the department's review of a proposed withdrawal of a certificate of need shall be stated in writing and include the basis for the decision of the secretary's designee as to whether the certificate of need

is to be withdrawn for a proposed project. A copy of the department's written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be sent to:

- (a) The holder of the certificate of need;
- (b) The regional health council for the health service area in which the proposed project is to be located;
- (c) The hospital commission, if the proposed project is for a hospital; and
- (d) In the case of a project proposed by a health maintenance organization, the appropriate regional office of the United States Department of Health and Human Services.

(5) The written findings and statement of the decision of the secretary's designee on the proposed withdrawal of a certificate of need shall be available to others requesting the certificate of need unit to provide access to a copy of such findings and statement.

(6) The department shall send to the appropriate regional health council a detailed, written statement as to the reasons why a decision which the secretary's designee has made is inconsistent with any of the following:

- (a) The regional health council's recommendation as to the action to be taken;
- (b) The goals of the applicable regional health plan; or
- (c) The priorities of the applicable annual implementation plan.

(7) When a certificate of need is for multiple services or multiple components or the proposed project is to be multiphased, the secretary's designee may take individual and different action regarding withdrawal of the certificate of need on separable portions of the certificate of need.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-600, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-600, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-475, filed 2/28/86; 81-09-012 (Order 210), § 248-19-475, filed 4/9/81, effective 5/20/81.]

**WAC 246-310-610 Adjudicative proceeding.** (1) An applicant denied a certificate of need or a certificate holder whose certificate was suspended or revoked has the right to an adjudicative proceeding.

(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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-610, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a), 70.38.135 and 1989 1st ex.s. c 9 § 607. 90-06-019 (Order 039), § 248-19-480, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.38.135. 86-06-030 (Order 2344), § 248-19-480, filed 2/28/86; 82-19-055 (Order 244), § 248-19-480, filed 9/15/82; 81-09-012 (Order 210), § 248-19-480, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-480, filed 11/30/79.]

**WAC 246-310-630 Public access to records.** The general public shall have access in accordance with the provisions of chapter 42.17 RCW to all applications reviewed by the department and to all other written materials essential to any review by the department pursuant to the provisions of chapter 246-310 WAC.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-630, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.38.135. 81-09-012 (Order 210), § 248-19-500, filed 4/9/81, effective 5/20/81. Statutory Authority: Chapter 70.38 RCW. 79-12-079 (Order 188), § 248-19-500, filed 11/30/79.]

**WAC 246-310-900 Capital expenditure minimum adjustment procedures.** These rules and regulations are adopted pursuant to RCW 70.38.025 (6) and (12) for the purpose of establishing the index to be used and procedures for making adjustments to the "expenditure minimum" for capital expenditures and to the annual operating costs for new "institutional health services" which are subject to the requirements of the certificate of need program established under the provisions of chapter 70.38 RCW.

(1) Index to be used. For the purposes of the certificate of need program, the United States Department of Commerce Composite Construction Cost Index shall be used in the annual adjustments of the following:

(a) The "expenditure minimum" as this term is defined in RCW 70.38.025 and WAC 246-310-010; and

(b) The minimum annual operating costs entailed in the provision of new "institutional health services," as this term is defined in RCW 70.38.025 and WAC 246-310-010, which will cause a new institutional health service to be subject to the provisions of chapter 246-310 WAC, the certificate of need rules and regulations.

(2) Procedure for adjustment.

(a) On or before the first day of each January, the department shall adjust and publish the adjusted expenditure minimum for capital expenditures and the adjusted minimum annual operating costs for institutional health services. Such adjusted minimums shall be in effect during the entire calendar year for which they are established.

(b) The adjustments in the minimums shall be based on the changes which occurred in the Department of Commerce Composite Construction Cost Index during the twelve month period ending the preceding October.

(c) The adjusted minimums shall be published by the department by public notice in one or more newspapers of general circulation within the state and through a written notice sent to each health systems agency, the hospital commission, each health care facility subject to the requirements of the certificate of need program, each statewide organization of such health care facilities, and the state health coordinating council.

[Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-900, filed 12/23/91, effective 1/23/92.]

**WAC 246-310-990 Certificate of need review fees.**

(1) An application for a certificate of need under chapter 246-310 WAC shall include payment of a fee consisting of the following:

(a) An application processing fee in the amount of seven hundred fifty dollars which shall not be refundable;

(b) A review fee based on the project description and the total capital expenditure.

| Project Description   | Capital Expenditure Range   | Review Fee                 |
|---|---|----------------------------|
| Additional kidney disease treatment center stations   | \$ 0 - 100,001<br>100,001 - 250,001<br>250,001 or more                | \$ 4,300<br>5,700<br>7,600 |
| Administrative or emergency review  | 0 - 250,001<br>250,001 or more  | 5,400<br>8,100             |
| Amendment to a certificate of need  |   | 5,000                      |
| Bed addition of less than 10 beds   | 0 - 100,001<br>100,001 - 5,000,001<br>5,000,001 or more               | 4,300<br>5,700<br>7,600    |
| Bed addition of 10 beds or more   | 0 - 500,001<br>500,001 - 5,000,001<br>5,000,001 or more               | 8,100<br>11,900<br>15,700  |
| Bed redistribution or bed relocation  | 0 - 100,001<br>100,001 - 2,000,001<br>2,000,001 or more               | 7,000<br>10,600<br>13,200  |
| Capital expenditure over the minimum expenditure  | Exp. min. - 5,000,001<br>5,000,001 - 10,000,001<br>10,000,001 or more | 7,600<br>9,600<br>13,600   |
| Establishment of a new hospital, nursing home, or continuing care retirement community                              | 0 - 2,000,001<br>2,000,001 or more                                    | 10,600<br>15,700           |
| Establishment of a new home health agency, hospice, ambulatory surgery facility, or kidney disease treatment center | 0 - 100,001<br>100,001 or more  | 3,700<br>5,700<br>7,600    |
| Extension of the certificate of need validity period (projects involving plans review by construction review unit)  |   | 150                        |
| Extension of the certificate of need validity period (other projects)   |   | 900                        |
| Replacement of an existing health care facility   | 1 - 2,000,001<br>2,000,001 - 5,000,001<br>5,000,001 or more           | 5,400<br>8,100<br>9,600    |
| Sale, purchase, or lease of part or all of an existing hospital   | 1 - 5,000,001<br>5,000,001 or more                                    | 7,600<br>11,500            |

| Project Description   | Capital Expenditure Range | Review Fee |
|---|---------------------------|------------|
| Substantial change in services, or offering a new tertiary health service | 0 - 100,000               | 8,100      |
|   | 100,001 - 2,000,000       | 10,600     |
|   | 2,000,001 or more         | 15,700     |
| Transfer of a certificate of need   |                           | 2,700      |

(c) A nonrefundable two thousand dollar actuarial review fee surcharge for an application sponsored by an existing or proposed continuing care retirement community (CCRC) as defined in WAC 246-310-130 (3)(b).

(2) For purposes of subsection (1)(b) of this section, "total capital expenditure" means the total project costs to be capitalized according to generally accepted accounting principles consistently applied, and includes, but is not limited to, the following:

- (a) Legal fees;
- (b) Feasibility studies;
- (c) Site development;
- (d) Soil survey and investigation;
- (e) Consulting fees;
- (f) Interest expenses during construction;
- (g) Temporary relocation;
- (h) Architect and engineering fees;
- (i) Construction, renovation, or alteration;
- (j) Total costs of leases of capital assets;
- (k) Labor;
- (l) Materials;
- (m) Equipment;
- (n) Sales taxes;
- (o) Equipment delivery; and
- (p) Equipment installation.

(3) Where more than one project description under subsection (1)(b) of this section applies to an application, the applicant shall use the project description and capital expenditure range with the highest review fee in calculating the payment to accompany the application submittal.

(4) The applicant shall accompany the submittal of an amendment to a certificate of need application with a fee consisting of the following:

(a) A nonrefundable processing fee of five hundred dollars;

(b) When the amendment increases the capital expenditure, or results in a project description with a larger review fee, an additional review fee based on the difference between the review fee previously paid when the application was submitted and the review fee applicable to the greater capital expenditure or new project description; and

(c) When the amendment decreases the capital expenditure, or results in a project description with a smaller review fee, the department shall refund to the applicant the difference between the review fee previously paid when the application was submitted and the review fee applicable to the smaller capital expenditure or new project description.

(5) When an application for a certificate of need is returned by the department in accordance with the provisions of WAC 246-310-090 (2)(b) or (e), the department shall refund all review fees paid.

(6) When an applicant submits a written request to withdraw an application before the beginning of review, the department shall refund any review fees paid by the applicant.

(7) When an applicant submits a written request to withdraw an application after the beginning of review, but before the beginning of the ex parte period as determined by the department consistent with WAC 246-310-190, the department shall refund one-half of all review fees paid.

(8) When an applicant submits a written request to withdraw an application after the beginning of the ex parte period as determined by the department consistent with WAC 246-310-190, the department shall not refund any of the review fees paid.

(9) Other certificate of need program fees are:

(a) A nonrefundable two hundred fifty dollar processing fee for each request for an exemption from certificate of need review submitted under the provisions of WAC 246-310-040; and

(b) A nonrefundable two hundred fifty dollar processing fee for each request for an exemption from certificate of need review submitted under the provisions of RCW 70.38.105 (4)(d).

[Statutory Authority: RCW 70.38.135, 43.70.250 and 70.38.919. 92-02-018 (Order 224), § 246-310-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.38 RCW. 90-15-001 (Order 070), § 440-44-030, filed 7/6/90, effective 8/6/90. Statutory Authority: RCW 43.20A.055. 89-21-042 (Order 2), § 440-44-030, filed 10/13/89, effective 11/13/89; 87-16-084 (Order 2519), § 440-44-030, filed 8/5/87; 87-12-049 (Order 2494), § 440-44-030, filed 6/1/87; 84-13-006 (Order 2109), § 440-44-030, filed 6/7/84; 83-21-015 (Order 2037), § 440-44-030, filed 10/6/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-030, filed 6/4/82.]

## Chapter 246-314 WAC

### FACILITY CONSTRUCTION REVIEW

#### WAC

- 246-314-001 Purpose.  
246-314-010 Definitions.  
246-314-990 Construction review fees.

**WAC 246-314-001 Purpose.** The purpose of this chapter is to establish fees for reviewing and approving health and residential care facility construction projects.

[Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-001, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-001, filed 12/27/90, effective 1/31/91.]

**WAC 246-314-010 Definitions.** (1) "Department" means the Washington state department of health.

(2) "Project" means a construction endeavor including new construction, replacement, alterations, additions,

expansions, conversions, improvements, remodeling, renovating, and upgrading of the following types of facilities:

- (a) "Adult residential rehabilitation center" as defined under chapters 71.12 RCW and 246-325 WAC;
- (b) "Boarding homes" as defined under chapters 18.20 RCW and 246-316 WAC;
- (c) "Maternity homes" and "childbirth centers" as defined under chapters 18.46 RCW and 246-329 WAC;
- (d) "Nursing homes" as defined under chapters 18.51 RCW and 248-14 WAC;
- (e) "Private psychiatric hospitals" as defined under chapters 71.12 RCW and 246-322 WAC;
- (f) "Private alcoholism hospitals" as defined under chapters 71.12 RCW and 246-324 WAC;
- (g) "Private alcoholism treatment facilities" as defined under chapters 71.12 RCW and 246-326 WAC;
- (h) "Residential treatment facilities for psychiatrically impaired children and youth" as defined under chapters 71.12 RCW and 246-323 WAC;
- (i) "Hospitals" as defined under chapters 70.41 RCW and 246-318 WAC; and
- (j) "Hospice care center" as defined under chapters 70.126 RCW and 246-321 WAC.

(3) "Project sponsor" means the person, persons or organization, planning and contracting for the design and construction of facilities, generally the owner or the owner's representative.

(4) "Project cost" means all costs, except taxes, directly associated with the project, initially estimated and corrected by certification to the date of completion of the project and including:

- (a) All architectural-engineering designs, plans, drawings, and specifications;
- (b) All fixed and installed equipment in the project; and
- (c) Contractor supervision, inspection, and overhead.

[Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-010, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-010, filed 12/27/90, effective 1/31/91.]

**WAC 246-314-990 Construction review fees.** (1) The project sponsor shall submit to the department:

- (a) A completed project review application form along with project documents for review; and
- (b) The appropriate fee based upon the initial project construction cost as determined from the following construction fee table:

CONSTRUCTION FEE TABLE

| Project Cost     | Project Review Fee |
|------------------|--------------------|
| \$ 0 to \$ 999   | \$ 120             |
| 1,000 to 1,999   | 250                |
| 2,000 to 2,999   | 320                |
| 3,000 to 4,999   | 400                |
| 5,000 to 9,999   | 520                |
| 10,000 to 19,999 | 650                |
| 20,000 to 29,999 | 800                |
| 30,000 to 39,999 | 950                |
| 40,000 to 49,999 | 1,100              |

CONSTRUCTION FEE TABLE

| Project Cost             | Project Review Fee |
|--------------------------|--------------------|
| 50,000 to 64,999         | 1,300              |
| 65,000 to 79,999         | 1,500              |
| 80,000 to 99,999         | 1,800              |
| 100,000 to 124,999       | 2,150              |
| 125,000 to 149,999       | 2,500              |
| 150,000 to 199,999       | 2,900              |
| 200,000 to 249,999       | 3,250              |
| 250,000 to 324,999       | 3,575              |
| 325,000 to 449,999       | 4,000              |
| 450,000 to 574,999       | 4,500              |
| 575,000 to 699,999       | 5,100              |
| 700,000 to 849,999       | 5,700              |
| 850,000 to 999,999       | 6,400              |
| 1,000,000 to 1,249,999   | 7,000              |
| 1,250,000 to 2,499,999   | 7,700              |
| 2,500,000 to 2,999,999   | 8,400              |
| 3,000,000 to 3,499,999   | 9,100              |
| 3,500,000 to 4,999,999   | 10,500             |
| 5,000,000 to 6,999,999   | 11,900             |
| 7,000,000 to 9,999,999   | 13,500             |
| 10,000,000 to 14,999,999 | 15,500             |
| 15,000,000 to 19,999,999 | 17,500             |
| 20,000,000 to 29,999,999 | 19,500             |
| 30,000,000 to 39,999,999 | 22,500             |
| 40,000,000 to 59,999,999 | 25,000             |
| 60,000,000 and over      | 28,000             |

(2) The department shall charge a flat fee of eighty dollars for a project involving installation of carpet only.

(3) The project sponsor may request a reduction in the project review fee for fixed or installed technologically advanced diagnostic or treatment equipment projects including lithotripters, CT scans, linear accelerators, or MRI's.

(4) The department may adjust the project review fee if:

- (a) The final project cost changes as evidenced on the certificate of project completion card; or
- (b) The project sponsor requests a reduction in the fee according to subsection (3) of this section.

[Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-990, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-316 WAC  
BOARDING HOMES**

| WAC         | Definitions.  |
|-------------|---|
| 246-316-010 | Boarding home license application—Department denial, suspension, revocation of license. |
| 246-316-020 | Change of licensee.   |
| 246-316-030 | Requirement for and qualifications of boarding home administrator.                      |
| 246-316-040 | New construction—Modification of existing structure.                                    |
| 246-316-070 | Water supply.   |
| 246-316-090 | Sewage and liquid waste disposal.   |
| 246-316-100 | Resident room—Room furnishings—Storage.   |
| 246-316-150 |   |

|             |  |
|-------------|--|
| 246-316-170 | Food and nutrition services.                     |
| 246-316-200 | Storage space.                                   |
| 246-316-240 | Admission, placement and retention of residents. |
| 246-316-320 | Resident health record.                          |
| 246-316-330 | Adult day care.                                  |

**WAC 246-316-010 Definitions.** For the purposes of these regulations, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Abuse" means the injury, sexual use or sexual mistreatment of an individual resident by any person under circumstances which indicate the health, welfare, and safety of the resident is harmed thereby. Abuse includes emotional, as well as physical, abuse.

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

(b) "Emotional abuse" means verbal or nonverbal actions which constitute harassment.

(2) "Ambulatory" means physically and mentally capable of walking or traversing a normal path to safety, including the ascent and descent of stairs, without the physical assistance of another person.

(a) "Semi-ambulatory" means physically and mentally capable of traversing a normal path to safety with the use of mobility aids, but unable to ascend or descend stairs without the physical assistance of another person.

(b) "Nonambulatory" means physically or mentally unable to walk or traverse a normal path to safety without the physical assistance of another person.

(c) "Physical assistance" as used in subsection (2)(a) and (b) of this section means carrying, pushing, pulling, holding, or dragging a resident along a normal path to safety.

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

(4) "Bathing facility" means a bathtub, shower or sit-down shower.

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

(6) "Board" as used in RCW 18.20.020(2) means the provision of daily meal service and lodging.

(7) "Boarding home" means:

(a) A facility as defined in RCW 18.20.020(2) and in this chapter;

(b) The licensee or person granted a license by the department to operate a boarding home.

(8) "Department" means the Washington state department of health (DOH).

(9) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American dietetic association described in Directory of Dietetic Programs Accredited and Approved, American Dietetic Association, edition 100, 1980.

(10) "Domiciliary care," as used in RCW 18.20.020 and this chapter, means the care offered an individual in his or her living accommodation which includes the assumption of a general responsibility for the safety and

well-being of the individual and provision of assistance in the activities of daily living, as needed.

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

(12) "Foot candle" means a measurement of light approximately equal to the light produced by a lighted candle at the distance one foot away from the candle.

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

(14) "Grade" means the level 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.

(15) "Health care practitioner" means any individual, group or organization providing health care as authorized by Washington state law, including, but not limited to, physician, chiropractor, naturopath, certified registered nurse, physician's assistant.

(16) "Home health care agency" means any nursing or other service provided by licensed nurses, other practitioners or aides on a periodic or short-term basis excluding continuous nursing care.

(17) "Infirmary," as used in RCW 18.20.020 and this chapter, means a disability which materially limits normal activity without causing an individual to need inpatient medical or nursing care of a type provided by institutions licensed under the provisions of chapters 18.46, 18.51, 70.41 or 71.12 RCW. An infirmity may be based on conditions including, but not limited to, physical handicap, mental illness, developmental disability, chemical addiction or habituation or mental confusion, disability or disturbance.

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

(19) "May" means to permit, at the discretion of the department.

(20) "Medication" means all pharmaceuticals, vitamins, and nutrient supplements, both over-the-counter and prescribed.

(21) "Medication administration" means an act in which a single dose of a medication is given to a resident by an authorized person, other than the resident, under laws and regulations governing such acts and entailing:

(a) Removing an individual dose from a previously dispensed, properly labeled container;

(b) Reviewing the label on the container with prescriber's order or with a direct copy of a verified transcription of the order;

(c) Giving an individual dose to the proper resident; and

(d) Properly recording the time and dose given.

(22) "Minor alteration" means:

(a) Physical or functional modification in a boarding home without changing department-approved use of the modified room or area; and

(b) Prior department review of the plan specified in WAC 246-316-070 is not required.

(23) "Neglect" means negligent treatment or maltreatment; an act or omission which evinces a disregard of consequences of such a magnitude as to constitute a

clear and present danger to a resident's health, welfare, and/or safety.

(24) "New construction" means:

(a) Constructing or building a new physical plant or facility to be used as a boarding home;

(b) Additions to an existing facility or physical plant constructed for intended use as part of a boarding home;

(c) A physical alteration, modification, or renovation changing department-approved use of a room or area excluding "minor alteration."

(25) "Nurse" means either a licensed practical nurse under provisions of chapter 18.78 RCW or a registered nurse.

(26) "Nursing care" means services:

(a) Designed to maintain or promote achievement of optimal, independent function, and health status; and

(b) Planned, supervised, and evaluated by a registered nurse in the context of an overall individual plan of care as in WAC 248-14-001.

(27) "Physician" or "doctor," as used in RCW 18.20.160 and in this chapter, means an individual licensed as a physician under chapters 18.57 or 18.71 RCW.

(28) "Prescriber" means a physician, dentist under chapter 18.32 RCW, or registered nurse with prescriptive authority or others legally authorized in Washington state to prescribe drugs.

(29) "Registered nurse" means an individual licensed under chapter 18.88 RCW.

(30) "Resident" means an individual who, by reason of age or infirmity, requires domiciliary care and who is not related by blood or marriage to the operator of the boarding home.

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

(32) "Self-administration of medication" means medication administration by a resident taking his or her own medication from a properly labeled container.

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

(34) "Suitable chair" means a piece of furniture intended to accommodate the act of sitting which is sturdy, comfortable, and appropriate for the age and physical condition of a resident.

(35) "Supervised medication service Category A" means:

(a) A level of self-medication or self-administration; or

(b) Self-directed medication service for a resident requiring limited assistance or no assistance, and monitoring by boarding home staff to assure medication is taken and stored properly.

(36) "Supervised medication service Category B" means a level of service for residents requiring assistance and monitoring by boarding home staff to assure:

(a) Medications taken in accordance with a health care practitioner's instructions; and

(b) Inaccessibility of medications to other residents.

(37) "Supervised medication service Category C" means a full medication administration service.

(38) "Toilet" means a disposal apparatus consisting of a hopper, fitted with a seat and flushing device, used for urination and defecation.

(39) "Usable floor space" means floor area available for:

(a) Use in a resident bedroom excluding areas with ceiling height under seven feet six inches and walk-in closets if initially and continuously licensed prior to December 31, 1988; or

(b) Living and sleeping, excluding bathrooms, toilets, toilet compartments, closets, halls, storage, or utility spaces if initially licensed after December 31, 1988.

[Statutory Authority: RCW 18.20.090, 92-02-018 (Order 224), § 246-316-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-316-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090, 89-09-034 (Order 2786), § 248-16-001, filed 4/14/89; 83-13-068 (Order 264), § 248-16-001, filed 6/16/83; Order 147, § 248-16-001, filed 6/29/77; Order 97, § 248-16-001, filed 4/5/74; § 248-16-001, filed 10/3/67; Emergency Regulation filed 8/4/67; Regulation .16.001, effective 3/11/60; Subsec. 6, Rule 1 and Subsec. 7, Rule 2, filed 5/31/61.]

**WAC 246-316-020 Boarding home license application—Department denial, suspension, revocation of license.** (1) Boarding home license applicants shall:

(a) Submit appropriate, signed, completed department application forms to the department;

(b) Apply at least thirty days prior to expiration of license for renewal;

(c) Promptly report changes in information related to the application including identity of:

(i) Officers and directors if operated by a legally incorporated entity; and

(ii) Partners if a legal partnership.

(2) The department shall:

(a) Evaluate qualifications of persons named in boarding home license application prior to granting initial and subsequent licenses;

(b) Deny, suspend, or revoke a boarding home license if the department finds persons named unqualified or unable to operate or direct operation of the facility as described in chapter 18.20 RCW and this chapter;

(c) Determine if reasonable relationship exists between any previous conviction of the applicant and ability to competently, safely oversee, or operate a boarding home;

(d) Deny, suspend, or revoke a boarding home license if any person named:

(i) Was previously denied a license to operate an agency for care of children, aged, ill, or infirm in Washington or elsewhere;

(ii) Had a license to operate an agency for treatment or care of people revoked or suspended;

(iii) Has a record of a criminal or civil conviction for:

(A) Operating an agency for care of aged, children, ill, or infirm without an appropriate, applicable license; or

(B) Any crime involving physical harm to another person.

(iv) Is identified on department abuse registry as perpetrator of substantiated abuse described in chapter 26-44 RCW;

(v) Committed, permitted, aided, or abetted an illegal act on boarding home premises;

(vi) Demonstrated cruelty, abuse, negligence, assault, or indifference to welfare and well-being of a resident;

(vii) Failed to exercise fiscal accountability and responsibility involving:

(A) A resident;

(B) The department;

(C) Public agencies; or

(D) The business community.

(3) The department may grant a license to operate a boarding home to previously disqualified licensees as specified in subsection (2) of this section if such person provides evidence including demonstrated ability to operate a boarding home according to applicable laws and rules.

(4)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. 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 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 18.20.090 and 34.05.220. 92-02-018 (Order 224), § 246-316-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.20.909 [18.20.090]. 90-06-019 (Order 039), § 248-16-031, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-031, filed 4/14/89.]

**WAC 246-316-030 Change of licensee.** (1) Boarding homes shall:

(a) Notify the department in writing at least thirty days prior to planned change of boarding home license including:

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

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

(iii) The date of the proposed change; and

(iv) The kind of change to be made, such as sale, lease, or rental.

(b) If a corporation or partnership:

(i) Notify the department, in writing, with the name and address of the responsible officers in corporation or controlling partners; and

(ii) Submit a signed statement testifying the new controlling officer or officers is in compliance with WAC 246-316-020.

(2) Applicants for an initial boarding home license shall submit a new application thirty days or more before proposed effective date of license as specified in WAC 246-316-020.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-033, filed 4/14/89.]

**WAC 246-316-040 Requirement for and qualifications of boarding home administrator.** (1) Boarding homes shall have continuous availability of an administrator or designated alternate who:

(a) Is available in person or by phone or page at all times;

(b) Is at least twenty-one years of age;

(c) Is not a resident as defined in WAC 246-316-010(30);

(d) Possesses a high school diploma or equivalent unless administering a boarding home in Washington state prior to January 1, 1958;

(e) Has demonstrated competence and experience in management of a boarding home or completed high school or post-high school courses including:

(i) Basic accounting, except when a designated alternate administrator is in charge for two weeks or less;

(ii) Management including personnel management; and

(iii) Care of persons characteristic of those admitted or accepted as residents in a specific boarding home, such as frail elderly, developmentally disabled, or mentally ill persons.

(f) Meets requirements as specified in WAC 246-316-050 (2)(b).

(2) Boarding homes shall notify the department when changes in the administrator occur including:

(a) Provide written notice to the department of new administrator's name upon appointment; and

(b) Provide a statement of administrator's compliance with this section and WAC 246-316-050.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-036, filed 4/14/89.]

**WAC 246-316-070 New construction--Modification of existing structure.** (1) Boarding homes shall forward plans for new construction, if applicable, to the department including:

(a) Preliminary documents with:

(i) Description of program, services, and operational methods affecting boarding home building, premises, or residents;

(ii) Scaled drawings for any physical or functional construction or modification;

(iii) Two sets of plans drawn to scale including:

(A) Plot plan showing streets and driveways;

(B) Water supply;

(C) Sewage disposal system;

(D) Grade and location of each building;

(E) Designated function of each room; and

(F) Fixed equipment.

(iv) General description of construction and materials.

(b) Final construction documents requiring department approval which are two sets of final plans and specifications including:

(i) Plot plans;

(ii) Plans for each floor of each affected building designating function for each room and fixed equipment;

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

(iv) A schedule of floor, wall, and ceiling finishes and the type and size of doors and windows;

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

(vi) Specifications which fully describe workmanship and finishes; and

(vii) A sample of each different carpet, if provided, including tests for flame spread and smoke density conducted by an independent testing laboratory approved by the department.

(2) Boarding homes involved in new construction projects shall:

(a) Obtain department approval of final construction documents prior to starting construction;

(b) Consult with the department prior to changing approved plans and specifications;

(c) Submit modified plans or addenda if required by the department;

(d) Construct only changes approved by the department;

(e) Provide a written notice of construction project completion to the department indicating date to be completed and compliance with requirements of chapter 18.20 RCW and this chapter; and

(f) Occupy and use buildings or rooms only after authorization by the department.

(3) When modifications or alterations to existing boarding home structure are planned, boarding homes shall forward plans to the department including:

(a) Preliminary documents with:

(i) Descriptive drawings of each floor of proposed modifications indicating area to be modified;

(ii) Description of impacts on physical plant, operations, and services;

(iii) A plan showing existing and proposed function of each room and fixed equipment; and

(iv) A sample of carpets, if provided, including tests for flame spread and smoke density conducted by an independent testing laboratory approved by the department.

(b) Final plans submitted after department review of preliminary documents.

(4) Boarding homes involved in alteration or modification projects shall:

(a) Begin modifications only after department approval of final plans; and

(b) Make adequate provisions for the health, safety, and comfort of residents during construction.

(5) Boarding homes shall obtain approval of the Washington state division of fire protection prior to new construction, modifications, alterations, and minor alterations under RCW 18.20.130.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-057, filed 4/14/89.]

**WAC 246-316-090 Water supply.** Boarding homes shall:

(1) Provide a water supply system and water meeting requirements described in chapter 246-290 WAC public water supplies;

(2) Maintain water supply systems free of cross-connections;

(3) Provide hot and cold water under adequate pressure readily available throughout the facility;

(4) Provide hot water not to exceed 120° Fahrenheit at lavatories and bathing facilities used by residents;

(5) Label or color code unsafe or nonpotable water supplies used for irrigation, fire protection, and purposes other than domestic use;

(6) Meet laundry requirements of WAC 246-316-190; and

(7) Meet dishwashing machine requirements in WAC 246-316-170.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-070, filed 4/14/89; 83-13-068 (Order 264), § 248-16-070, filed 6/16/83; Order 147, § 248-16-070, filed 6/29/77; Regulation .16.070, effective 3/11/60.]

**WAC 246-316-100 Sewage and liquid waste disposal.** Boarding homes shall:

(1) Have all sewage and waste water drain into a sewerage system approved by the governmental agency having jurisdiction;

(2) Prevent discharge of sewage or liquid wastes directly on the surface of the ground or directly into ground water; and

(3) For new construction, if on-site sewage disposal systems are used, discharge sewage and liquid wastes per chapter 246-272 WAC on-site sewage disposal or chapter 173-240 WAC.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-080, filed 4/14/89; Order 147, § 248-16-080, filed 6/29/77; Regulation .16.080, effective 3/11/60.]



**WAC 246-316-150 Resident room--Room furnishings--Storage.** (1) Boarding homes shall have resident sleeping rooms with:

(a) Eighty square feet usable floor space in a one-person room;

(b) At least seventy square feet of usable floor space per person in rooms occupied by two or more;

(c) Ceiling heights of at least seven feet six inches over all portions of rooms considered usable floor space;

(d) Accommodations for a maximum of four persons per room if initially and continuously licensed before July 1, 1989;

(e) Maximum occupancy of two persons per room for boarding homes applying for initial license or increasing number of resident sleeping rooms after June 30, 1989;

(f) Appropriate room identification and resident capacity consistent with department-approved list;

(g) Unrestricted direct access to a hallway, living room, outside, or other acceptable common-use area;

(h) An exclusion for use as corridors or passageways;

(i) Window sill or sills of a window or windows used for required window area, under subsection (1)(j) of this section:

(i) No more than three feet eight inches from the floor;

(ii) At or above grade extending ten or more feet outside horizontally from the window sill.

(j) Windows, excluding openings into window wells, enclosed porches, light or ventilation shafts, or similarly enclosed areas, providing:

(i) Clear glass area at least one-tenth of required room area;

(ii) Minimum area of ten square feet.

(k) Windows designed to operate freely if necessary for fire exit or ventilation;

(l) Adjustable window curtains, shades, blinds, or equivalent for visual privacy;

(m) One or more duplex electrical outlets per bed if initially licensed after July 1, 1983;

(n) Switch at entry of bedroom to control one or more light fixtures in room;

(o) Artificial lighting at bedside if requested by a resident under WAC 246-316-120; and

(p) Noncombustible wastebaskets.

(2) Boarding homes shall provide or ensure each resident has:

(a) Sufficient storage facilities either in or immediately adjacent to his or her sleeping room to adequately store a reasonable quantity of clothing and personal possessions;

(b) Individual towel and washcloth rack or equivalent;

(c) A secure space for valuables at least one-half cubic foot and a minimum dimension of four inches if requested by the resident;

(d) A comfortable bed appropriate for size of resident and at least thirty-six inches wide with:

(i) A mattress which:

(A) Fits the bed frame;

(B) Is in good condition; and

(C) Is at least four inches thick unless otherwise requested or necessary for resident health and/or safety.

(ii) Spacing at least three feet from the other beds unless otherwise requested by all affected residents; and

(iii) Acceptable types including:

(A) Standard household bed;

(B) Studio couch;

(C) Hide-a-bed;

(D) Day bed; and

(E) Water bed if it is structurally and electrically safe.

(e) One or more comfortable pillows;

(f) Clean, and in good repair, bedding at least one time per week, or as necessary to maintain cleanliness;

(g) Clean towels and washcloths at least once each week or more often if necessary to maintain cleanliness; and

(h) At least one suitable chair excluding those used to permanently furnish the day room, dining room, or other common-use rooms.

(3) Boarding homes may permit a resident to use his or her own furniture and furnishings when consistent with health and safety of all residents including:

(a) Cooking equipment, coffee makers, and other equipment and appliances in sleeping rooms when approved by the Washington state director of fire protection; and

(b) Food and beverage storage and preparation area in sleeping room if maintained in a sanitary condition.

(4) Boarding homes shall regularly:

(a) Ascertain functional ability of residents to use cooking facilities safely; and

(b) Take appropriate actions to prohibit resident access to cooking facilities when a resident is judged unable to cook safely, including:

(i) Rewire, disconnect, or remove stove or appliance;

(ii) Transfer of resident to another accommodation; or

(iii) Ensure constant attendance by a responsible person when resident has access to or use of cooking facilities.

(5) Boarding homes may use and allow use of carpets or other floor coverings if:

(a) Securely fastened to the floor or provided with nonskid backing;

(b) Free of hazards such as curling edges or tattered sections; and

(c) Clean.

(6) If a boarding home plans to install carpeting, the boarding home shall submit samples to the department for approval prior to purchase and installation as required in WAC 246-316-070 (3)(a)(iv).

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-150, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-121, filed 4/14/89.]

**WAC 246-316-170 Food and nutrition services.** (1) Boarding homes shall maintain food service facilities and practices required in chapter 246-215 WAC food service sanitation. Boarding homes may use home-canned high-acid foods with a pH of less than 4.6, such as fruit, jelly, and jam.

(2) Boarding homes using dishwashing machines shall ensure:

(a) Machine operation per manufacturer directions; and

(b) "Home-type" machines, without high temperature sanitizing cycles, maintain water temperature at 155° Fahrenheit or above.

(3) Boarding homes shall:

(a) Provide a minimum of three meals in each twenty-four-hour period;

(b) Deviate from minimum of three meals in a twenty-four-hour period only following written approval by the department;

(c) Allow no more than fourteen hours between the evening meal and breakfast unless a snack contributing to the daily nutrient total is served or made available to all residents between the evening meal and breakfast;

(d) Provide sufficient time for residents to consume meals;

(e) Have written menus which:

(i) Are available at least one week in advance;

(ii) Include date, day of week, month, and year;

(iii) Are retained at least six months; and

(iv) Provide a variety of foods with cycle duration of at least three weeks before repeating.

(f) Prepare palatable, attractively served foods, 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;

(g) When substituting for food contributing to daily nutrient total requirement, use food of comparable nutrient value and record food actually served;

(h) Keep a record of all food and snacks served and contributing to nutritional requirements; and

(i) Maintain an adequate dining area approved by the department with seating capacity for fifty percent or more residents per meal setting.

(4) Boarding homes shall prepare and serve:

(a) Resident specific modified or therapeutic diets when and as prescribed by a health care practitioner using a dietitian-approved menu or diet manual; and

(b) Only nutrient concentrates and supplements prescribed in writing by a health care practitioner.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-170, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-141, filed 4/14/89.]

**WAC 246-316-200 Storage space.** (1) Boarding homes shall provide adequate storage space for:

(a) Supplies;

(b) Equipment;

(c) Linens; and

(d) Personal possessions of residents including spaces described in WAC 246-316-150(2).

(2) Boarding homes shall maintain storage space to:

(a) Prevent fire or accident hazards; and

(b) Provide separate, lockable storage for disinfectants and poisonous compounds in drawers, rooms, or equivalent.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-170, filed 4/14/89; 83-13-068 (Order 264), § 248-16-170, filed 6/16/83; Regulation .16.170, effective 3/11/60.]

**WAC 246-316-240 Admission, placement and retention of residents.** (1) Prior to admission or acceptance as a resident, boarding homes shall obtain sufficient information to evaluate whether or not a resident/applicant can be safely housed and provided domiciliary care in the particular facility, including information in reference to:

(a) Resident/applicant's ability to function with respect to the physical premises, equipment, and staff of the boarding home;

(b) Space, equipment, and furniture requirements;

(c) Ambulatory status;

(d) Currently demonstrated overt behavior dangerous to self or others;

(e) Need for care in a hospital, nursing home, or other licensed facility under chapters 18.51, 70.41, and 71.12 RCW;

(f) Requirements for assistance in obtaining or administering medications; and

(g) Need or desire for nursing care exceeding periodic visits by staff of a home health care agency or a licensed nurse employed by an individual resident.

(2) Boarding homes shall accept, admit, and retain persons as residents only when:

(a) Ambulatory unless the boarding home is approved by the Washington state director of fire protection to:

(i) Care for semi-ambulatory residents; or

(ii) Care for nonambulatory residents not needing medical or nursing care as specified in subsection (2)(f)(ii) and (iii) of this section.

(b) Nonsmoking residents can be accommodated with smoke-free rooms and smoke-free common-use areas to prevent contact with smoke;

(c) Smoking residents can be accommodated by areas meeting the requirements in WAC 246-316-140(2);

(d) The individual resident can be accommodated by:

(i) Physical plant, facilities, and spaces;

(ii) Furniture and equipment; and

(iii) Staff who are available and sufficient to provide nature of domiciliary care required and desired by the resident.

(e) The amount and nature of needed assistance with medication or medication service is available in the boarding home under RCW 18.20.160 and WAC 246-316-300; and

(f) Individuals do not:

(i) Exhibit continuing overt behavior which is a danger to others or self;

(ii) Need inpatient care in a hospital, nursing home, or other facility licensed under chapters 18.51, 70.12, or 70.41 RCW; or

(iii) Need continuous nursing care exceeding periodic or short-term services from:

(A) Staff of a home health care agency; or

(B) A licensed nurse retained by an individual resident.

(3) Upon admission or acceptance of an individual as a resident, boarding homes shall determine a resident's choice regarding:

- (a) Definite arrangements with a health care practitioner; and
- (b) Who to call in case of resident illness or death.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-240, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-213, filed 4/14/89; 83-13-068 (Order 264), § 248-16-213, filed 6/16/83; Order 147, § 248-16-213, filed 6/29/77.]

**WAC 246-316-320 Resident health record.** (1) Boarding homes shall maintain a health record in ink, typewritten or equivalent, for each resident including:

- (a) Full name, date of birth, and former address of resident;
- (b) Date admitted as resident and date discharged;
- (c) Name, address, and telephone number of next-of-kin or other responsible person;
- (d) Name, address, and telephone number of resident's personal physician or health care practitioner;
- (e) Signed staff entries about:
  - (i) Dates and descriptions of resident illnesses, accidents, or incidents;
  - (ii) Changes in resident functional abilities or physical and mental coordination; and
  - (iii) Actions of staff related to subdivision (e)(i) and (ii) of this subsection.
- (f) Orders signed by a resident's physician or health care practitioner for any modified diet, concentrate or supplement provided by the boarding home; and
- (g) Medication orders and records as specified in WAC 246-316-300.

(2) Boarding homes shall:

- (a) Maintain a systematic, secure method of identifying and filing resident health records for ease in locating; and
- (b) Retain each resident health record at least five years following resident discharge.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-320, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-235, filed 4/14/89; 83-13-068 (Order 264), § 248-16-235, filed 6/16/83.]

**WAC 246-316-330 Adult day care.** (1) Boarding homes choosing to provide adult day care services and to accept or admit adults for domiciliary care in a boarding home for less than a contiguous twenty-four hours shall:

- (a) Accept and retain for day care only those adults meeting resident criteria described in WAC 246-316-240;
- (b) Provide day room and dining room facilities complying with WAC 246-316-170 and 246-316-180;
- (c) Provide toilets and lavatories complying with WAC 246-316-160;
- (d) Provide comfortable, suitable chairs and furniture;

(e) Provide sufficient furniture for comfort of residents and day care adults including, but not limited to:

- (i) Napping furniture for day care adults such as lounge chairs, recliners, couches; and
- (ii) Ability to space napping furniture at least three feet apart if needed or requested.

(f) Provide staff to supervise and assist day care adults in activities of daily living and medication management as described in WAC 246-316-260 and 246-316-300;

(g) Provide a meal meeting at least one-third of the recommended dietary allowance during every five-hour period of stay (the exception to the recommended dietary allowance is during normal sleeping hours when fasting periods greater than fourteen hours are prohibited);

(h) Ensure and provide rights, services, notification, and safety as described in WAC 246-316-250, 246-316-260, 246-316-280, and 246-316-290;

(i) Maintain a separate register of all day care adults using format described in WAC 246-316-310;

(j) Maintain a health record for each day care adult as described for residents in WAC 246-316-320.

(2) Boarding homes choosing to accept adults for day care shall:

(a) Notify the department of the plan to accept or admit adults to day care;

(b) Provide information as required for the department to establish compliance with this section; and

(c) Obtain written department approval for maximum day care adult capacity prior to accepting or admitting adults for day care.

(3) When notified of boarding home licensee's plan to accept day care adults, the department shall:

(a) Determine whether or not a boarding home complies with this section;

(b) Issue written approval for occupancy based on compliance with this section; and

(c) Indicate approved capacity for day care adults on the boarding home license.

[Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-330, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-300, filed 4/14/89.]

## Chapter 246-318 WAC HOSPITALS

### WAC

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**WAC 246-318-010 Definitions.** For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used in these regulations to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury or sexual abuse of a patient under circumstances indicating the health, welfare, and safety of the patient is harmed. Person "legally responsible" shall include a parent, guardian, or an individual to whom parental or guardian responsibility is delegated (e.g., teachers, providers of residential care and treatment, and providers of day care):

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

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

(2) "Accredited" means approved by the joint commission on accreditation of hospitals or the bureau of hospitals of the American Osteopathic Association.

(3) "Adolescent" means an individual during that period of life beginning with the appearance of secondary sex characteristics and ending with the cessation of somatic growth.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(5) "Alterations":

(a) "Alterations" means changes requiring construction in existing hospitals.

(b) "Minor alterations" means any physical or functional modification within existing hospitals not changing the approved use of the room or area. (Minor alterations performed under this definition do not require prior review of the department as specified in

WAC 246-318-510 (3)(a); however, this does not constitute a release from other applicable requirements.)

(6) "Area" means a portion of a room containing the equipment essential to carrying out a particular function and separated from other facilities of the room by a physical barrier or adequate space, except when used in reference to a major section of the hospital.

(7) "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.

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

(9) "Birthing room" or "labor, delivery, recovery (LDR) room" or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped to provide care of a woman, fetus, and newborn and to accommodate her support persons during the complete process of vaginal childbirth.

(10) "Children" means young persons of either sex between infancy and adolescence.

(11) "Clean" means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition, when the word is used in reference to a room, area, or facility.

(12) "Critical care" means a special physical and functional nursing unit for the segregation, concentration, and close or continuous observation and care of patients critically, acutely, or seriously ill and in need of intensive, highly skilled services.

(13) "Department" means the Washington state department of health.

(14) "Dentist" means an individual licensed under chapter 18.32 RCW.

(15) "Diagnostic radiologic technician" means an individual:

(a) Certified or eligible for certification as a diagnostic radiologic technologist under chapter 18.84 RCW; or

(b) Trained by a radiologist and approved by a radiologist member of medical staff to perform specified diagnostic radiologic procedures.

(16) "Dialysis facility" means a separate physical and functional nursing unit of the hospital serving patients receiving renal dialysis.

(17) "Dialysis station" means an area designed, equipped, and staffed to provide dialysis services for one patient.

(18) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in *Directory of Dietetic Programs Accredited and Approved*, American Dietetic Association, edition 100, 1980.

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

(20) "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:

(a) Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

(b) Reviewing the label on the container with a verified transcription, a direct copy or the original medical practitioner's orders;

(c) Giving the individual dose to the proper patient; and

(d) Properly recording the time and dose given.

(21) "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.

(22) "Easily cleanable" means of material or finish and so fabricated to allow complete removal of residue by normal cleaning methods.

(23) "Electrical receptacle outlet" means an outlet where one or more electrical receptacles are installed.

(24) "Facilities" means a room or area and equipment serving a specific function.

(25) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply controls not exceeding four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply control is through a mixing valve designed and installed to be operated by the foot.

(26) "Governing body" means the person or persons responsible for establishing the purposes and policies of the hospital.

(27) "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.

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

(29) "He, him, his, or himself" means a person of either sex, male, or female, and does not mean preference for nor exclude reference to either sex.

(30) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, prenatal, natal, or postnatal needing special medical or nursing care.

(31) "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" as used in this chapter 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, as defined and which come within the scope of chapter 18.51 RCW;

(d) Maternity homes, which come within the scope of chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor

(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) Furthermore, nothing in this chapter shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

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

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

(34) "Intermediate care nursery" means an area designed, organized, staffed, and equipped to provide constant care and treatment for mild to moderately ill infants not requiring neonatal intensive care, but requiring or may require physical support and treatment beyond support required for a normal neonate and may include the following:

(a) Electronic cardiorespiratory monitoring;

(b) Gavage feedings;

(c) Parenteral therapy for administration of drugs; and

(d) Respiratory therapy with intermittent mechanical ventilation not to exceed a continuous period of twenty-four hours for stabilization when trained staff are available.

(35) "Investigational drug" means any article not approved for use in the United States, but for which an investigational drug application (IND) is approved by the Food and Drug Administration.

(36) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift, or wheelchair to at least one side of the tub, and movement of people on both sides and at the end of the tub.

(37) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(38) "Legend drugs" means any drugs required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(39) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed under provisions of chapter 18.78 RCW.

(40) "May" means permissive or discretionary on the part of the board or the department.

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

(42) "Movable equipment" means equipment not built-in, fixed, or attached to the building.

(43) "Neglect" means mistreatment or maltreatment; an act or omission evincing; a serious disregard of consequences of a magnitude constituting 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.

(44) "Nuclear medicine technologist" means an individual certified or eligible for certification as a nuclear medicine technologist under chapter 18.84 RCW.

(45) "Neonate" or "newborn" means a newly born infant through the twenty-seventh day of life or under twenty-eight days of age.

(46) "Neonatal intensive care nursery" means an area designed, organized, equipped, and staffed to provide constant nursing and medical care and treatment for high-risk infants who may require:

(a) Continuous ventilatory support, twenty-four hours per day;

(b) Intravenous fluids or parenteral nutrition;

(c) Preoperative and postoperative monitoring when anesthetic other than local is administered; or

(d) Cardiopulmonary or other life support on a continuing basis.

(47) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in *Directory of Residency Training Programs by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-1982 or the *American Osteopathic Association Yearbook and Directory*, 1981-1982.

(48) "Newborn care" means provision of nursing and medical services described by the hospital and appropriate for well and convalescing infants including supportive care, ongoing physical assessment, and resuscitation.

(49) "New construction" means any of the following:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations.

(50) "Nursing home unit" or "long-term care unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(51) "Nursing unit, general" means a separate physical and functional unit of the hospital including a group of patient rooms, ancillary and administrative, and service facilities necessary to provide nursing service to the occupants of these patient rooms. Facilities serving other areas of the hospital and creating traffic unnecessary to the functions of the nursing unit are excluded.

(52) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

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

(54) "Occupational therapist" means an individual licensed under the provisions of chapter 18.59 RCW.

(55) "Patient" means an individual receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital. "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(56) "Patient care areas" means all nursing service areas of the hospital where direct patient care is rendered and all other areas of the hospital where diagnostic or treatment procedures are performed directly upon a patient.

(57) "Pediatrician" means a physician:

(a) Having successfully completed a residency program approved by the American Board of Pediatrics as described in the *Directory of Residence Training Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-1982; or

(b) Approved by the American Osteopathic Board of Pediatrics as described in the *American Osteopathic Association Yearbook and Directory*, 1981-1982; and

(c) Board certified or board eligible for period not to exceed three years.

(58) "Pediatric service" means any diagnostic, treatment, or care service provided for infants, children, or adolescents.

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

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

(61) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(62) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

(63) "Physical therapist" means an individual licensed under provisions of chapter 18.74 RCW.

(64) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(65) "Physician's assistant" means an individual who is not a physician but practices medicine under provisions, rules, and regulations of chapter 18.71A RCW, or provisions, rules, and regulations under chapter 18.57A RCW.

(66) "Physician member of medical staff qualified in nuclear medicine" means a physician with staff privileges who is:

(a) Certified or eligible for certification by the American Board of Radiology (ABR) or the American Board of Nuclear Medicine (ABNM) in radiologic physics including diagnostic, therapeutic, and medical nuclear physics; and

(b) Included in the 1987-1989 list of board-certified physicians maintained by ACR Professional Bureau, 1899 Preston White Drive, Reston, VA 22091.

(67) "Prescription" means an order for drugs for a specific patient given by a licensed physician, dentist, or other individual legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(68) "Protocols" and "standing order" mean written descriptions of actions and interventions for implementation by designated hospital personnel under defined circumstances and authenticated by a legally authorized person under hospital policy and procedure.

(69) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" as defined in this section.

(70) "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 as described in the *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in the *American Osteopathic Association Yearbook and Directory*, 1981-1982.

(71) "Psychologist" means an individual licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(72) "Radiation oncologist" means a physician who successfully completed an approved residency program in therapeutic radiology and is either board certified or eligible for board certification in radiation oncology by:

(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, with:

(i) Certification in use of both external and brachytherapy techniques; and

(ii) Continuing education requirements of the board met; or

(b) The American Osteopathic Board of Radiology described in the *American Osteopathic Association Yearbook and Directory*, 1981-82 with:

(i) Certification in use of both external and brachytherapy techniques; and

(ii) Continuing education requirements of the board met.

(73) "Radiologist" means a physician who is board certified or eligible for certification in radiology and meeting continuing education requirements of:

(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.

(74) "Recreational therapist" means an individual with a bachelors degree including a major or option in therapeutic recreation or recreation for the ill and handicapped.

(75) "Recovery unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(76) "Referred outpatient diagnostic service" means a service provided to an individual receiving medical diagnosis, treatment, and other health care services from one or more sources outside the hospital limited to diagnostic tests and examinations:

(a) Not involving administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and

(b) Ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(77) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(78) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(79) "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.

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

(81) "Safety device" means a device used to safeguard a patient who, because of developmental level or condition, is particularly subject to accidental self-injury.

(82) "Seclusion room" means a small, secure room specifically designed and organized to provide for temporary placement, care, and observation of one patient and further providing an environment with minimal sensory stimuli, maximum security and protection, and visualization of the patient by authorized personnel and staff. Doors of seclusion rooms shall be provided with staff-controlled locks. There shall be security relites in the door or equivalent means affording visibility of the occupant at all times. Inside or outside rooms may be acceptable.

(83) "Security room" means a patient sleeping room designed, furnished, and equipped to provide maximum safety and security, including window protection or security windows and a lockable door with provision for observation of room occupant.

(84) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(85) "Sensitive area" means a room used for surgery, obstetrical delivery, nursery, post-anesthesia recovery, special procedures where invasive techniques are used, or critical care including, but not limited to, intensive and cardiac care.

(86) "Shall" means compliance is mandatory.

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

(88) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control, and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(89) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work approved by the council on social work education.

(90) "Soiled" (when used in reference to a room, area, or facility) means space and equipment for collection or cleaning of used or contaminated supplies and equipment or collection or disposal of wastes.

(91) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(92) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:

(a) Incision, excision, or curettage of tissue or an organ;

(b) Suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture;

(c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or

(d) An endoscopic examination with use of a local or general anesthesia.

(93) "Therapeutic radiologic technologist" means an individual certified or eligible for certification as a therapeutic radiologic technologist under chapter 18.84 RCW.

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

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

(96) "Tuberculous patient" means an individual receiving diagnostic or treatment services because of suspected or known tuberculosis.

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

(98) "Window" means a glazed opening in an exterior wall.

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and other appropriate security features shall be incorporated. Approved transparent materials other than glass may be used.

(b) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-18-001, filed 11/30/90, effective 12/31/90; 89-22-106 (Order 010), § 248-18-001, filed 11/1/89, effective 12/2/89; 88-18-021 (Order 2680), § 248-18-001, filed 8/30/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-001, filed 3/20/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-001, filed 8/16/84; 83-19-058 (Order 269), § 248-18-001, filed 9/20/83; 83-01-003 (Order 245), § 248-18-001, filed 12/2/82. Statutory Authority: RCW 70.41.030. 81-05-029 (Order 209), § 248-18-001, filed 2/18/81; Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-



18-001, filed 5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

**WAC 246-318-013 License expiration dates—Notice of decision—Adjudicative proceeding.** (1) The department shall issue hospital licenses initially and reissue hospital licenses as often thereafter as necessary to stagger license expiration dates throughout the calendar year so as to cause approximately one-twelfth of the total number of hospital licenses to expire on the last day of each month, but no license issued pursuant to this chapter shall exceed thirty-six months in duration. If there is failure to comply with the provisions of chapter 70.41 RCW or this chapter, the department may, in its discretion, issue a provisional license to permit the operation of the hospital for a period of time to be determined by the department.

(2) The department may deny, suspend, modify, or revoke a license for cause.

(3)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-013, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-013, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.41.030, 90-06-019 (Order 039), § 248-18-015, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 70.41.030 and 43.20.050, 82-24-002 (Order 249), § 248-18-015, filed 11/18/82; Order 119, § 248-18-015, filed 5/23/75; Order 69, § 248-18-015, filed 1/13/72.]

**WAC 246-318-015 Exemptions and interpretations.**

(1) If a hospital that is required to be licensed under this act does not normally provide a particular service or department, the section or sections of these regulations relating to such service or department will not be applicable.

(2) The department may, in its discretion, exempt certain hospitals from complying with parts of these

regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the safety or health of the patients in the hospitals involved in jeopardy.

(3) The secretary of the department or his or her designee may, upon written application of a hospital, allow the substitution of procedures, materials, or equipment for those specified in these regulations when such procedures, materials, or equipment have been demonstrated to his or her satisfaction to be at least equivalent to those prescribed. The secretary or his or her designee shall send a written response to a hospital which has applied for approval of a substitution. The response shall approve or disapprove the substitution and shall be issued within thirty working days after the department has received all the information necessary to the review of the application.

(4) A hospital may, upon submission of a written request to the secretary of the department or his or her designee, obtain an interpretation of a rule or regulation contained in this chapter. The secretary or his or her designee shall, in response to such a request, send a written interpretation of the rule or regulation within thirty working days after the department has received complete information relevant to the requested interpretation.

(5) A copy of each exemption or substitution granted or interpretation issued pursuant to the provisions of this section shall be reduced to writing and filed with the department and the hospital.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-015, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-015, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW, 90-12-014 (Order 061), § 248-18-010, filed 5/30/90, effective 6/30/90. Statutory Authority: 1985 c 213, 86-08-002 (Order 2348), § 248-18-010, filed 3/20/86. Statutory Authority: RCW 70.41.30 [70.41.030], 81-05-029 (Order 209), § 248-18-010, filed 2/18/81; Order 142, § 248-18-010, filed 2/8/77; Order 119, § 248-18-010, filed 5/23/75; Order 50, § 248-18-010, filed 12/17/70; Order 22, § 248-18-010, filed 6/27/69; Order 10, § 248-18-010, filed 1/2/69; Regulation 18.010, effective 3/11/60; Subsection (3), filed 2/17/61.]

**WAC 246-318-017 Single license to cover two or more buildings—When permissible.** When an applicant and the hospital facility for which such application is submitted meet the licensure requirements of chapter 70.41 RCW and this chapter, the department may issue a single hospital license to include two or more buildings, provided:

(1) The licensee shall operate the multiple buildings as a single integrated system.

(a) All buildings or portions of buildings under a single license shall be governed by a single governing body and under administrative control of a single administrator, and

(b) All hospital facilities operating under a single license shall have a single medical staff.

(2) Buildings connected by a heated, enclosed passageway are considered a single building and the passageway shall be constructed and maintained to permit the safe transfer of patients, equipment, and supplies.

(3) Safe, appropriate, and adequate transport of patients between buildings shall be provided.

(4) Hospital buildings included under one license shall not be located more than ten surface miles apart.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-017, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-017, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 85-23-020 (Order 2305), § 248-18-017, filed 11/13/85; Order 119, § 248-18-017, filed 5/23/75.]

**WAC 246-318-018 Hospital license to cover attached nursing home building--When permissible.** A building meeting the requirements of this chapter and which has been approved by the department of social and health services as a nursing home may be licensed as a part of a hospital by means of a hospital license rider provided:

(1) The hospital makes application for license of the nursing home facility as a part of the hospital;

(2) The hospital and nursing home facility organization, administration and operation are integrated;

(3) The nursing home facility is connected to the hospital by an enclosed, heated passageway which has been approved by the department for the transport of patients, equipment and supplies; and

(4) The hospital establishes and maintains a mechanism whereby placement and retention of patients in the nursing home facility are reviewed by a professional group representative of the hospital's administrative, medical and nursing staffs to assure that use of the nursing home facility is limited to patients who require nonacute, convalescent or chronic care only.

And further provided that where requirements of this chapter affecting only the maintenance and operation of the nursing home facility are in conflict with this chapter, then such conflicts may be resolved by each hospital individually: *Provided*, That maintenance and operation of the facility meet either chapter 248-14 WAC or this chapter.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-018, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-018, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-018, filed 5/30/90, effective 6/30/90; Order 119, § 248-18-018, filed 5/23/75.]

**WAC 246-318-025 Required approval for occupancy after completion of new construction.** (1) Prior to occupancy and use of a building or any room or other portion of a building constituting the whole or part of a new construction project, a hospital shall have obtained written authorization for such occupancy from the department.

(2) The hospital shall notify the department when either of the following has been substantially completed: An entire new construction project, or any room or other portion of a new construction project the hospital plans

to occupy before the entire new construction project is finished.

(3) The department shall authorize occupancy if the new construction has been completed in accordance with this chapter and the department has received written approval of such occupancy from the state fire marshal.

(4) The department may authorize occupancy of a building or any room or other portion of a building when the new construction is deficient in relation to this chapter: *Provided*, That the department has determined, after thorough investigation and consideration, the deficiencies will not impair services to patients or otherwise jeopardize the safety or health of patients, the hospital has provided written assurance of completion or correction of deficient items within a period of time acceptable to the department, and the department has received written approval of such occupancy from the state fire marshal.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-025, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-025, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 82-13-084 (Order 230), § 248-18-025, filed 6/22/82; Order 123, § 248-18-025, filed 3/18/76.]

**WAC 246-318-035 Infection control program.** Each hospital shall maintain an effective hospital wide program for the surveillance, prevention, and control of infection including:

(1) Designation of an infection control committee to oversee the program with:

(a) Multidisciplinary membership on the committee including representatives from medical staff, nursing, administration, and persons directly responsible for management of the infection control program;

(b) Description of the program approved by the committee and including surveillance, prevention, and control activities;

(c) Delegation of authority, approved in writing by administrative and medical staff, to institute surveillance, prevention, and control measures when there is reason to believe any patient or personnel may be at risk of infection;

(d) Regularly scheduled meetings at least quarterly;

(e) Maintenance of written minutes and reports of findings presented during committee meetings; and

(f) A method for forwarding recommendations to the medical staff, nursing, administration, quality assurance, and other committees and departments as appropriate.

(2) Management of the infection control program by one or more persons with documented evidence of qualifications related to infection surveillance, prevention, and control including:

(a) Education;

(b) Training;

(c) Certification; or

(d) Supervised experience.

(3) Establishing the following components of the infection control program:

(a) Review of patient and personnel infections, as appropriate, to determine whether an infection is

nosocomial using definitions and criteria established by the committee;

(b) Written policies and procedures describing the types of surveillance carried out to monitor:

- (i) Rates of nosocomial infections;
- (ii) Systems used to collect and analyze data; and
- (iii) Activities to prevent and control infections;

(c) A system for reporting communicable diseases and following requirements under chapter 246-100 WAC, Communicable and certain other diseases;

(d) A procedure for reviewing and approving infection control aspects of policies and procedures used in each area of the hospital;

(e) Provision of consultation regarding patient care practices, equipment, and supplies influencing risk of infection;

(f) Provision of consultation regarding appropriate procedures and products used for cleaning, disinfection, and sterilization;

(g) Provision of information on infection control for orientation and in-service education of employees, and nonemployees performing direct patient care;

(h) Development of recommendations, consistent with federal, state, and local laws and rules, on methods for the proper disposal to prevent unsafe or unsanitary conditions related to:

- (i) Sewage;
- (ii) Solid and liquid wastes; and
- (iii) Infectious wastes including safe management of sharps;

(i) Defining indications for specific precautions to prevent transmission of infections;

(j) Coordinating of or cooperating with the employee health activities relating to control of hospital exposure and transmission of infections to or from employees and others performing patient services;

(k) Designing and monitoring of the physical environment of the hospital for infectious disease control.

(4) Provision of the following in any hospital providing inpatient services for tuberculous patients:

(a) Designated patient rooms for patients with suspected or known infectious tuberculosis including:

(i) Ventilation to maintain a negative pressure condition in each patient room relative to adjacent spaces, except bath and toilet areas with:

(A) Air movement or exhaust from the patient room to the out-of-doors;

(B) Ventilation at the rate of six air changes per hour, exhaust; and

(C) Make-up or supply air from adjacent ventilated spaces permitted only when a minimum of two air changes is tempered with outside air;

(ii) Ultraviolet generator irradiation as follows:

(A) Use of ultraviolet fluorescent fixtures with lamps emitting wave length of 253.7 nanometers to irradiate ceiling and upper space of patient room;

(B) The average reflected irradiance approximately 0.2 microwatts per square centimeter in the room at the five foot level;

(C) Fixture installation conforming to the recommendations of the Illuminating Engineering Society Handbook, 5th edition, section 25, "Ultraviolet Energy";

(D) Lamps changed as recommended by the manufacturer;

(b) Transfer of discharge information to the health department of the patient's county of residence;

(c) Mantoux tuberculin skin testing of employees in contact with infectious tuberculosis cases within one year of contact if regularly working in areas described under subsection (4)(a)(i) and (ii) of this section.

(d) Tuberculin skin testing employees as required by the local health officer or the department for contact investigations. Positive skin tests for contact investigations are 5 mm induration read at forty-eight to seventy-two hours.

(5) Implementation of a human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) education plan including:

(a) Verifying or arranging for appropriate education and training of personnel on the prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(b) Use of infection control standards and educational material consistent with the department-approved curriculum manual KNOW - HIV/AIDS, Prevention Education for Health Care Facility Employees, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-035, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-035, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 90-24-044 (Order 115), § 248-18-035, filed 11/30/90, effective 12/31/90. Statutory Authority: RCW 70.41.030 and 43.20.050, 89-21-039 (Order 4), § 248-18-035, filed 10/12/89, effective 11/12/89; Order 119, § 248-18-035, filed 5/23/75; Order 107, § 248-18-035, filed 1/13/75.]

**WAC 246-318-040 Personnel.** (1) Hospitals shall employ sufficient qualified personnel to operate each department of the hospital with verification of required license, certification, or registration.

(2) Hospitals shall ensure that nonemployees providing direct patient care comply with hospital policies and procedures.

(3) Hospitals shall establish written job descriptions for each job classification, minimally including:

(a) Job title, reporting relationships, summary of duties and responsibilities, and qualifications; and

(b) Provisions for review every two years with revision when necessary.

(4) Hospitals shall:

(a) Ensure a periodic performance appraisal of employees and volunteers related to:

(i) Satisfactory performance of assigned tasks; and

(ii) Competence in delivering health care services;

(b) Document background checks required under RCW 43.43.830 through 43.43.842 for all prospective employees and volunteers who may have regularly scheduled unsupervised access to:

(i) Children under sixteen years of age;

(ii) Groups of children under certain circumstances;

- (iii) The elderly;
- (iv) The developmentally disabled;
- (v) Individuals declared mentally incompetent or unable to participate in consent to care given; and
- (vi) Others as required under chapter 43.43 RCW;
- (c) Designate an employee responsible for volunteer services and activities;
- (d) Plan and implement orientation and education programs minimally to include:
  - (i) New employee and volunteer orientation for:
    - (A) Organizational structure;
    - (B) Building layout;
    - (C) Infection control;
    - (D) Safety, including the fire and disaster plan;
    - (E) Policies and procedures; and
    - (F) Equipment pertinent to the job;
  - (ii) Employee continuing education for maintaining and improving skills;
  - (iii) Documentation of orientation, in-service, and continuing education for employees; and
  - (iv) HIV/AIDS training for employees as specified under WAC 246-318-035;
  - (e) Establish a nursing service under the direction of a registered nurse to:
    - (i) Provide for adequate numbers of registered nurses on duty at all times; and
    - (ii) Require registered nurse supervision of employees and others performing nursing service functions;
    - (f) Ensure adequate supervision of employees and nonemployees;
    - (g) Maintain a current employee call back list for disasters;
    - (h) Require each employee to have on employment a tuberculin skin test by the Mantoux method within thirty days of employment and as follows:
      - (i) For new employees, a negative skin test is defined as less than ten millimeters of induration read at forty-eight to seventy-two hours. Employees with negative reactions to the first test and thirty-five years of age or older shall have a second test one to three weeks after the first test;
      - (ii) New employees with positive reactions to either test shall have a chest x-ray within thirty days. Hospitals shall:
        - (A) Retain records of test results, reports of x-ray findings, exceptions, or exemptions in the facility; and
        - (B) Provide a copy of test results to the employee;
      - (iii) Exclude from skin testing:
        - (A) New employees documenting a positive Mantoux test in the past;
        - (B) New employees providing documentation of meeting requirements under subsection (4)(h)(i) and (ii) of this section within the six months preceding the date of employment; and
        - (C) An employee with a written waiver from the department 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;
    - (i) Document the following when individuals request tuberculosis skin test waivers from the department:

- (i) Department notification of the individual requesting a waiver from tuberculosis skin testing and department decision; and
- (ii) Department advice to the individual employee and the hospital regarding department screening requirements if a waiver is granted.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-18-040, filed 11/30/90, effective 12/31/90; 86-08-086 (Order 2362), § 248-18-040, filed 4/2/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-003 (Order 250), § 248-18-040, filed 11/18/82. Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-18-040, filed 1/4/80; Order 121, § 241-18-040, filed 9/18/75; Order 119, § 248-18-040, filed 5/23/75; Order 91, § 248-18-040, filed 10/3/73; Order 76, § 248-18-040, filed 1/9/73; Regulation 18.040, effective 3/11/60.]

#### **WAC 246-318-180 Dietary and/or food service.**

Each hospital shall have an organized dietary and/or food service.

(1) There shall be a designated individual responsible for management of dietary and/or food service. Personnel from dietary and/or food service shall be present in the hospital during all patient meal times.

(2) The dietary and/or food service shall incorporate the ongoing and regularly scheduled input of a dietitian. A dietitian shall be responsible for developing policies and procedures for adequate nutritional and dietary consultation services for patients and food service. Patient consultation shall be documented in the medical record.

(3) At least three scheduled meals a day shall be served at regular intervals with not more than fifteen hours between the evening meal and breakfast. Snacks of nourishing quality shall be available at all times.

(4) Meals and nourishments shall provide a variety of food of sufficient quantity and quality to meet the nutritional needs of each patient. Unless contraindicated, *Recommended Dietary Allowances*, Ninth edition, 1980, the Food and Nutrition Board of the National Research Council, adjusted for activity, shall be used.

(5) Written menus shall be planned in advance and approved by a dietitian. Substitutes shall be of similar nutritional value, as approved by a dietitian. A record of the planned menus, with substitutions as served, shall be retained for one month.

(6) There shall be written orders (by an authorized individual) for all patient diets. Diets shall be prepared and served as prescribed. A current diet manual, approved in writing by the dietitian and medical staff, shall be used for planning and preparing diets.

(7) Food service sanitation shall be in compliance with chapter 246-215 WAC Food service, except for WAC 246-215-149.

(8) There shall be current written policies and procedures to include safety, infection control, food acquisition, food storage, food preparation, management of food not provided or purchased by dietary/food service, serving of food, and scheduled cleaning of all food service equipment and work areas.

(9) There shall be current written policies and procedures, with documentation of orientation and inservice, of dietary and food service employees.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-180, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050, 83-07-048 (Order 257), § 248-18-180, filed 3/18/83; Order 119, § 248-18-180, filed 5/23/75; § 248-18-180, filed 12/6/67; Regulation 18.180, effective 3/11/60.]

**WAC 246-318-210 Pediatric services.** (1) Hospitals admitting, treating, or diagnosing infants, children, and adolescents shall have readily available equipment and supplies of appropriate sizes including:

- (a) Intubation equipment;
- (b) Oxygen masks and ventilatory bags;
- (c) Blood pressure cuffs;
- (d) Stethoscope;
- (e) Defibrillator and paddles;
- (f) Emergency medications;
- (g) Intravenous equipment and supplies; and
- (h) Measuring devices for length, height, weight, and circumferences.

(2) Hospitals providing services for infants, children, and adolescents shall establish written policies and procedures specific to pediatric services, consistent with WAC 246-318-190 (2)(g), 246-318-200, and 246-318-435 and minimally including:

- (a) Admission criteria;
- (b) Conditions requiring transfer or transport;
- (c) Room assignment of infants and children considering requirements for observation and developmental age level needs;
- (d) Safety measures in terms of equipment, including but not limited to:
  - (i) Cribs, bassinets, and beds;
  - (ii) Restraint use;
  - (iii) Side rails;
  - (iv) Electrical outlet protection; and
  - (v) Toys.
- (e) Placement of infants, children, and adolescents with infection, suspected infection, or exposure to infection;
- (f) Nutritional guidelines for infants, children, and adolescents to include normal diets and diets for special nutritional needs;
- (g) Safe administration of pediatric doses of blood, blood products, medications, intravenous fluids, and admixtures including:
  - (i) Intake and output;
  - (ii) Precalculated dosages of emergency drugs immediately available or posted;
  - (iii) An established list of pediatric dosages approved by the hospital pharmacist and the physician responsible for medical policies in pediatric services;
  - (iv) List of agents requiring double checking prior to administration; and
  - (v) Hospital-approved method of double checking by appropriately licensed personnel or medical staff which include nurses, physicians, or pharmacists.

(3) Hospitals providing organized, distinct pediatric units or service areas shall provide and establish:

- (a) An accessible examination or treatment area;
  - (b) A sufficient area for diversional play activities;
  - (c) Criteria and procedures for use of established areas for isolation;
  - (d) Medical services directed by a physician member of medical staff having experience in treatment of infants, children, and adolescents whose functions and scope of responsibility are delineated by medical staff;
  - (e) Review of policies, procedures, protocols, and standing orders as necessary and at least every two years with revision as necessary;
  - (f) A registered nurse responsible for implementation of nursing policies and procedures;
  - (g) Adequate nursing staff for the pediatric unit or service area available to perform all the specialized nursing skills required.
- (4) Hospitals providing nurseries in pediatric services or elsewhere in the hospital shall meet requirements for intermediate care nursery or neonatal intensive care nursery under WAC 246-318-230.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-210, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 89-22-106 (Order 010), § 248-18-216, filed 11/1/89, effective 12/2/89.]

**WAC 246-318-220 Obstetrical services.** (1) Hospitals providing obstetrical services shall provide:

- (a) Medical services directed by a physician member or members of the medical staff having experience in obstetrics and newborn care, whose functions and scope of responsibility are delineated by the medical staff;
  - (b) Adequate staff supervised by a registered nurse, prepared by education and experience in obstetrical and newborn care nursing;
  - (c) Capability for performing caesarean sections twenty-four hours per day.
- (2) Hospitals providing obstetrical services shall establish written policies and procedures to include:
- (a) Infection control principles under WAC 246-318-035 including:
    - (i) Room assignment and placement of obstetrical patients and newborns;
    - (ii) Visitors;
    - (iii) Special clothing requirements for staff and visitors;
    - (iv) Handwashing, posted as appropriate;
    - (v) Isolation;
    - (vi) Employee health; and
    - (vii) Handling and storage of breast milk and formula.
  - (b) Screening criteria to ascertain patients appropriate for each option of labor, delivery, postpartum, and newborn care;
  - (c) Provisions for transfer and transport of a woman or a newborn to obtain a more intensive level of medical and nursing care;
  - (d) Deliveries occurring outside the obstetrical service area or areas;

(e) Requirement for authentication of all orders, standing orders, and protocols with:

(i) Delineation of the circumstances when a particular protocol is used;

(ii) Provisions for notification of appropriate medical staff;

(iii) Description of minimum qualifications or training of persons required to execute a particular order or protocol;

(iv) Written approval of policies, standing orders, and protocols by appropriate representatives of the medical, nursing, and administrative staffs;

(v) Orders for drug or treatment administration including:

(A) A description of the treatment with the name of each drug or agent;

(B) The dosage and concentration of the drug or agent;

(C) The route or method of administration; and

(D) Where pertinent, the time interval, frequency, or duration of administration.

(f) Requirements for documenting orders and protocols in the patient's medical record;

(g) Provision for maintaining body heat of each newborn;

(h) Provision for intrapartum evaluation of fetal heart rate;

(i) Procedures and protocols for the management of obstetrical and newborn emergencies, including resuscitation;

(j) Review of policies, procedures, protocols, and standing orders as necessary and at least every two years with revisions if necessary; and

(k) Recordkeeping including, but not limited to:

(i) Specific notes describing the status of mother, fetus, and newborn during labor, birth, and postpartum;

(ii) Completion of birth and death certificates as necessary;

(iii) Hospital staff's verification of initial and discharge identification of the newborn;

(iv) Documentation that the newborn screening test was obtained and forwarded, as required under RCW 70.83.020 and chapter 246-650 WAC, now or as hereafter amended;

(v) Documentation of newborn eye treatment, required under WAC 246-100-206, now or as hereafter amended; and

(vi) Medical records register or registers and index or indexes described under WAC 246-318-440.

(3) A hospital providing obstetrical services shall:

(a) Designate and maintain facilities and equipment for care of woman, fetus, and newborn either in:

(i) Labor rooms with birth occurring in a delivery room; or

(ii) Birthing rooms including labor, delivery, recovery and labor, delivery, recovery, post partum services; or

(iii) A combination of labor, delivery, and birthing rooms; or

(iv) Rooming-in, if provided.

(b) Locate any hospital room designated by the hospital as a labor room within the obstetrical service area;

(c) Utilize rooms designated by the hospital as labor rooms:

(i) For short-term patient occupancy of twenty-four hours or less; or

(ii) For patients in labor only unless the room meets the requirements for a patient room described under WAC 246-318-190.

(d) Maintain accommodations and environment in obstetrical delivery rooms, if present, including:

(i) Lighting and equipment for care of woman, fetus, and newborn during delivery including requirements described under WAC 246-318-290(2);

(ii) A minimum area of two hundred and seventy square feet with a minimum linear dimension of fifteen feet; and

(iii) A minimum room temperature of at least sixty-eight degrees Fahrenheit with a reliable method for monitoring temperature.

(e) Maintain systems for scrub up, clean up, sterilization, storage, housekeeping, and staff change room facilities; and

(f) Meet requirements described under WAC 246-318-300 and 246-318-310 for anesthesia and post-anesthesia recovery.

(4) Hospitals providing birthing or delivery services shall provide sufficient and appropriate area in rooms to accommodate not only patients, staff, and designated attendants, but also furnishings and equipment for the care of the woman, fetus, and newborn including:

(a) Adequate and appropriate equipment and supplies as follows:

(i) A bed or equivalent suitable for labor, birth, and post partum;

(ii) Oxygen with individual flow meters and mechanical suction for woman and newborn;

(iii) Newborn resuscitation bag, masks, endotracheal tubes, laryngoscopes, oral airways, and mechanical suction in the room for each birth;

(iv) Emergency equipment, medications, and supplies for care of newborn and woman required under WAC 246-318-290 (2)(b)(ii);

(v) Newborn beds available;

(vi) Radiant heat source available for the newborn;

(vii) General lighting source and provision for examination lights;

(viii) A clock with a sweep hand or equivalent second indicator visible from each patient's bedside;

(ix) Provision for receiving, covering, and transporting soiled linens and waste materials;

(x) Appropriate storage for necessary linens, instruments, supplies, medications, and equipment;

(xi) Work surfaces;

(xii) A signal device for use by staff and accessible to summon emergency back-up personnel when needed;

(xiii) Emergency power for lighting and operation of equipment;

(xiv) Easily cleanable floors, walls, cabinets, ceilings, and furnishings; and

(xv) Fetal monitoring equipment.

(b) Additional requirements if birthing rooms are provided including:

- (i) A lavatory located within each birthing room;
- (ii) A designated lavatory and water closet conveniently located for use of patient and support person or persons;
- (iii) A bathing facility convenient for patient use;
- (iv) Wardrobe unit or closets in the vicinity for the belongings of the patient and her support person or persons;
- (v) A signaling device accessible for each woman; and
- (vi) Room temperature of at least sixty-eight degrees Fahrenheit maintained with a reliable method for monitoring.

(5) Hospitals may use an operating room as a delivery room if the hospital has established policy and procedures about use of operating rooms including establishing priority over routine obstetrical procedures and nonemergent surgical procedures for:

- (a) Patients with parturition imminent;
- (b) Patients with obstetrical emergencies requiring immediate medical intervention to preserve life and health of woman and infant.

(6) Any hospital providing obstetrical services shall provide appropriate newborn care including, but not limited to:

- (a) Devices for measuring weight, length, and circumference;
- (b) Access to and availability of portable x-ray;
- (c) Provisions for stabilization, transfer, and transport of high-risk newborns and infants;
- (d) An established system to identify newborns prior to separation from mother;
- (e) Established policies and procedures minimally 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.

(f) Access to oxygen, oxygen analyzers, warmed and humidified oxygen, resuscitation equipment, emergency equipment, measuring devices, mechanical suction, medical air and supplies specifically for infants and newborns.

(7) Hospitals with a newborn and infant nursery shall provide services, facilities, and equipment including:

- (a) Requirements in subsection (6) of this section;
- (b) Wall clock with sweep second hand or equivalent second indicator visible from each nursery room;
- (c) Oxygen source with provision for warming, humidifying, analyzing, and blending oxygen;
- (d) A nursery room or rooms with at least twenty square feet per bassinet and with sufficient room to move between bassinets;
- (e) Handwashing facilities located at the entrance to the nursery and in each nursery room;
- (f) Emergency call systems from the nursery to another nearby appropriately staffed area;
- (g) A system to maintain an environmental temperature of at least sixty-eight degrees Fahrenheit; and

(h) Appropriate emergency equipment, medications, and supplies for infant care and as required under WAC 246-318-290 (2)(b).

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-220, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-220, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-221, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-221, filed 11/1/89, effective 12/2/89.]

**WAC 246-318-230 Intermediate care nursery service—Neonatal intensive care nursery service.** (1) Hospitals providing intermediate care nursery services or neonatal intensive care nursery services or both shall meet requirements described under WAC 246-318-220 (6) and (7).

(2) Additional requirements for hospitals providing intermediate care nursery service include:

(a) Infant stations having adequate space within each station to accommodate equipment, supplies, and staff required for treatment of intermediate care infants;

(b) Provision for emergency power to support equipment requirements for each infant station;

(c) Oxygen, air, and suction capabilities including:

(i) One oxygen outlet in each infant station with other sources of oxygen available;

(ii) One medical air source available for each infant station;

(iii) Provision for blending, warming, humidifying, and monitoring oxygen mixtures; and

(iv) One electrical-mechanical or pneumatic suction in each infant station with other mechanical suctions available in the hospital.

(d) All equipment and supplies for infant resuscitation immediately available and present within the intermediate care nursery service area;

(e) One cardiorespiratory monitor in the intermediate care nursery area and others available;

(f) Sufficient micro-volumetric infusion pumps available;

(g) A waiting and instruction area available;

(h) A registered nurse responsible for neonatal nursing and implementation of policies;

(i) Provision of adequate nursing staff for the intermediate care nursery available to perform all the specialized nursing skills required;

(j) Laboratory, pharmacy, radiological, and respiratory care services appropriate for infants available at all times and in the hospital during assisted ventilation;

(k) Medical staff with experience in neonatal medicine available at all times during assisted ventilation;

(l) A physician with experience in neonatal medicine who is continuously available to come to the hospital as required;

(m) Medical services directed by a physician member or members of the medical staff having experience in neonatal intensive care whose functions and scope of responsibility are delineated by the medical staff;

(n) Requirements for authentication of all orders, standing orders, and protocols when used with:

(i) Delineation of the circumstances when a particular protocol is used;

(ii) Provision of notification of appropriate medical staff;

(iii) Description of minimum qualifications or training of persons required to execute a particular order or protocol;

(iv) Written approval of policies, standing orders, and protocols by appropriate members of the medical, nursing, and administrative staffs;

(v) Orders for drug or treatment administration including:

(A) A description of the treatment with the name of each drug or agent;

(B) The dosage and concentration of the drug or agent;

(C) The route or method of administration; and

(D) Where pertinent, the time interval, frequency, or duration of administration.

(vi) Review of policies, procedures, protocols, and standing orders at least every two years with revisions as necessary.

(o) A hospital-approved procedure for double checking certain drugs, biologicals, and agents by appropriately licensed personnel or medical staff including nurses, physicians, and pharmacists.

(3) Hospitals providing neonatal intensive care nursery service shall meet requirements described under WAC 246-318-220(6) and subsection (2) of this section, and additionally provide:

(a) At least fifty square feet within each infant station;

(b) Twelve electrical outlets, with at least eight clearly identified as being on emergency power, available in each infant station;

(c) Oxygen, air, and suction capabilities including:

(i) Two separate oxygen outlets in each infant station;

(ii) Two medical air outlets in each infant station;

(iii) One mechanism for blending oxygen and medical air for each infant station;

(iv) Sufficient numbers of oxygen analyzers available to continuously monitor oxygen;

(v) A means for warming, humidifying, and monitoring temperature of oxygen mixtures on a continuous basis; and

(vi) Two electrical-mechanical or pneumatic suction in each infant station with others available if needed.

(d) All equipment and supplies for infant resuscitation available and present within the neonatal intensive care nursery service area;

(e) Continuous ventilatory support equipment available at all times;

(f) Equipment for continuous monitoring of respirations and heart rate in each infant station;

(g) Equipment for continuous hemodynamic monitoring and status of oxygenation available;

(h) Equipment for continuous monitoring of body temperature available;

(i) Sufficient microvolumetric infant infusion pumps immediately available at all times in the neonatal intensive care nursery service area;

(j) Laboratory, radiology, and respiratory care and pharmacy services appropriate for neonates and infants available in the hospital at all times;

(k) Twenty-four-hour availability of an anesthesia services and a pharmacist to come to the hospital as required or requested available at all times;

(l) Provision of a registered nurse responsible for neonatal intensive care nursery services and implementation of policies;

(m) Provision of sufficient and adequate nursing staff in the neonatal intensive care nursery service to perform all specialized nursing skills required;

(n) Medical responsibility for intensive care nursery services by a neonatologist member of the medical staff;

(o) Twenty-four-hour availability of a neonatologist to come for in-house consultation as required or requested;

(p) A designated physician in the hospital available at all times to the neonatal intensive care nursery service with experience or skills including:

(i) Neonatal and infant resuscitation; and

(ii) Ventilator management including chest tube placement.

(q) Standing orders, protocols, patient discharge/transfer plans and evaluation of neonatal intensive care nursery services meeting requirements under subsection (2) of this section and WAC 246-318-220 (6)(c);

(r) Provision for referral or arranging for social work services as required; and

(s) Provision for patient access to other services as required.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-224, filed 11/1/89, effective 12/2/89.]

**WAC 246-318-250 Renal dialysis services.** Hospitals providing renal dialysis services shall:

(1) Reuse dialyzers only when the cleaning and sterilization procedure meets guidelines under Association for Advancement of Medical Instrumentation (AAMI), July 1986, "Recommended Practices for Re-use of Hemodialyzers";

(2) Provide adequate space for:

(a) Equipment and supplies necessary for the dialyzing patient;

(b) Preparation of materials necessary for dialysis; and

(c) Cleaning and disinfecting equipment;

(3) Provide water treatment, if necessary to ensure water quality, meeting recommendations under AAMI guidelines under subsection (1) of this section;

(4) Test water for bacterial contamination monthly and chemical purity as required under AAMI, July 1986;

(5) Test dialysis machine for bacterial contamination monthly or demonstrate a quality assurance program establishing effectiveness of disinfection methods and intervals;



(6) Take appropriate measures to prevent contamination, including backflow prevention under chapter 246-290 WAC, between:

- (a) Dialysis machines;
- (b) Dialysis machines and potable water supply; and
- (c) Dialysis machine, drain line, and sewer;

(7) Provide for the availability of any special dialyzing solutions required by a patient;

(8) Meet requirements under WAC 246-318-010 through 246-318-450.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-250, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-250, filed 11/30/90, effective 12/31/90.]

**WAC 246-318-260 Long-term care services.** (1) Hospitals providing inpatient long-term care services shall:

(a) Meet requirements under WAC 246-318-190;

(b) Require an assessment of each patient by a registered nurse upon admission to determine immediate care needs;

(c) Require documentation of the initial plan of care in the patient's medical record;

(d) Make the plan of care accessible to direct caregivers who have a need to know in order to provide actual health care services to the patient;

(e) Establish a plan of care individualized to the needs of each patient and:

(i) Developed by those disciplines involved in a patient's care;

(ii) Implemented in conjunction with a registered nurse responsible for total care of the patient for the duration of hospitalization in a long-term care service unit or area; and

(iii) Maintained in a confidential manner;

(f) Require a physician's order for use of any physical restraint restricting freedom of movement or position change, including the specific reason, type, and location of restraint, and:

(i) Establish and follow a policy on release of patients from physical restraints for specified intervals and monitoring of patients in restraints;

(ii) Require documentation in a patient's medical record of patient's restraint - release time intervals;

(iii) Document reason for use of any restraint on a patient in the patient care plan.

(2) Hospitals providing long-term care shall establish written policies and procedures specifying:

(a) Rights of patients including:

(i) Informing each patient of individual rights at the time of admission;

(ii) Documenting evidence of informing a legally delegated person about a patient's rights when a patient is unable to receive and understand the information;

(b) A mechanism to:

(i) Identify social and emotional needs of the patients;

(ii) Refer patients in need of social services to appropriate social agencies.

(3) Hospitals with inpatient long-term care services shall provide:

(a) An activities program designed to encourage each long-term care patient to maintain or attain normal activity and achieve an optimal level of independence;

(b) A community dining area;

(c) Handrails on both sides of all patient access corridors;

(d) Patient bathrooms and toilets arranged to accommodate wheelchair patients;

(e) A shower stall accommodating a shower chair on the same level and convenient to patient rooms.

(4) Hospitals providing long-term care services and permitting pets shall:

(a) Require and provide for humane care and maintenance of pets under conditions prohibiting animals, except for fish in an aquarium, in rooms or areas for:

(i) Food storage and preparation;

(ii) Group dining areas during the times food is served and consumed;

(iii) Cleaning and storage of cooking and eating utensils;

(iv) Linen storage or laundry;

(v) Drug or sterile supply storage; and

(vi) Patient bedrooms if the condition of a patient in the room contraindicates the presence of the animal;

(b) Permit seeing eye, hearing, and assistance dogs as needed;

(c) Provide reasonable opportunity for a patient to have regular contact with animals, if the patient desires;

(d) Consider preferences of the long-term care patients through a long-term care resident council, poll, or other means;

(e) Ensure the presence of animals does not compromise the rights, preferences, and medical requirements of individual patients;

(f) Permit animals such as dogs, cats, fish, gerbils, hamsters, guinea pigs, and birds;

(g) Require veterinarian certification of psittacine birds certified free of psittacosis or other diseases and meeting United States Department of Agriculture (USDA) quarantine procedures;

(h) Require regularly scheduled veterinarian examinations and appropriate immunizations for animals living on the premises, with records retained in the hospital;

(i) Keep animals living on the premises clean and free of external parasites such as fleas and ticks.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-260, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-260, filed 11/30/90, effective 12/31/90.]

**WAC 246-318-270 Alcoholism and/or substance abuse unit.** (1) Definitions specific to WAC 246-318-270 and 246-318-810:

(a) "Alcoholism" means an illness characterized by lack of control as to the consumption of alcoholic beverages, or the consumption of alcoholic beverages to the extent an individual's health is substantially impaired or

endangered, or his or her social or economic function is substantially disrupted.

(b) "Alcoholism counselor" means an individual with adequate education, experience, and knowledge regarding the nature and treatment of alcoholism, who is knowledgeable about community resources providing services alcoholics may need, and who knows and understands the principles and techniques of alcoholism counseling with minimal requirements to include:

(i) No history of alcohol or other drug misuse for a period of at least two years immediately prior to time of employment as an alcoholism counselor with no misuse of alcohol or other drugs while employed as an alcoholism counselor;

(ii) A high school diploma or equivalent;

(iii) Satisfactory completion of at least twelve quarter or eight semester credits from a college or university, including at least six quarter credits or four semester credits in specialized alcoholism courses exclusive of field experience credits.

(c) "Detoxification" means care or treatment of an intoxicated person during a period in which the individual recovers from the effects of intoxication.

(i) "Intoxication" means acute alcohol poisoning or temporary impairment of an individual's mental or physical functioning caused by alcohol in the body.

(ii) "Acute detoxification" means a method of withdrawing a patient from alcohol where nursing services are available and medications are routinely administered to facilitate the patient's withdrawal from alcohol.

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

(e) "Individualized treatment plan" means a written statement of care to be provided for a patient based upon assessment of his or her strengths and physical and psychosocial problems. When appropriate, the statement shall be developed with participation of the patient.

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

(2) Rules and regulations in this chapter shall apply with addition of the following:

(a) There shall be a room adequate for counseling and social activities of patients.

(b) Adequate provision for space and privacy shall be made for interviewing, group and individual counseling, and physical examinations.

(c) Policies and procedures shall include and address, as appropriate:

(i) Development, implementation, and review of the individualized treatment plan, including the participation of the multidisciplinary treatment team, the patient, and the family, as appropriate.

(ii) Patient rights to include:

(A) Treatment and care of patients in a manner promoting dignity and self-respect;

(B) Protection from invasion of privacy: *Provided*, That reasonable means may be used to detect or prevent contraband from being possessed or used on the premises;

(C) Confidential treatment of clinical and personal information in communications with individuals not associated with the plan of treatment;

(D) A means of implementing federal requirements related to confidentiality of records, Title 42, Code of Federal Regulations, Part 2, Federal Register, July 1, 1975;

(E) Provision of reasonable opportunity to practice religion of choice insofar as such religious practice does not infringe upon rights and treatment of others or the treatment program: *Provided*, That the patient also has the right to refuse participation in any religious practice.

(F) Communication with significant others in emergency situations.

(G) Freedom from physical abuse or other forms of abuse against patient's will, including being deprived of food, clothes, or other basic necessities.

(iii) Patient work assignments related to treatment program, if applicable.

(d) Personnel, staff, other services.

(i) Clinical responsibility for alcoholism and substance abuse units shall be assigned to an individual having demonstrated experience in this type of treatment and care. This individual shall be designated and function as specified by the governing body.

(ii) There shall be on staff at least one alcoholism counselor and such additional alcoholism counselors as necessary to provide alcoholism counseling services needed by patients.

(iii) There shall be a licensed nurse on duty on the unit whenever acute detoxification is taking place on the unit.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-270, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-235, filed 10/26/84.]

#### WAC 246-318-280 Psychiatric units and services.

##### (1) Definitions.

In addition to definitions in WAC 246-318-010, the following words and phrases are defined for the purpose of this section and WAC 246-318-820 unless the context clearly indicates otherwise.

(a) "Acutely mentally ill" means a condition limited to a short-term severe crisis episode of:

(i) A mental disorder, meaning any organic, mental, or emotional condition having substantial adverse effects on an individual's cognitive or volitional functions;

(ii) Suicidal or self-destructive behavior;

(iii) Actual or threatened behavior harmful to others;

(iv) Behavior which caused substantial damage to property; or

(v) Being gravely disabled, meaning a condition in which a person, as a result of a mental disorder:

(A) Is in danger of serious physical harm resulting from a failure to provide for his or her essential human needs of health and safety; or

(B) Manifests severe deterioration in routine functioning evidenced by repeated and escalating loss of cognitive or volitional control over his or her actions and is

not receiving care essential for his or her health or safety.

(b) "Child" or "children" means children and adolescents seventeen years of age or younger.

(c) "Child psychiatrist" means a physician, board-certified or board-eligible in child psychiatry under:

(i) The directory of residency training programs accredited by the accreditation council for graduate medical education, American Medical Association, 1981-82; or

(ii) *The American Osteopathic Association Yearbook and Directory*, American Osteopathic Board of Neurology and Psychiatry, 1981-82.

(d) "Child mental health specialist" means a mental health professional with:

(i) A minimum of one hundred actual, rather than semester, hours of specialized training devoted to a study of child development and the treatment of children; and

(ii) The equivalent of one year full-time experience in the treatment of children under supervision of a child mental health specialist.

(e) "Consultation" means review and recommendations regarding patient care and treatment programs.

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

(g) "Individualized treatment plan" means a written statement of care planned for a patient based upon assessment of the patient's developmental, biological, psychological, and social strengths and problems, and including:

(i) Treatment goals, with time frames stipulated;

(ii) Specific services utilized;

(iii) Designation of individual responsible for specific service provided;

(iv) Discharge criteria with estimated timeframes; and

(v) Participation of the patient and the patient's designee as appropriate.

(h) "Least restrictive alternative" means the setting, environment, or service in which the individual functions at maximum independence.

(i) "Mental health professional" or "MHP" means:

(i) A psychiatrist;

(ii) A psychiatric nurse, social worker, physician, or psychologist; or

(iii) A person with at least a masters degree in behavioral sciences, nursing science, or related field from an accredited college or university and two years experience in direct treatment of mentally ill individuals under the supervision of a mental health professional.

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

(k) "Psychiatric nurse" means a registered nurse with:

(i) A bachelors degree from an accredited college or university and at least two years experience in direct treatment of mentally ill or emotionally disturbed persons with such experience gained under supervision of a psychiatrist or psychiatric nurse; or

(ii) Three years experience in the direct treatment of mentally ill or emotionally disturbed persons with such

experience gained under the supervision of a psychiatrist or psychiatric nurse.

(l) "Psychiatric service" means admission of patients with primary psychiatric diagnoses for treatment pertinent to the psychiatric diagnosis in any available bed in the hospital whether or not the hospital maintains a psychiatric unit.

(m) "Psychiatric unit" means a nursing unit specifically reserved for the care of individuals with primary psychiatric diagnoses.

(n) "Recreational therapist" means an individual:

(i) With a bachelors degree including a major or option in therapeutic recreation or recreation for the ill and handicapped; and

(ii) Preferably certified or certification-eligible under Certification Standards for Therapeutic Recreation Personnel, June 1, 1988, National Council for Therapeutic Recreation Certification, 49 South Main Street, Suite 005, Spring Valley, New York 10977.

(2) Hospitals with psychiatric units shall provide a therapeutic environment to maintain safe, secure, adequate care of acutely mentally ill persons including:

(a) Access to at least one seclusion room;

(b) Provisions for close observation of patients including provision of security windows or maximum security windows and relites appropriate to the area and program;

(c) Adequate space suitably equipped including:

(i) A day room on the unit;

(ii) Dining and therapeutic program activities either on the unit or elsewhere in the hospital appropriate to meet each patient's needs;

(iii) Space for physical and recreational activities of patients on the hospital premises; and

(iv) One area permitted to accommodate functions in (c)(i), (ii), and (iii) of this subsection if scheduled appropriately.

(d) An examination or treatment room available within the hospital;

(e) Space and privacy for interviewing, group and individual counseling, and patient and family visiting; and

(f) Separate patient sleeping rooms for children and adults.

(3) Hospitals providing a psychiatric unit shall:

(a) Provide adequate staff to implement individualized treatment plans;

(b) Assign and designate responsibility for the psychiatric unit programming to a mental health professional;

(c) Designate a psychiatrist with medical staff privileges, available for ongoing psychiatric unit consultation;

(d) Have a physician and mental health professional available for consultation and communication with each patient and the unit staff on a twenty-four hour per day, seven day a week basis;

(e) Employ a full-time psychiatric nurse responsible for nursing care;

(f) Designate staff or contract with persons or agencies responsible for:

(i) Provision of social work services with consultations by a social worker experienced in working with mentally ill patients;

(ii) Provision of occupational therapy services with the ongoing input of an occupational therapist experienced in working with mentally ill patients;

(iii) Provision of recreational therapy services with the ongoing input of a recreational therapist experienced in working with mentally ill patients; and

(iv) Providing access to psychological evaluation by or under direction of a psychologist.

(g) Provide documented staff training relating to the needs of psychiatric patients for all psychiatric unit personnel including:

(i) The utilization of least restrictive alternatives;

(ii) Methods of patient care;

(iii) Managing assaultive and self-destructive behavior;

(iv) Patient rights under chapters 71.05 and 71.34 RCW;

(v) The special needs of children, minorities, the elderly, and handicapped when appropriate.

(h) For hospitals providing a child or adolescent psychiatric unit:

(i) Assign and designate responsibility for the child and adolescent psychiatric unit programming to a child mental health specialist;

(ii) Designate a child psychiatrist with medical staff privileges available for ongoing input and consultation to the child and adolescent psychiatric unit;

(iii) Have a physician and child mental health specialist available for consultation and communication with each patient and unit staff on a twenty-four hour per day, seven days per week basis;

(iv) Employ a full-time psychiatric nurse meeting requirements of a child mental health specialist under subsection (1)(d) of this section responsible for nursing care;

(v) Designate staff or contract with persons or agencies responsible for:

(A) Provision of social work services with consultation and ongoing input by a social worker experienced in working with mentally ill children and adolescents;

(B) Provision of occupational and recreational therapy services as required under (f)(ii) and (iii) of this subsection;

(C) Provision of access to psychological evaluation as required under (f)(iv) of this subsection;

(D) Provision of documented staff training as required under (g) (i) through (v) of this subsection; and

(E) Provision of educational services.

(4) Hospitals providing psychiatric units shall establish and implement written policies and procedures including:

(a) Provision or arrangement for the care and treatment of acutely mentally ill patients;

(b) Informing patients of their rights as required under chapters 71.05 and 71.34 RCW;

(c) Posting of patient rights in prominent locations;

(d) Development of an initial individualized treatment plan for each patient within twenty-four hours of admission;

(e) Continued development of the individualized treatment plan within seventy-two hours of admission,

excluding holidays, by a multidisciplinary treatment team, the patient, family, and other agencies as appropriate;

(f) Provision of or arrangement for appropriate services including:

(i) Psychological evaluation and services;

(ii) Social work services;

(iii) Occupational therapy services;

(iv) Recreational therapy services; and

(v) Other specialized services as appropriate;

(g) Completion of a physical examination and history by a member of the medical staff and an evaluation by a mental health professional within twenty-four hours of admission with consultation of a psychiatrist as indicated;

(h) Admission, retention and transfer criteria, based upon health and safety needs of patients, including a referral and transfer mechanism for persons in need of care and not meeting the admission criteria;

(i) Continuity of care, coordination and integration of services, including discharge planning consistent with WAC 246-318-450;

(j) Prohibiting use of patients to perform basic maintenance of the hospital and equipment, housekeeping, or food service except when tasks are:

(i) Included in and appropriate to the individualized treatment plan; and

(ii) Performed under direct supervision.

(k) Appropriate response to assaultive, self-destructive, or out-of-control behavior including the use of seclusion and restraints and subject to the following conditions:

(i) Use of seclusion and restraints only to the extent and duration necessary to ensure the safety of patients, staff, and property;

(ii) Infliction of physical pain for punitive purposes is prohibited, regardless of whether or not objective damage occurs;

(iii) All assaultive incidents documented in the medical record;

(iv) Staff observation of any patients in restraint or seclusion at least every fifteen minutes with:

(A) Interventions as indicated and required; and

(B) Observations and interventions recorded in the medical record;

(v) Notification of and authorization by a physician within one hour for emergency use of patient restraint or seclusion and including:

(A) Physician examination of the patient and renewal of physician order for every twenty-four continuous hours of restraint and seclusion; and

(B) Patient evaluation by a mental health professional or registered nurse when secluded or restrained more than two continuous hours with repeat evaluation at least one time every eight hours thereafter.

(l) Notification of the family and other agencies as appropriate as soon as possible, in event of:

(i) Serious injury or physical illness of the patient;

(ii) Death of the patient; or

(iii) Disappearance of the patient.

(m) For hospitals providing child or adolescent psychiatric units:

(i) Requirements under (a) through (l) of this subsection except:

(A) Substitute for (g) of this subsection – completion of a physical examination and history by a member of the medical staff and an evaluation by a child mental health specialist within twenty-four hours of admission with consultation by a child psychiatrist as indicated; and

(B) In (k)(v)(B) of this subsection, require patient evaluation by a child mental health specialist every two hours when a child is secluded or restrained.

(ii) Evaluation by a child mental health specialist within twenty-four hours of admission including consultation with a child psychiatrist as indicated;

(iii) Requirement for designated staff to make and document a determination of the hospital's ability to safely care for each child; and

(iv) Coordination with appropriate educational agencies, as appropriate.

(5) Hospitals with psychiatric units or psychiatric services shall maintain a medical records system required under WAC 246-318-440 and require diagnoses, abbreviations, and terminology consistent with the "American Psychiatric Association Diagnostic and Statistical Manual of Mental Disorders," III R edition, 1987, and "International Classification of Diseases," 9th edition, 1989.

(6) Hospitals with psychiatric units or services shall establish and implement policies and procedures to protect patient confidentiality and release of records and information consistent with requirements under chapters 71.05 and 71.34 RCW.

(7) Hospitals providing any inpatient psychiatric service shall establish and implement written policies and procedures including:

(a) Provision of a therapeutic environment to maintain safe, secure, adequate care of acutely mentally ill patients;

(b) Provision of facilities appropriate to the scope of the psychiatric service;

(c) Designation of responsibility for psychiatric services programming to a mental health professional;

(d) Provision for close observation of patients with a security room available;

(e) Designation of a psychiatrist with medical staff privileges available for consultation;

(f) A physician and mental health professional available on staff or by contract for consultation and communication with the patient and the hospital staff on a twenty-four hour per day, seven day a week basis;

(g) Designation of a staff person responsible for developing a plan for arranging needed special services as identified in the individualized treatment plan for each patient;

(h) Employment of a registered nurse with experience and/or specialized education in psychiatric nursing responsible for nursing care twenty-four hours a day;

(i) Designation of a staff person responsible for arranging for social work services;

(j) Provision for transfer to a hospital with a psychiatric unit or appropriate psychiatric services within twenty-four hours when the hospital is unable to establish and implement procedures required under (a) through (i) of this subsection.

(k) Designating staff responsible for documented training relating to the needs of psychiatric patients for all personnel responsible for care of psychiatric patients including:

(i) The availability and utilization of the least restrictive alternatives;

(ii) Methods of patient care;

(iii) Managing assaultive and self-destructive behavior;

(iv) The special needs of children, minorities, the elderly, and handicapped as appropriate;

(v) Patient rights under chapters 71.05 and 71.34 RCW.

(l) Implementation of requirements in subsection (4) of this section except requirement for recreational or occupational therapy services under subsection (4)(f)(iii) and (iv) of this section;

(m) For hospitals providing any child or adolescent psychiatric services, with or without a psychiatric unit:

(i) All requirements under (a) through (l) of this subsection apply;

(ii) Establish and implement policy and procedures for age and behavior specific criteria in determining appropriate room assignment.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-280, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 90-23-012 (Order 113), § 248-18-240, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 70.41.030 and 43.20.050, 83-19-058 (Order 269), § 248-18-240, filed 9/20/83. Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW, 81-22-014 (Order 216), § 248-18-240, filed 10/23/81; Order 119, § 248-18-240, filed 5/23/75; Regulation 18.240, effective 3/11/60.]

**WAC 246-318-290 Surgery—Operating rooms and areas—Special procedure rooms—Surgical treatment or diagnostic areas.** (1) Operating rooms, facilities, personnel, equipment, policies and procedures shall be appropriate to the scope of surgical services offered in each hospital.

(2) Environment – facilities – equipment.

(a) Operating room facilities and services, when provided, shall be located in a segregated area or areas of the hospital with access limited by hospital policy and procedures.

(b) Operating rooms and operating room service areas and facilities shall be properly equipped, easily cleanable, and of adequate size to accommodate the equipment and personnel required for surgical procedures performed.

(i) Each operating room shall have available:

(A) Operating light and adequate general lighting;

(B) Operating table, stretcher, or equivalent;

(C) Oxygen;

(D) Suction;

(E) Appropriate electrical outlets;

(F) X-ray film illuminator;

- (G) Cardiac monitor;
  - (H) Anesthesia equipment and supplies;
  - (I) Emergency signaling device which automatically registers at a location from or through which additional assistance is always available;
  - (J) Source of emergency power; and
  - (K) Emergency lighting.
- (ii) Each hospital shall provide appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants minimally to include:
- (A) Ventilatory equipment, including airways;
  - (B) Cardiac defibrillator;
  - (C) Cardiac monitor;
  - (D) Laryngoscopes and endotracheal tubes;
  - (E) Suctions; and
  - (F) Emergency drugs and fluids including schedules of pediatric dosages.
- (c) There shall be adequate operating room scrub sinks with provisions for a cleansing agent located adjacent to operating rooms and providing hot and cold water and equipped with knee, foot, elbow, or automatic faucet controls.
- (d) Separate and adequate refrigerated storage facilities with appropriate alarms shall be provided for blood if blood is stored in the operating room area.
- (e) There shall be a dressing area with appropriate locker storage available for persons entering operating rooms.
- (f) Toilet facilities shall be available.
- (g) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed shall be provided and maintained in a sanitary and safe condition.
- (h) There shall be adequate storage within the operating room service area for clean and sterile supplies and equipment.
- (i) A designated area shall be provided for collection and cleaning of soiled instruments and equipment.
- (j) There shall be adequate, cleanable facilities for safe and appropriate waste collection and disposal.
- (k) Housekeeping facilities shall be located within operating room service areas. These may be included in a soiled utility room equipped with a clinic service sink or service sink.
- (l) There shall be filtered clean air in each operating room. A positive pressure ventilation gradient to adjoining corridors shall be maintained in operating rooms.
- (m) Operating rooms shall be equipped with a room temperature control device or system capable of maintaining appropriate patient body temperature.
- (3) Policies – procedures – responsibility.
- (a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within all operating room areas and areas where surgical procedures are performed or anesthesia administered.
- (i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in operating rooms and operating room service areas.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in operating rooms and operating room service areas and shall be responsible for:

(A) Development and implementation of operating room and operating room service staffing plans to maintain adequate and safe patient care.

(B) Provision for orientation and ongoing training of personnel providing services within operating rooms and operating room service areas.

(C) Defining nursing responsibility between the time of patient entry into and exit from operating rooms and operating room service areas.

(b) Written policies and procedures shall be approved in writing by appropriate representatives of administration, medical staff, and nursing services.

(i) Information, policies and procedures available to nursing and scheduling staff shall include:

(A) A current roster of medical staff including delineated surgical privileges as granted by the governing body.

(B) Policies and delineated privileges, responsibilities, and accountability of others approved by medical staff and governing body to provide services in operating rooms including, but not limited to, dentists, oral surgeons, and podiatrists.

(C) Requirements for surgical and technical-professional assistants, including current licensure and/or other qualifications and any limitations related to patient care activities within the operating room or operating room service areas including, but not limited to, surgical technicians, other technicians, nurses, or technicians who are not hospital personnel or students.

(ii) There shall be a policy and procedures for obtaining surgical assistants.

(iii) There shall be policies and procedures specifying responsibility to document all aspects of patient care in operating rooms and operating room service areas.

(iv) Written infection control policies approved by the infection control or equivalent interdisciplinary group shall delineate responsibility in training and orientation of operating room and operating room service area personnel and others. Infection control policies and procedures shall specifically address:

(A) Surgical attire;

(B) Appropriate surgical scrub procedures;

(C) Housekeeping functions specific to operating room and operating room service areas before, between, and after cases;

(D) Cleaning, disinfecting, sanitizing, packaging, sterilizing, and storage of equipment and supplies;

(E) Disposal of wastes;

(F) Nonhospital and hospital-owned equipment that may be brought into the operating room or operating room service areas including requirements for cleaning and sterilization including, but not limited to, tools for repairing equipment and physician-owned instruments.

(G) People who may enter operating room areas including those who are not hospital personnel, such as repairmen and vendors.

(v) Written policies and procedures related to patient safety or protection shall address servicing, maintenance, and safety checks of electrical-electronic equipment and other patient care equipment including nonhospital-owned equipment.

(vi) Policies and procedures shall address and define responsibility for continuous patient care and documentation when a patient is transferred from one place to another in the course of performing a surgical or invasive procedure.

(4) Preoperative patient care shall be addressed in written hospital policies which shall define requirements for patient care during the preoperative period to include:

(a) A current patient history and report of physical examination by a practitioner, authorized by medical staff rule, included in the patient medical record prior to surgery. "Current," as used in this subsection, shall be defined by hospital policy.

(b) Documented assessment of patient needs for care including, but not limited to, allergies, fears, anxieties, changes in condition, vital signs.

(c) Written consent for procedure or surgery and anesthesia available in the medical record.

(d) Identification of patients by a secured name band.

(e) Test results available prior to surgery or procedure.

(5) Short stay or short term or ambulatory or one-day surgery services or special procedures, regardless of where performed, shall function according to written policies and procedures approved by representatives of hospital administration, medical staff, and nursing services and include:

(a) Patient identification system, patient consent, and preoperative patient assessment requirements.

(b) Provisions for appropriate monitoring or observation of patients undergoing procedures by at least one qualified person in addition to the medical staff authorized practitioner performing the procedure.

(c) Written approved infection control and equipment safety policies as specified in subsection (3)(b) of this section.

(d) Emergency equipment as required for all operating rooms, available within sixty seconds as specified in subsection (2)(b)(ii) of this section.

(e) Documentation of patient assessment prior to, during, and post procedure.

(f) Teaching protocols for post procedure period including what signs and symptoms the patient should report, who to contact, limitations on activities or diet, medication control, driving, operation of mechanical equipment, and instructions for follow-up.

(g) Patient evaluation prior to discharge.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-290, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-251, filed 11/13/85.]

**WAC 246-318-300 Anesthesia services.** (1) Anesthesia facilities, equipment, personnel, staff, policies and

procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) There shall be a designated physician member of medical staff responsible for anesthesia services and for establishing general policies for administration of anesthesia to patients throughout the hospital.

(3) Written policies and procedures shall be established to provide safety for all anesthetized patients to include:

(a) Provision for appropriate monitoring and attendance of all anesthetized patients.

(b) Qualifications and responsibilities of persons performing anesthesia services and care in compliance with applicable federal and state laws and rules.

(c) Evaluation of each patient prior to anesthesia.

(d) Pertinent information recorded in the medical record at the time of the preoperative anesthesia evaluation.

(e) Criteria or protocols for assessment of all patients by qualified persons prior to discharge from any post-anesthesia recovery area or the hospital.

(f) Precautions or procedures for safe administration of anesthetizing agents and other drugs consistent with hospital policy approved by the appropriate medical staff committee in accordance with WAC 246-318-190 (1)(n) and (2)(f).

(g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures consistent with WAC 246-318-430 and 246-318-435.

(4) All information specific to condition and treatment of the patient occurring during anesthesia induction, anesthesia maintenance, or emergence from anesthesia shall be documented and retained in the medical record of the patient.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-300, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-300, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-253, filed 11/13/85.]

**WAC 246-318-310 Post-anesthesia recovery areas.**

(1) Post-anesthesia facilities, equipment, personnel, staff, policies and procedures shall be appropriate to the scope of surgical, obstetrical, or other care offered in each hospital.

(2) Environment - facilities.

(a) A handwashing sink, soap dispenser, and towel dispenser shall be available within each post-anesthesia recovery room or area.

(b) There shall be provisions for visual privacy for patients.

(c) Suction and oxygen shall be available for each patient.

(d) Emergency equipment and supplies shall be appropriately maintained and available within sixty seconds, as specified in WAC 246-318-290 (2)(b)(ii).

(e) Adequate, easily cleanable storage facilities shall be provided.

(f) There shall be a soiled utility room available.

(g) An emergency signalling device registering at a location from or through which additional assistance is

always available shall be available within recovery rooms or areas.

(3) Policies – procedures – responsibility.

(a) The organization plan of the hospital shall identify lines of authority, responsibility, and accountability within post-anesthesia recovery rooms or areas.

(i) There shall be a physician designated and responsible for implementation of hospital policy related to medical staff in post-anesthesia recovery rooms and areas. Policy shall specify amount and degree of physician availability to post-anesthesia recovery areas at all times when patients are present.

(ii) A designated registered nurse shall supervise personnel as specified in hospital policy in post-anesthesia recovery rooms and areas and shall be responsible for:

(A) Developing and implementing post-anesthesia recovery service staffing plans to maintain adequate and safe patient care, and

(B) Providing for orientation and ongoing training of personnel providing services within post-anesthesia recovery rooms or areas.

(b) There shall be criteria or protocols for assessment of all patients by qualified persons prior to discharge or release from any post-anesthesia recovery room or area.

(c) There shall be policies and procedures regarding management of infected or infectious cases, approved by the infection control committee.

(4) Nursing and other staff providing patient care in post-anesthesia recovery areas shall have documented orientation and demonstrated appropriate skills related to life support activities or functions.

(5) There shall be written orders authenticated by a physician for all drugs, intravenous solutions, blood, and medical treatments. Standing medical orders or protocols, when used, shall be in the patient medical record and authenticated by a physician.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-310, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-256, filed 11/13/85.]

**WAC 246-318-320 Processing and sterilizing services.** (1) Hospitals shall make adequate provisions for proper cleaning, disinfection, and sterilization of supplies, equipment, utensils, and solutions.

(2) Processing and sterilizing services and areas shall have adequate space and equipment for sorting, processing, and storage.

(a) Separation between soiled and clean items shall be maintained during sorting, processing, transporting, and storage.

(b) Positive air pressure shall be maintained in clean areas in relation to adjacent areas.

(c) Negative air flow shall be maintained in soiled areas.

(d) Equipment including sterilizers of the proper type for adequate sterilization shall be provided and maintained in a satisfactory and safe condition.

(e) If ethylene oxide sterilizers are used, mechanical aerators shall be provided and maintained in a safe and satisfactory condition.

(3) Processing and sterilizing services shall be adequately staffed with trained personnel:

(a) Orientation and inservice, including infection control and safe practices, shall be provided.

(b) Written policies and procedures shall specify scheduled activities and routines of personnel.

(4) There shall be written policies and procedures, approved by the infection control committee or an equivalent interdisciplinary group, for the activities performed in all processing and sterilizing areas in the hospital addressing:

(a) Collecting, receiving, decontaminating, packaging, sterilizing, and distributing of items;

(b) Aerating of items exposed to ethylene oxide;

(c) A recognized method of checking sterilizer performance by mechanical monitoring of time, temperature, and pressure as well as biological and chemical testing;

(d) Establishment of shelf life determined by packaging material and storage environment;

(e) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;

(f) Maintaining clean areas free of external shipping containers.

(5) There shall be written policies and procedures addressing emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency.

(6) Processed and sterilized items shall be maintained as specified in WAC 246-318-190 (3)(a), (b), (c), (d), and (e).

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-320, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-260, filed 2/15/85; Order 119, § 248-18-260, filed 5/23/75; Regulation 18.260, effective 3/11/60.]

**WAC 246-318-350 Emergency care services.** The hospital shall have a well defined system for providing emergency care services. The nature and scope of the hospital's emergency care services should be in accord with the community's needs and the hospital's capabilities.

(1) The hospital shall provide the following basic, outpatient emergency care services.

(a) Assessment of a person's condition to determine the nature, acuity, and severity of the person's immediate medical need.

The condition of each person, who comes or is brought to the hospital for emergency medical care, shall, upon arrival, be assessed by a registered nurse, physician, or physician's assistant for the purpose of determining the nature and urgency of the person's medical need and the timing and place of the person's care and treatment.

(b) Immediate diagnosis and treatment of any life threatening cardiac arrhythmia, respiratory insufficiency or shock.

(c) Appropriate transfer or referral of a patient who needs medical care services not provided by the hospital.



Prior to transfer of an emergency patient to another health care facility, the hospital shall:

(i) Perform the emergency procedures needed to minimize aggravation of the patient's condition during transport to the other health care facility; and

(ii) Ascertain that the means by which the patient is to be transported to the other health care facility are suitable for the patient.

(2) A hospital shall not be required to comply with subsections (3)(h), (4)(a) and (d), (5)(a), and (6)(a) of this section if the hospital does not offer outpatient emergency care services regularly and only provides the outpatient emergency services required under subsection (1) of this section to the occasional emergency patient who comes or is brought to the hospital by chance.

(3) The hospital shall have, in effect, written policies and procedures which supplement and are coordinated with the hospital's basic policies and are specific to emergency care services. These policies and procedures shall be: Reviewed and revised as necessary to keep them current and, in any case, at least annually; dated and approved in writing by appropriate representatives of the hospital's administrative, medical, and nursing staffs; and made known and readily available to physicians, nurses, and other persons having a responsibility for emergency care services. Policies and procedures pertaining to emergency care services shall include the following.

(a) Policies on the scope and extent of the emergency care services to be provided.

(i) The hospital shall establish the conditions under which treatment is to be provided in the emergency care area, the types of procedures that are to be performed in another area of the hospital (e.g., surgery) rather than the emergency area, the conditions under which a patient is to be admitted as an inpatient, the conditions under which a patient is to be transferred to another health care facility, the conditions under which a patient is to be referred to a private physician or another health care facility, and the conditions under which arrangements should be made for a patient to return to the hospital for treatment.

(ii) A patient shall not be transferred to another health care facility until the other health care facility has been contacted and has consented to accept the patient.

(iii) A record containing the following data shall be sent with an emergency patient who is transferred to another health care facility: Patient identification data, identification of the patient's illness or injury, treatment given to the patient, and an appraisal of the patient's condition upon transfer.

(b) Policies and procedures which prescribe the course of action to be taken when the number of emergency patients, who have arrived or are expected, constitute an overload for the emergency service facilities and staff on hand.

The hospital shall establish who is to be notified when an overload of emergency patients occurs, the conditions under which arrangements are to be made for care of

some emergency patients at other hospitals, the conditions under which additional physicians, nurses, and other persons are to be summoned, the methods by which necessary, additional supplies and equipment are to be obtained, and the conditions under which rooms and areas outside the emergency service area of the hospital are to be used for emergency care and treatment.

(c) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of nurses and other personnel when a person presents a medical emergency and a physician is not present.

(i) Medical policies shall delineate the circumstances under which particular medical policies are to be followed, provide for a physician to be called as rapidly as possible, and establish the minimum qualifications or training of persons who may execute particular emergency medical orders.

(ii) There shall be written procedures, approved in writing by a representative of the medical staff, for any use of defibrillators, respirators or other special medical equipment and for the performance of the special, emergency medical procedures listed in subsection (4)(c) of this section.

(iii) A standing medical order for administration of a drug or other treatment during a medical emergency shall include: A description of the treatment which includes the name of any drug or other agent; the dosage, concentration or intensity of any drug or other agent; the route or method of administration; where pertinent, the time interval, frequency, or duration of administration; and the signature of a representative of the medical staff.

(d) Policies which delineate medical staff responsibilities for emergency care services as related to assigned clinical privileges, physician coverage of emergency care services, and physician participation in the training of personnel.

(e) Policies regarding the notification of an emergency patient's next of kin or legal guardian.

(f) Policies relevant to obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient.

These shall include instructions regarding action to be taken when the condition of an emergency patient and the absence of another person legally able to act on behalf of the patient make it impossible to gain an informed consent for critically needed treatment or consent for critically needed treatment is refused.

(g) Policies and procedures pertaining to the care and handling of persons whose conditions require special medical or medico-legal consideration.

(i) Policies and procedures shall prescribe the course of action to be followed in the care of persons who manifest severe emotional disturbances, are under the influence of alcohol or other drugs, are victims of suspected child abuse, are victims of other suspected criminal acts, have a contagious disease, have been contaminated by radioactive material, are diagnosed dead on arrival, or present other conditions requiring special directions regarding action to be taken.

(ii) Definite provision shall be made for communications, as indicated, with health authorities, police or coroner relative to a person whose condition or its cause are reportable.

(h) Policies governing special diagnostic and therapeutic services (e.g., clinical laboratory, x-ray, pharmacy, surgery) to emergency patients.

These shall be designed to ensure prompt availability of necessary diagnostic and therapeutic services and establish the types, scope, and extent of the special diagnostic and therapeutic services to be provided for the care of emergency patients.

(i) Policies regarding notification of an emergency outpatient's personal physician and procedures for transfer of relevant reports to the personal physician.

(j) Policies regarding disclosure of information about an emergency patient.

(4) Organization and staffing for emergency care services shall be in accord with the anticipated patient load and the services provided by the hospital.

(a) There shall be a physician responsible for the medical direction of the hospital's emergency care services. This physician shall be a representative of the medical staff or a physician whose services the hospital has arranged on a regular basis. The functions and responsibilities of the physician responsible for medical direction of the emergency care services shall be delineated in writing and made known to members of the medical and nursing staffs.

(b) At all times, there shall be a physician on duty or call for emergency care services. A current schedule of the names of on-call physicians and the telephone numbers of these physicians or the call service(s) through which they can be contacted rapidly shall be posted in the emergency care area.

(c) At all times, there shall be on duty within the hospital at least one registered nurse who is immediately available and responsible for emergency care services and who is qualified to perform the following: Administration of intravenous fluids, electrocardiography and defibrillation of life threatening arrhythmias, cardio-pulmonary resuscitation, control of hemorrhage, gastric lavage, and basic neurological evaluation. It is recommended that such a nurse also be qualified to perform endotracheal intubation and arterial puncture.

(d) There shall be additional nursing staff and other personnel for emergency care services as are necessary to provide the types and amount of care required by patients.

(i) Staffing for emergency care services shall be adequate to ensure that each applicant for emergency medical care is seen within a period of time commensurate with the nature, acuity and severity of his or her immediate medical need.

(ii) Each hospital employee engaged in the provision of emergency care shall have had the education and training necessary to perform the emergency medical procedures and other functions and duties for which he or she may be responsible.

(5) The physical plant facilities, equipment, and supplies for emergency care services shall be commensurate

with the scope, types and volume of the services provided by the hospital.

(a) A hospital which regularly offers emergency care services shall maintain a distinct emergency service area.

(i) The emergency service area shall be in close proximity to an emergency entrance and separate from the surgery and delivery suites and inpatient nursing units.

(ii) The emergency service area shall provide adequate space for reception and screening of patients and have examination, treatment, and observation rooms in such numbers, sizes, and arrangements as are necessary to assure safe and effective treatment of patients.

(iii) There shall be some means of providing visual privacy to patients in all rooms or areas in which patients are examined or treated.

(iv) At the emergency entrance there shall be an outside night call bell which, when activated, sounds in an area of the hospital in which nursing personnel are always on duty.

(b) A hospital which limits its emergency care services to care of the occasional emergency patient shall not be required to maintain a distinct emergency service area, but shall designate the area(s) to be used for emergency care and provide the equipment, pharmaceuticals and other supplies essential to providing basic emergency care services required under subsection (1) of this section. Emergency equipment and supplies shall be maintained in such a location and manner (e.g., on a "crash" cart) that they may be brought into use immediately upon arrival of a person who presents a medical emergency.

(c) The equipment, pharmaceuticals and other supplies necessary to provide emergency care services shall be readily available at all times.

(i) There shall be specific, designated locations for storage of drugs, parenteral solutions, other supplies, instruments and special equipment so personnel can obtain them rapidly.

(ii) There shall be a system for regular inventory and replenishment of the stock of emergency supplies and equipment to ensure an adequate supply at all times.

(iii) There should be regular inspection and maintenance servicing of medical equipment to keep it in a safe and operable condition.

(d) Current references on toxicology, antidote information and the telephone number of the regional poison control center shall be readily available in the emergency care area.

(e) Telephone numbers of the pharmacist, the blood bank, the ambulance service, the Washington state patrol, Military Assistance Safety and Traffic (MAST), the fire department, the police department, local health authorities, the coroner and other persons or organizations emergency service personnel may need to contact rapidly shall be posted in the emergency service area.

(f) Hospital to ambulance radio communication compatible with the state-wide emergency communication system is recommended for any hospital which regularly provides emergency care services.

(6) The hospital shall maintain an emergency service register and a medical record for each person who has received emergency care service.

(a) There shall be a permanent, current register for all emergency patients.

(i) The register shall contain at least the following data for each person who comes or is brought to the hospital for immediate medical care services: Full name, age, date and time of arrival, the identifying number, the disposition of the patient and the time of the patient's departure from the emergency service area.

(ii) Data on patients shall be entered in the register in chronological order according to the dates and times of arrivals.

(iii) Identification data on a person who is dead on arrival shall be entered in the register.

(b) The hospital shall maintain a medical record for each person who receives emergency care services. Each medical record shall contain the following data.

(i) Patient identification data.

(ii) The date and time of arrival, the means by which the patient came to the hospital and by whom the patient was transported or accompanied.

(iii) Pertinent history of the patient's injury or illness which may include information on first aid or emergency care given the patient prior to his or her arrival.

(iv) Description of significant clinical findings derived from an assessment or examination of the patient.

(v) Any clinical laboratory or roentgenologic findings.

(vi) Diagnosis (tentative or definitive).

(vii) Treatment given.

(viii) Orders for administration of drugs or other treatments which are received by telephone, radio, or verbally from a physician or other person legally authorized to prescribe and acting within the scope of his or her license.

Such a telephone or verbal order shall be received, entered in the patient's medical record and signed by a registered nurse. The counter-signature of the physician or other legally authorized practitioner who gave the order shall be obtained as soon as possible thereafter. This shall not be interpreted to include verbal orders which are received from a physician or other legally authorized practitioner to whom one is providing direct assistance in care of the patient or to include standing emergency medical orders which have been established in accordance with subsection (3)(c)(iii) of this section.

(ix) Appraisal of the patient upon transfer or departure.

(x) Disposition of the patient, which shall include a resume of any instruction given to the patient or his family regarding necessary follow-up care.

Entries of data listed as (iv), (vi), (vii), (ix), and (x) above shall be authenticated by the signature of the person who rendered the service.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-350, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-350, filed 12/27/90, effective 1/31/91; Order 142, § 248-18-285, filed 2/8/77; Order 119, § 248-18-285, filed 5/23/75; Order 110, § 248-18-285, filed 3/14/75; Order 106, § 248-18-285, filed 1/13/75.]

**WAC 246-318-370 Laboratory.** (1) Each hospital shall ensure:

(a) Availability of laboratory services sufficient in size and scope to provide adequate care of all patients minimally to include provisions for:

- (i) Obtaining blood and blood products,
- (ii) Performing hemoglobin or hematocrit,
- (iii) Performing white blood count,
- (iv) Performing platelet estimate,
- (v) Performing urinalysis,
- (vi) Performing blood glucose, and
- (vii) Performing serum potassium.

(b) Disposal of contaminated materials in a safe manner (see WAC 246-318-170);

(c) Appropriate maintenance, safety, and cleanliness of hospital laboratory facilities and equipment (see WAC 246-318-035, 246-318-150, 246-318-155, and 246-318-170);

(d) Provision for pathology services appropriate to all services available in the hospital.

(2) Hospitals shall provide laboratory services in accordance with guidelines for laboratory quality assurance program, WAC 246-318-99910.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-370, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 87-23-056 (Order 2560), § 248-18-300, filed 11/18/87; Order 119, § 248-18-300, filed 5/23/75; Regulation 18.300, effective 3/11/60.]

**WAC 246-318-380 Diagnostic and therapeutic radiology and other imaging services.** (1) Hospitals shall:

(a) Ensure availability of radiologic services appropriate to the type and scope of hospital services offered for inpatients and outpatients; and

(b) Provide a written description of the type and scope of nuclear medicine and other diagnostic and therapeutic imaging services when provided in the hospital for inpatients and outpatients.

(2) Hospitals with imaging services shall:

(a) Designate medical responsibility to a physician member of the medical staff and require access to a radiologist, if radiologic services are provided in the hospital;

(b) Designate medical responsibility to one or more physician members of the medical staff qualified in nuclear medicine, if nuclear medicine services are provided;

(c) Designate medical responsibility to one or more physician members of the medical staff qualified in the appropriate specific imaging specialty if other imaging services are provided;

(d) Require performance of radiology, nuclear, and other imaging services only when:

(i) Ordered, in writing, by a member of the medical staff; or

(ii) In accordance with hospital policy and procedures; and

(e) Provide sufficient numbers of personnel and medical staff qualified to safely deliver the type, scope, and volume within each imaging service including:

(i) At least one diagnostic radiologic technician, technologist, or physician available to come to the hospital to perform diagnostic procedures at all times;

(ii) Performance of therapeutic radiologic services by:

(A) A radiologist or radiation oncologist; or

(B) A therapeutic radiologic technologist directed by a radiologist or radiation oncologist;

(iii) Performance of diagnostic radiologic services by:

(A) A physician or radiologist; or

(B) A diagnostic radiologic technician under policies and procedures approved by a radiologist; and

(iv) After December 31, 1990, performance of nuclear medicine services by a nuclear medicine technologist or by a physician member of the medical staff qualified in nuclear medicine.

(f) Establish policies and procedures approved by administration, a radiologist, and other medical staff qualified in the specialties provided including:

(i) Protection of patients and others from radiation hazards including shielding for syringes, vials, and sources of radioactivity;

(ii) Patient preparation, patient examination, and administration of diagnostic agents;

(iii) Medical staff responsibility for preparation and administration of radiopharmaceuticals;

(iv) Designating authorized users of the equipment;

(v) Safe operation of equipment;

(vi) Safe handling, storage, preparation, labeling, transporting, and disposal of radioactive materials;

(vii) Precautions to minimize unnecessary radiation exposure to patients and others;

(viii) Actions required in event of radioactive contamination of patients, personnel, equipment, and environment;

(ix) Prevention of electrical, mechanical, fire, explosion, and other hazards; and

(x) Written reports on any adverse reaction of a patient to diagnostic or therapeutic agents, including notation in the medical record or outpatient report.

(3) Hospitals providing any imaging service shall provide:

(a) Adequate space and facilities for:

(i) Patient privacy;

(ii) Patient access to a toilet;

(iii) Patient examinations;

(iv) Patient reception;

(v) Patient dressing rooms;

(vi) Exposed and unexposed film storage; and

(vii) 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;

(d) Emergency equipment, supplies, and medications required under WAC 246-318-290(5); and

(e) A method for summoning extra appropriate staff for emergencies arising in imaging service areas.

(4) Hospitals providing radiologic areas, rooms, and services shall:

(a) Conduct radiologic services in a safe, appropriately equipped area of the hospital, shielded as necessary to prevent radiation hazards to individuals;

(b) Maintain radiology equipment meeting applicable state rules for radiation protection under chapter 246-225 WAC; and

(c) Arrange for services of a qualified expert defined and described under WAC 246-240-040 as needed for:

(i) Consultation, including periodic radiologic safety testing;

(ii) Supervision of radiation safety measures; and

(iii) Participation in education programs.

(5) Hospitals with imaging services shall:

(a) Maintain authenticated and dated reports of diagnostic and therapeutic procedures, consultations, and interpretations in each patient's medical record;

(b) Retain hard copies or electronic access to authenticated interpretative reports for films, consultations, and therapeutic procedures in the imaging service area for a period defined by the hospital;

(c) Require hospital-authorized practitioners to provide a reason for each examination on all requests for services;

(d) Require authentication of interpretative reports by:

(i) The radiologist for radiology reports; or

(ii) A designated physician member of the medical staff qualified in the appropriate, specific imaging specialty.

(e) Retain patient logs for imaging services and records of equipment calibration inspections and quality assurance testing in the imaging service area for a period defined, in writing, by the hospital;

(f) Maintain records of receipt and disposition of radioactive materials; and

(g) Maintain documentation of:

(i) Maintenance and periodic calibration of all radiation safety equipment;

(ii) Maintenance of all patient care equipment in a safe, operating condition; and

(iii) Calibration of diagnostic and treatment radiologic equipment by:

(A) A qualified expert defined and required under WAC 246-240-040; or

(B) An individual qualified according to manufacturer's specifications for a particular piece of equipment.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-380, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 89-22-109 (Order 008), § 248-18-311, filed 11/1/89, effective 12/2/89.]

**WAC 246-318-410 Other services.** Hospitals offering and providing diagnostic or therapeutic services other than those specified elsewhere in this chapter shall:

(1) Maintain adequate space and equipment for the scope of services offered.

(2) Provide for patient privacy.

(3) Require professional staff licensure when required by state statute.

(4) Require evidence of specific medical staff orders for any diagnostic services or treatments for inpatients.

(5) Establish policy and procedure addressing referral orders issued by persons other than medical staff for outpatient treatments and diagnostic services.

(6) Maintain appropriate pharmacist participation as described in WAC 246-318-190 (1)(n) and (2)(f).

(7) Establish policies and procedures specific to operation of each service offered minimally to include:

- (a) Providing orientation and inservice for staff,
- (b) Ensuring patient safety and infection control,
- (c) Providing maintenance and calibration of equipment, and
- (d) Maintaining coordination with other hospital services.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-410, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-410, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-321, filed 1/14/87.]

**WAC 246-318-420 Hospital pharmacy.** Each hospital shall provide evidence of current approval by the Washington state board of pharmacy pursuant to chapter 18.64 RCW and chapter 246-873 WAC.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-420, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-420, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.41.030. 84-02-036 (Order 271), § 248-18-331, filed 12/30/83. Formerly WAC 248-18-330.]

**WAC 246-318-435 Intravenous administration.** (1) There shall be written policies and procedures including:

- (a) Administration of intravenous solutions, medications, admixtures, blood, and blood products.
  - (b) Infection control policies and procedures approved by the infection control or an equivalent committee, and including:
    - (i) Site preparation.
    - (ii) Tubing and dressing management.
    - (iii) Site assessment and rotation.
  - (c) Use and control of intravenously administered investigational drugs.
  - (d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation.
  - (e) Documentation requirements.
  - (f) Patient teaching and discharge instruction.
  - (g) All orders or prescriptions for intravenous solutions, admixtures, and medications shall minimally include identification of solution or medication, rate of flow or frequency, duration, strength of additive, dilution ratio of solution, identification of patient, and identification of prescribing practitioner.
  - (h) Use of electronic infusion control devices.
- (2) Personnel inserting intravenous devices shall be legally authorized and appropriately trained with demonstrated and documented skills in intravenous insertion techniques.

(3) Personnel administering intravenous solutions and admixtures shall be legally authorized to administer medications with appropriate training, demonstrated and

documented skill in intravenous administration, procedures, equipment, and approval of the hospital.

(4) There shall be drug compatibility reference material readily available to individuals who administer intravenous medications and admixtures.

(5) Intravenous solutions shall be administered only upon the order of a legally authorized practitioner authorized by hospital policy to prescribe drugs in the hospital.

(6) Intravenous solution containers shall be labeled to include patient name, identification of solution, identification and strength of additives, volume, rate of flow, expiration time and date of admixture, any special requirement for handling and storage, and identification of individual preparing admixture. There shall be procedures for appropriate labeling of precision volume chambers during times such are used for administering admixtures.

(7) There shall be documentation in the medical record to include:

- (a) Solution, medication or medications, time, date, amount administered, and rate;
  - (b) Site and site assessment;
  - (c) Date and time of insertion and removal of cannula;
  - (d) Device used, including gauge, length and type needle, or cannula;
  - (e) Condition of cannula and site at the time removed from patient;
  - (f) Use of electronic infusion devices;
  - (g) Observed complications and treatment of complications;
  - (h) Management of tubing and dressing; and
  - (i) Signature. An initial signature identification system is acceptable.
- (8) Administration of intravenous preparations to pediatric patients shall comply with regulations in this section and WAC 246-318-210.

[Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-435, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-435, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 83-13-061 (Order 261), § 248-18-336, filed 6/15/83.]

**WAC 246-318-440 Records and reports--Medical record system.** Each hospital shall have a well-defined medical record system with facilities, staff, equipment, and supplies necessary to develop, maintain, control, analyze, retrieve, and preserve patient care data and medical records.

(1) Medical record service. Hospitals shall establish an organized medical record service, consistent with recognized principles of medical record management, directed, staffed, and equipped to ensure:

(a) Timely, complete and accurate checking, processing, indexing, filing, and preservation of medical records; and

(b) The compilation, maintenance, and distribution of patient care statistics.

(2) Policies and procedures related to medical record system. Hospitals shall establish and follow current

written policies and procedures related to the medical record system, including requirements for:

(a) An established format for patients' individual medical records;

(b) Access to and release of data in patients' individual medical records and other medical data considering the confidential nature of information in these records;

(c) The retention, preservation, and destruction of medical records; and

(d) Maintenance and disposition of medical and other records in Washington state owned or operated hospitals as required in chapter 40.14 RCW and rules promulgated under chapter 40.14 RCW.

(3) Patients' medical records, general. Hospitals shall:

(a) Develop and maintain an individual medical record for each person, including each neonate, receiving care, treatment, or diagnostic service at the hospital except as permitted in subsection (4)(b) of this section;

(b) Establish a systematic method for identifying each patient's medical record or records to allow ready identification, filing, and retrieval of all of the patient's record or records;

(c) Require prompt, pertinent entries in a patient's medical record on:

(i) A significant observation;

(ii) Any diagnostic or treatment procedure; and

(iii) Other significant events in a patient's clinical course or care and treatment.

(d) Require entries to include:

(i) A date;

(ii) Authentication by the individual assuming responsibility for the entry; and

(iii) A time in accordance with hospital policy.

(e) File the originals or durable, legible, direct copies of originals of reports in patients' individual medical records;

(f) Enter all diagnoses and operative procedures in patients' medical records in terminology consistent with a recognized system of disease and operations nomenclature;

(g) Require legible entries in a patient's medical record which are:

(i) Written in ink;

(ii) Typewritten; or

(iii) Recorded on a computer terminal designed to receive such information.

(4) Hospitals 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 subsections (3) and (4)(c) of this section for patients receiving only referred outpatient diagnostic services, as defined in WAC 246-318-010, provided the system permits:

(i) Identification of patient; and

(ii) Filing and retrieval of authenticated reports on all tests or examinations provided to any patient receiving services.

(c) Limit content in individual medical records for patients who would be considered referred outpatients,

except for use of parenteral injections during diagnostic tests to:

(i) Relevant history and physical findings where indicated;

(ii) Known allergies or idiosyncratic reactions;

(iii) Diagnostic interpretation;

(iv) Written consent; and

(v) Identifying admission data.

(5) Patients' medical records, content. Hospitals 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 (4) of this section and WAC 246-318-350(6):

(a) Admission data including:

(i) Identifying and sociological data;

(ii) The full 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 physician or physicians; 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) An entry on any known allergies of the patient or known idiosyncratic reaction to a drug or other agent;

(e) Authenticated orders for:

(i) Any drug or other therapy administered to a patient;

(ii) Any diet served to the patient;

(iii) Any standing medical orders used in the care and treatment of the patient except standing medical emergency orders; and

(iv) Any restraint of the patient.

(f) Reports on all:

(i) Roentgenologic 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.

(g) An entry on each administration of therapy, including drug therapy, to the patient;

(h) Entries on nursing services to the patient including:

(i) A report on all significant nursing observations and assessments of the patient's condition or response to care and treatment;

(ii) Nursing interventions and other significant direct nursing care including all administration of drugs or other therapy;

(iii) An entry on the time and reason for each notification of a physician or patient's family regarding a significant change in the patient's condition; and

(iv) A record of other significant nursing action on behalf of the patient.

(i) An entry on any significant health education, training, or instruction provided to the patient or family related to the patient's health care;

(j) An entry on any social services provided the patient;

(k) An entry regarding:

(i) Any adverse drug reaction of the patient; and

(ii) Any other untoward incident or accident occurring during hospitalization or outpatient visit and involving the patient.

(l) Operative report or reports on all surgery performed upon the patient;

(m) An entry or report on each anesthetic administered to the patient;

(n) Report or reports on consultation or consultations concerning the patient;

(o) Reports on labor, delivery, and postpartum period for any woman giving birth to a child in the hospital;

(p) Infant status data for any infant born in or enroute to the hospital including:

(i) The date and time of birth;

(ii) Condition at birth or upon arrival at the hospital;

(iii) Sex; and

(iv) Weight, if condition permits weighing.

(q) Progress notes describing the results of treatment and changes in the patient's condition and portraying the patient's clinical course in chronological sequence;

(r) In the event of an inpatient leaving without medical approval, an entry on:

(i) Any known events leading to the patient's decision to leave;

(ii) A record of notification of the physician regarding the patient's leaving; and

(iii) The time of the patient's departure.

(s) Discharge data including:

(i) The final diagnosis or diagnoses;

(ii) Any associated or secondary diagnoses or complications; and

(iii) The titles of all operations performed upon the patient; and

(iv) A discharge summary for any inpatient whose hospitalization exceeded forty-eight hours, except a normal newborn infant or normal obstetrical patient, to:

(A) Recapitulate significant clinical findings and events during the patient's hospitalization;

(B) Describe the patient's condition upon discharge or transfer; and

(C) Summarize any recommendations and arrangements for future care of the patient.

(t) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency or other community resource when the patient was referred or transferred;

(u) In event of the patient's death in the hospital, entries, reports, and authorizations including:

(i) A pronouncement of death;

(ii) An authorization for the autopsy, if performed;

(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 or coroner or medical examiner.

(v) 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;

(w) 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.

(6) Hospitals 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 (5) of this section. Original clinical evidence includes, but is not limited to:

(a) X-ray films;

(b) Laboratory slides;

(c) Tissue specimens; and

(d) Medical photographs.

(7) Registers.

(a) Hospitals shall maintain current registers with data entered in chronological order including:

(i) An inpatient register containing at least the following data for each inpatient admission:

(A) The patient's identifying number;

(B) The patient's full name, and birth date or age; and

(C) The date of the patient's admission.

(ii) One or more outpatient registers other than registers for emergency care services to:

(A) Contain sufficient data on each outpatient to ensure positive identification; and

(B) Permit rapid retrieval of all of the outpatient's medical record or records when indicated.

(iii) An emergency service register as required under WAC 246-318-350 (6)(a);

(iv) An operation register containing at least the following data for each operation performed in a hospital surgery:

(A) The date;

(B) The identifying number and full name of the patient;

(C) The descriptive name of the operation;

(D) The names of the surgeon and the surgeon's assistant or assistants;

(E) The type of anesthesia; and

(F) The name and title of the person who administered the anesthesia.

(b) Hospitals may maintain separate registers or suitable combinations of registers if the combined register contains data for each specific register as required in subsection (7)(a) of this section.

(8) Indexes. Hospitals shall establish and maintain:

(a) A master patient index containing a master reference card or equivalent for each person receiving inpatient or outpatient care or treatment in the hospital.

(i) Master reference cards or equivalent shall contain:

(A) The patient's medical record number or numbers;

(B) The patient's full name; and

- (C) The patient's date of birth.
- (ii) Master patient indexes may be omitted for:
- (A) Referred outpatients; and
- (B) Outpatient emergency patients provided the hospital retains and preserves an emergency service register for the same period of time as the medical record.
- (b) Current indexes with required entries on index cards or equivalent completed within three months after discharge or transfer of the patient;
- (c) A disease index containing index cards or equivalent for all categories of diseases or conditions treated in the hospital on an inpatient basis with entries on index card or cards for a given category of disease including:
- (i) The identifying number, sex, and age of each patient treated for that category of disease; and
- (ii) The code for the particular disease or condition for which each patient was treated.
- (d) An operation index containing index cards or equivalent for all categories of operations performed in a hospital surgery on an inpatient or outpatient basis with entries on the index card or cards for a given category of operation with:
- (i) Identifying information including the medical record number, age, and sex of each patient upon whom that category of operation was performed; and
- (ii) The code for the particular operative procedure performed upon each patient.
- (e) Codes for entries in the disease and operation indexes in accordance with the coding system and the recognized diagnostic classification system of disease and operation nomenclature adopted by the hospital;
- (f) A physicians' index, separate or combined with the disease and operation indexes, as follows:
- (i) A combined physician's-disease operation index with the name or code number of the physician treating the patient to whom a particular entry pertains; or
- (ii) A separate physicians' index containing:
- (A) A record for every member of the hospital's medical staff; and
- (B) Entries on each physician's index card or equivalent record including the medical record number or name of each patient the particular physician treated in the hospital on an inpatient basis.
- (9) Reports on hospital services. Hospitals shall prepare the following separate or combined reports:
- (a) Census reports including:
- (i) A daily inpatient census report on admissions to inpatient services, births, and discharges including deaths and transfers to another health care facility; and
- (ii) Regular monthly or more frequent reports on admissions to outpatient services and the number of emergency care patients.
- (b) Analyses of hospital services.
- (10) Storage, handling, and control of medical records and other medical data. Hospitals 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.

(11) Retention, preservation, and final disposal of medical records and other patient care data and reports.

(a) Hospitals shall retain and preserve:

(i) Each patient's medical record or records, excluding reports on referred outpatient diagnostic services for a period of:

(A) No less than ten years following the most recent discharge of the adult patient; or

(B) For patients who are minors at the time of care, treatment, or diagnosis, no less than three years following the date upon which the minor patient attained the age of eighteen years or ten years following the most recent discharge, whichever is longer.

(ii) Reports on referred outpatient diagnostic services for at least two years;

(iii) A master patient index card (or equivalent) for at least the same period of time as the medical record or records for the patient to whom the master patient index card or equivalent pertains;

(iv) Data in the inpatient and outpatient registers for at least three years;

(v) Data in an emergency service register for at least the same period of time as the medical record or records for any patient on whom data were entered in the register;

(vi) Data in the operation register, the disease and operation indexes, the physicians' index, and annual reports on analyses of hospital services for at least three years; and

(vii) Patients' medical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

(b) A hospital may elect to retain and preserve an emergency service register for only three years after last entry if the hospital includes all outpatient emergency care patients in the master patient index.

(c) During final disposal, each hospital shall prevent retrieval and subsequent use of any data permitting identification of individuals in relation to personal or medical information.

(d) In event of transfer of ownership of the hospital, the hospital shall keep patients' medical records, registers, indexes, and analyses of hospital services in the hospital to be retained and preserved by the new owner in accordance with state statutes and regulations.

(e) If the hospital ceases operation, the hospital shall:

(i) Make immediate arrangements for preservation of its medical records and other records of or reports on patient care data in accordance with applicable state statutes and regulations; and

(ii) Obtain approval of the department for the planned arrangements prior to the cessation of operation.

(12) Records kept by approved eye banks pursuant to WAC 246-333-040 are not medical records or registers within the meaning of this section.



(13) Nothing in these regulations shall be construed to prohibit hospitals from collecting additional health and/or medical information or retaining medical records beyond the statutory requirements.

[Statutory Authority: RCW 70.41.030, 92-02-018 (Order 224), § 246-318-440, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-318-440, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030, 88-18-021 (Order 2680), § 248-18-440, filed 8/30/88; 85-23-020 (Order 2305), § 248-18-440, filed 11/13/85; Order 142, § 248-18-440, filed 2/8/77; Order 135, § 248-18-440, filed 12/6/76; Order 119, § 248-18-440, filed 5/23/75; Regulation 18.440, effective 3/11/60.]

### Chapter 246-321 WAC HOSPICE CARE CENTER

#### WAC

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**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 health.

(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 tenets of any well-recognized church or religious denomination.

(19) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity, or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital," as used in this chapter, does not include hotels or similar places furnishing only food and lodging or simply domiciliary care; nor does it include clinics or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which come under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come under the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come within the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this chapter or the rules and regulations adopted pursuant thereto shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(20) "Individualized care plan" means a written statement of care to be provided for a client based upon physical, psychosocial, spiritual assessment of the patient, and assessment of family as appropriate. This statement shall include short- and long-term goals, client education, discharge planning, and the name of the individual member of the interdisciplinary care team designated as responsible for implementation. This statement shall be developed with participation of clients as appropriate.

(21) "Interdisciplinary care team" means a group composed of the patient, the family, and professional care providers which may include, but is not limited to,

required adjunctive therapists, registered nurses, nutritionists, spiritual advisors, pharmacists, physicians, mental health professionals, or social workers. "Core team" means those individuals required to provide services for clients within the hospice care center program and shall include a registered nurse, physician, medical director, social worker, spiritual consultant or advisor, and volunteer director.

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

(23) "Licensed nurse" means a registered nurse under provisions of chapter 18.88 RCW or a licensed practical nurse under provisions of chapter 18.78 RCW.

(24) "Medical staff" means physicians and other medical practitioners appointed by the governing body to practice within the parameters of the medical staff by-laws of the hospice care center.

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

(a) New building or buildings to be used as part of the hospice care center;

(b) Addition or additions to existing hospice care center to be used as part of the hospice care center;

(c) Alteration or alterations or modification or modifications other than minor alteration or alterations to a hospice care center. "Minor alteration or alterations" means any structural or functional modification within the existing center which does not change the approved use of the room or area. Minor alterations performed under this definition do not require prior approval of the department.

(26) "Palliative care" means activities, interventions, and interactions which are planned and executed to cause a lessening or reduction of physical, psychosocial and spiritual pain, and intended to ease without curing.

(27) "Patient" means the terminally ill individual.

(28) "Patient care coordinator" means a designated, qualified employee who is responsible for the organization, implementation, and evaluation of the individualized care plan of a patient.

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

(30) "Personnel" means individuals employed and receiving monetary payment from the hospice care center.

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

(32) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, Physicians, or 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(33) "Prescription" means a written or oral order for drugs issued by a medical practitioner, licensed in the state of Washington, in the course of his or her professional practice, as defined by Washington state statute, for a legitimate medical purpose (RCW 18.64.011 (3)(a)).

(34) "Registered nurse" means an individual licensed under the provisions of the law regulating the practice of

registered nursing in the state of Washington, chapter 18.88 RCW.

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

(36) "Self-administration" means those instances when a patient or member of the client family administer a medication from a properly labeled container while on the premises of the hospice care center.

(37) "Shall" means compliance with 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. 92-02-018 (Order 224), § 246-321-010, filed 12/23/91, effective 1/23/92; 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, 70.41.170, and WAC 246-321-990.

(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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040 and 34.05.220. 92-02-018 (Order 224), § 246-321-012, filed 12/23/91, effective 1/23/92. 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 246-321-017 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040 and 70.24.310. 92-02-018 (Order 224), § 246-321-017, filed 12/23/91, effective 1/23/92. 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 246-321-030 Food and dietary services.** (1) The dietary and food service shall be provided and managed by an individual trained in food service.

(2) Food and dietary services shall incorporate the periodic input of a dietitian. Appropriate nutritional and dietary consultation shall be provided patients.

(3) Food shall be prepared and served at intervals appropriate to the needs of patients. Unless contraindicated, current recommendations of the food and nutrition board of the national research council adjusted for age, sex, and activity shall be used. Snacks of a

nourishing quality shall be available as needed for patients. Cultural and ethnic preferences of patients should be respected in planning and serving meals.

(4) There shall be written physician orders for all therapeutic diets served to patients. A current therapeutic diet manual approved in writing by a dietitian and the medical director shall be used for planning and preparing therapeutic diets.

(5) All menus shall be retained for one year.

(6) When the hospice care center policy provides for allowing for the preparation and/or storage of personal food brought in by clients for consumption by clients, there shall be adequate mechanical refrigeration capable of maintaining a temperature of forty-five degrees fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred fifty degrees fahrenheit. Suitable dining area(s) should be provided for clients.

(7) Food service sanitation shall be governed by chapter 246-215 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. 92-02-018 (Order 224), § 246-321-030, filed 12/23/91, effective 1/23/92; 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 246-100 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. 92-02-018 (Order 224), § 246-321-035, filed 12/23/91, effective 1/23/92; 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 246-321-050 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 246-321-050 (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 246-321-050 (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 246-321-050 (2)(e).

(9) Carpets may be used in patient and nonpatient occupied areas with the following exceptions; toilet rooms, bathing facilities, isolation rooms, laundry rooms, utility rooms, examination or treatment rooms, house-keeping closets;

(a) Specifications for acceptable carpeting include:

(i) Carpet material which meets the standards of the state fire marshal and is easily cleanable;

(ii) Pile tufts shall be a minimum of sixty-four per square inch or equivalent density;

(iii) Rows shall be a minimum of eight per square inch or equivalent density;

(b) Installation of carpet material.

(i) Pad and carpet shall be installed according to manufacturer recommendations;

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

(10) There shall be adequate visiting and lounge areas provided, excluding hallways and corridors. Ratio of fifteen square feet per patient bed and not less than one hundred eighty square feet per facility recommended, excluding hallways and corridors.

(11) There shall be adequate meeting rooms and office areas for use by the interdisciplinary care team. Other rooms or areas may serve as meeting rooms provided confidentiality is maintained.

(12) Linen and laundry:

(a) A safe and adequate clean linen storage area shall be provided with a supply of clean linen available for patients use;

(b) Any laundry done in the facility shall be done in a laundry room separate from the kitchen, dining areas, clean and soiled storage and handling areas;

(c) The soiled laundry storage and sorting area shall be in a well ventilated area separate from the clean linen handling area, clean storage areas, and food preparation areas. If linen or laundry is washed on the premises, an adequate supply of hot water shall be available to provide water at a minimum of one hundred sixty degrees fahrenheit in the washing machine.

## (13) Utility and storage facilities:

(a) Sufficient clean storage and handling room(s) shall provide closed storage for clean and sterile supplies and equipment;

(b) Washing, disinfection, storage and other handling of medical and nursing supplies and equipment shall be accomplished in a manner which ensures segregation of clean and sterile supplies and equipment from those that are contaminated;

(c) Soiled room(s) shall provide:

(i) Clinic service sink, siphon jet or equivalent;

(ii) Space for soiled linen or laundry containers;

(iii) Counter top, double compartment sink, and goose-neck spout or equivalent;

(iv) Storage for cleaning supplies and equipment.

## (14) Housekeeping:

(a) Adequate and clean housekeeping equipment shall be maintained;

(b) At least one service sink and housekeeping closet or enclosed cabinet equipped with shelving shall be provided in a suitable setting within the facility. May be combined with a soiled room as described in subsection (13)(c) of this section. 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 246-290 WAC;

(b) Hot water shall be a safe temperature at all fixtures used by patients. Hot water temperatures at bathing fixtures used by patients shall be automatically regulated so as not to exceed one hundred and twenty degrees fahrenheit;

(c) There shall be devices to prevent backflow into the water supply system from fixtures where extension hoses or other cross connections may occur.

(18) Heating. Heating systems shall be operated and maintained to provide a comfortable, healthful temperature in rooms used by patients during the coldest weather conditions ordinarily encountered in the geographical location of the hospice care center.

(19) Ventilation. There shall be ventilation of all rooms used by patients and personnel sufficient to remove all objectional odors, excess heat, and condensation. Inside rooms including toilets, bathrooms, smoking rooms, and other rooms in which excessive moisture,

odors or contaminants originate shall be provided with mechanical exhaust ventilation.

(20) Lighting, wiring, and power. Adequate lighting shall be provided in all usable areas of the hospice care center, appropriate to the function:

(a) Appropriate, adequate, and safe electrical service shall be provided;

(b) Adequate emergency lighting for means of egress, (battery operated acceptable);

(c) Adequate emergency power available, (battery operated acceptable).

[Statutory Authority: RCW 43.70.040. 92-02-018 (Order 224), § 246-321-050, filed 12/23/91, effective 1/23/92; 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.]

## Chapter 246-323 WAC

RESIDENTIAL TREATMENT FACILITIES FOR  
PSYCHIATRICALY IMPAIRED CHILDREN AND  
YOUTH

## WAC

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**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 health.

(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 275-55-020.

(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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-010, filed 12/23/91, effective 1/23/92. 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 246-323 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 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 department may, in its discretion, exempt a residential treatment facility from complying with parts of these rules pursuant to the procedures set forth in WAC 246-08-210.

(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 plumbers 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-020, filed 12/23/91, effective 1/23/92. 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 246-323-040 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-040, filed 12/23/91, effective 1/23/92. 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 246-215 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 275-55-263 (2)(c).

(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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-050, filed 12/23/91, effective 1/23/92. 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 246-323-070 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 246-100-075 and 246-100-080 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-070, filed 12/23/91, effective 1/23/92. 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 246-323-090 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 246-290 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.

Chapter 246-325 WAC

ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC

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- 246-325-100 Resident care services in private adult treatment homes.

**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.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-323-090, filed 12/23/91, effective 1/23/92. 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.]

(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 health.

(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 this chapter.

(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 or devices 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(8).

(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 rehabilitation 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-010, filed 12/23/91, effective 1/23/92. 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.]

**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. This chapter 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 this chapter.

(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 this chapter; and

(ii) The criteria in WAC 246-325-012 (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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 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 this chapter;

(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) Compliance with this chapter does not exempt centers 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 this chapter on file in the center or treatment home.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-012, filed 12/23/91, effective 1/23/92. 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. This chapter establishes minimum licensing rules and regulations for safety and adequate care of psychiatrically-impaired clients living in a private adult treatment home. WAC 246-325-010 (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 246-325-010, 246-325-100, and 246-325-120.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-015, filed 12/23/91, effective 1/23/92. 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 246-325-025 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-025, filed 12/23/91, effective 1/23/92. 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) 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-030, filed 12/23/91, effective

1/23/92. 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.]

**WAC 246-325-045 Food storage--Preparation--Service.** (1) Centers shall maintain food service facilities and practices complying with chapter 246-215 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-045, filed 12/23/91, effective 1/23/92. 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 246-100 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-050, filed 12/23/91, effective 1/23/92. 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, type-written, 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-060, filed 12/23/91, effective 1/23/92. 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:** The bracket in the text of the above section occurred in the copy filed by the agency.

**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 246-290 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-070, filed 12/23/91, effective 1/23/92. 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 this chapter shall apply except for the following:

(a) WAC 246-325-012 (5), (6), (8), and (9);

(b) WAC 246-325-020;

(c) WAC 246-325-030 (1), (2), (6)(f);

(d) WAC 246-325-035 (6)(j)(i)-(ii) and (6)(k);

(e) WAC 246-325-040;

(f) WAC 246-325-050; and

(g) WAC 246-325-070.

(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 inaccessible 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 246-325-060.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-100, filed 12/23/91, effective 1/23/92. 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.]

## Chapter 246-326 WAC

### ALCOHOLISM TREATMENT FACILITIES

#### WAC

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| 246-326-001 | Purpose.  |
| 246-326-010 | Definitions.  |
| 246-326-020 | Licensure.  |
| 246-326-030 | Administrative management.  |
| 246-326-035 | HIV/AIDS education and training.  |
| 246-326-040 | Patient care and services—General.  |
| 246-326-050 | Health and medical care services—All facilities.  |
| 246-326-060 | Medication responsibility—Administration of medications and treatments.                     |
| 246-326-090 | Physical plant and equipment.   |
| 246-326-100 | Special additional requirements for facilities providing alcoholism detoxification service. |

**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 246-318 or 246-322 WAC, maintained and operated primarily for receiving or caring for alcoholics.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-001, filed 12/23/91, effective 1/23/92. 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 health.

(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.

(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;

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(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 246-325-060.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-325-100, filed 12/23/91, effective 1/23/92. 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.]

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[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-001, filed 12/23/91, effective 1/23/92. 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 health.

(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 246-326-010(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 health.

(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 mal-treatment; 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 health.

(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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-010, filed 12/23/91, effective 1/23/92. 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 246-326-020(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 246-326 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 34.05.220 and chapter 71.12 RCW: 92-02-018 (Order 224), § 246-326-020, filed 12/23/91, effective 1/23/92. 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.**

[1991 WAC Supp—page 1188]

(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 246-326 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 246-326 WAC shall be available.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-030, filed 12/23/91, effective 1/23/92. 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 70.24.310 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-035, filed 12/23/91, effective 1/23/92. 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 246-100 WAC.

[Statutory Authority: RCW 43.70.040 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-040, filed 12/23/91, effective 1/23/92. 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 246-215 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-050, filed 12/23/91, effective 1/23/92. 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 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 246-326-060 (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 246-326-060 (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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-060, filed 12/23/91, effective 1/23/92. 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 246-326-090 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 246-290 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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-090, filed 12/23/91, effective 1/23/92. 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 246-326-050(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 and chapter 71.12 RCW. 92-02-018 (Order 224), § 246-326-100, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-327 WAC

#### HOME HEALTH AGENCIES

##### WAC

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**WAC 246-327-010 Definitions.** For the purpose of chapter 70.127 RCW and chapter 246-327 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 246-839 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 246-100-011.

(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 health.

(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 as a nursing assistant 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 246-915 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 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-010, filed 12/23/91, effective 1/23/92. 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) After June 30, 1989, persons operating home health agencies defined under chapter 70.127 RCW shall submit applications and fees to the department.

(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 43.70.110 and WAC 246-327-990, 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 246-327-045 (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 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-025, filed 12/23/91, effective 1/23/92. 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 246-327-045, 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 70.127.120, 70.127.250 and 34.05.220. 92-02-018 (Order 224), § 246-327-035, filed 12/23/91, effective 1/23/92. 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 246-327-055 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 43.70.115. 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 43.70.095. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.127.120, 70.127.250 and 34.05.220. 92-02-018 (Order 224), § 246-327-055, filed 12/23/91, effective 1/23/92. 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 246-327-105 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*, January 1991, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 70.127.120, 70.127.250 and 70.24.310. 92-02-018 (Order 224), § 246-327-105, filed 12/23/91, effective 1/23/92. 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 246-327-155 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 246-327-010;

(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 70.127.120 and 70.127.250. 92-02-018 (Order 224), § 246-327-155, filed 12/23/91, effective 1/23/92. 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.]

## Chapter 246-329 WAC CHILDBIRTH CENTERS

### WAC

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**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 health.

(10) "Governing body" means the person or persons responsible for establishing and approving the purposes and policies of the childbirth center.

(11) "Hospital" means any institution, place, building, or agency which provides accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care, of two or more individuals not related to the operator or suffering from any other condition which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" as used in this definition does not include hotels, or similar places furnishing only food and lodging, or simply, domiciliary care; nor does it include clinics, physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more; nor does it include nursing homes, as defined and which comes under the scope of chapter 18.51 RCW; nor does it include maternity homes, which come within the scope of chapter 18.46 RCW; nor does it include psychiatric hospitals, which come under the scope of chapter 71.12 RCW; nor any other hospital or institution specifically intended for use and the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions. Furthermore, nothing in this definition shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with creed or tenets of any well-recognized church or religious denomination.

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

(13) "Low-risk maternal client" means an individual who:

(a) Is in general good health with uncomplicated prenatal course and participating in ongoing prenatal care;

(b) Is participating in an appropriate childbirth and infant care education program;

(c) Has no major medical problems;

(d) Has no previous major uterine wall surgery, caesarean section, or obstetrical complications likely to recur;

(e) Has parity under six unless a justification for a variation is documented by clinical staff;

(f) Is not a nullipara of greater than thirty-eight years of age unless a justification for a variation is documented by clinical staff;

(g) Is not less than sixteen years of age unless a justification for variation for ages fourteen through fifteen only is documented by clinical staff;

(h) Has no significant signs or symptoms of pregnancy-induced hypertension, polyhydramnios or oligohydramnios, abruptio placenta, chorioamnionitis, multiple gestation, intrauterine growth retardation, meconium stained amniotic fluid, fetal complications, or substance abuse;

(i) Demonstrates no significant signs or symptoms of anemia, active herpes genitalis, pregnancy-induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;

(j) Is in labor, progressing normally;

(k) Is without prolonged ruptured membranes;

(l) Is not in preterm labor nor postterm gestation;

(m) Is appropriate for a setting where analgesia is limited; and

(n) Is appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.

(14) "Maternity home" means any home, place, hospital, or institution in which facilities are maintained for the care of four or more women not related by blood or marriage to the operator during pregnancy or during or within ten days after delivery: *Provided however*, That this chapter shall not apply to any hospital licensed under chapter 70.41 RCW, "Hospital licensing and regulation."

(15) "Midwife" means an individual recognized by the Washington state board of nursing as a certified nurse midwife as provided in chapter 18.88 RCW, chapter 246-839 WAC, or an individual possessing a valid, current license to practice midwifery in the state of Washington as provided in chapter 18.50 RCW, chapter 246-834 WAC.

(16) "New construction" means any of the following:

(a) New buildings to be used as a birth center;

(b) Addition or additions to an existing building or buildings to be used as a childbirth center;

(c) Conversion of existing buildings or portions thereof for use as a childbirth center;

(d) Alterations or modifications other than minor alterations.

"Minor alterations" means any structural or physical modification within an existing birth center which does not change the approved use of a room or an area. Minor alterations performed under this definition do not require prior review of the department; however, this does not constitute a release from other applicable requirements.

(17) "Personnel" means individuals employed by the birth center.

(18) "Physician" means an individual licensed under provisions of chapter 18.71 RCW, "Physicians," or chapter 18.57 RCW, "Osteopathy—Osteopathic medicine and surgery."

(19) "Registered nurse" means an individual licensed under the provision of chapter 18.88 RCW, "Registered nurses," who is practicing in accordance with the rules and regulations promulgated thereunder.

(20) "Recovery" means that period or duration of time starting at birth and ending with discharge of a



client from the birth center or the period of time between the birth and the time a client leaves the premises of the birth center.

(21) "Shall" means compliance is mandatory.

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

(23) "Support person" means the individual or individuals selected or chosen by a maternal client to provide emotional support and to assist her during the process of labor and childbirth.

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

(25) "Volunteer" means an individual who is an unpaid worker in the birth center, other than a support person.

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

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-010, filed 12/23/91, effective 1/23/92. 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.

(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 43.70.110: *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) The department shall inspect and investigate each childbirth center as needed and at least annually to determine compliance with standards herein (chapter 246-329 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 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 18.46.060 and 34.05.220. 92-02-018 (Order 224), § 246-329-020, filed 12/23/91, effective 1/23/92. 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 246-329 WAC.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-030, filed 12/23/91, effective 1/23/92. 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 246-329-050 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 18.46.060 and 70.24.310. 92-02-018 (Order 224), § 246-329-050, filed 12/23/91, effective 1/23/92. 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 246-420 WAC, as now or as hereafter amended.

(10) Prophylactic treatment of the eyes of the newborn in accordance with WAC 246-100-206 (5)(b) as now, or as hereafter, amended.

(11) Metabolic screening of newborns.

(a) Educational materials shall be provided to each client relative to metabolic screening and informed consent for metabolic screening. These materials shall be obtained from the genetics program of the department.

(b) There shall be a mechanism for weekly reporting of all live births to the genetics program of the department on forms provided by the genetics program.

(c) The birth center shall provide each client with instructions and a metabolic screening collection kit, obtained from the genetics program of the department. There shall be a procedure and/or evidence of a plan for follow-up so that blood samples are collected between the seventh and tenth day of life.

(d) When parents refuse metabolic screening, there shall be provisions for a signed refusal statement which shall be sent to the genetics program of the department in lieu of the blood sample.

(12) Infection control to include consideration of housekeeping; cleaning, sterilization, sanitization, and storage of supplies and equipment, and health of personnel. Health records for personnel shall be kept in the facility and include documented evidence of a tuberculin skin test by the Mantoux method upon employment. A copy of the health record shall be given to each employee upon termination of employment. A nonsignificant skin test is defined as less than 10mm induration read at forty-eight to seventy-two hours. A significant skin test is defined as 10mm of induration, or greater, read at forty-eight to seventy-two hours. Positive reactors shall have a chest x-ray within ninety days of the first day of employment. Exemptions and specific requirements are as follows:

(a) New employees who can document a positive Mantoux test in the past shall be excluded from screening;

(b) Those with positive skin tests and abnormal chest x-ray for tuberculosis shall complete the recommended course of preventive or curative treatment, as determined by the local health officer;

(c) Employees with any communicable disease in an infectious stage shall not be on duty.

[Statutory Authority: RCW 18.46.060. 92-02-018 (Order 224), § 246-329-060, filed 12/23/91, effective 1/23/92. 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 246-329-100 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 246-290 WAC, rules and regulations of the Washington state board of health regarding public water supplies.

(9) Heating and ventilation.

(a) A safe and adequate source of heat capable of maintaining a room temperature of at least seventy-two degrees Fahrenheit shall be provided and maintained.

(b) Ventilation shall be sufficient to remove objectionable odors, excessive heat, and condensation.

(10) Lighting and power.

(a) There shall be provisions for emergency lighting.

(b) There shall be general lighting and provision for adequate examination lights in the birthing room.

(11) Linen and laundry.

(a) Soiled linen/laundry storage and sorting areas shall be physically separated from clean linen storage and handling areas, kitchen and eating facilities.

(b) Laundry equipment shall provide hot water at a temperature of one hundred sixty degrees Fahrenheit.

(12) Utility, housekeeping, garbage, and waste.

(a) There shall be utility and storage facilities designed and equipped for washing, disinfecting, storing,

and other handling of equipment and medical supplies in a manner which ensures segregation of clean and sterile supplies and equipment from those that are soiled and/or contaminated.

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

(13) Food storage and/or preparation.

(a) Food service and catering of food shall not be provided by the facility.

(b) When birth center policy provides for allowing the preparation or storage of personal food brought in by the client or families of clients for consumption by that family, there shall be an adequate electric or gas refrigerator capable of maintaining a temperature of forty-five degrees Fahrenheit or lower and dishwashing facilities which provide hot water at a temperature of not less than one hundred forty degrees Fahrenheit.

[Statutory Authority: RCW 18.46.060, 92-02-018 (Order 224), § 246-329-100, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-331 WAC HOSPICE AGENCIES

#### WAC

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| 246-331-025 | Licensure of the hospice agency.                                  |
| 246-331-035 | License denials—Suspensions—Modifications—Revocations.            |
| 246-331-055 | License action and/or civil fine—Notice—Adjudicative proceeding.  |
| 246-331-105 | AIDS education and training.                                      |
| 246-331-155 | Functions, duties, and responsibilities of direct care personnel. |

**WAC 246-331-010 Definitions.** For the purpose of chapter 70.127 RCW and chapter 246-331 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 246-100-011.

(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 health.

(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 as a nursing assistant 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 246-915 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 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-010, filed 12/23/91, effective 1/23/92. 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) After June 30, 1989, persons operating hospice agencies defined under chapter 70.127 RCW shall submit applications and fees to the department.

(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 chapter 43.70 RCW and WAC 246-331-990, 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 246-331-045 (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 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-025, filed 12/23/91, effective 1/23/92. 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 246-331-045, 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 70.127.120, 70.127.260 and 34.05.220. 92-02-018 (Order 224), § 246-331-035, filed 12/23/91, effective 1/23/92. 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 246-331-055 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 43.70.115. 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 43.70.095. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.127.120, 70.127.260 and 34.05.220. 92-02-018 (Order 224), § 246-331-055, filed 12/23/91, effective 1/23/92. 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 246-331-105 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*, January 1991, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 70.127.120, 70.127.260 and 70.24.310. 92-02-018 (Order 224), § 246-331-105, filed 12/23/91, effective 1/23/92. 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 246-331-155 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 246-331-010;

(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 70.127.120 and 70.127.260. 92-02-018 (Order 224), § 246-331-155, filed 12/23/91, effective 1/23/92. 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.]

### 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. |

**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 health.

(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 health and his or her designee.

[Statutory Authority: RCW 43.70.040 and 68.50.280. 92-02-018 (Order 224), § 246-333-010, filed 12/23/91, effective 1/23/92. 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 246-08 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 68.50.280 and 34.05.220. 92-02-018 (Order 224), § 246-333-020, filed 12/23/91, effective 1/23/92. 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 68.50.280 and 70.24.310. 92-02-018 (Order 224), § 246-333-030, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-334 WAC

#### DISPOSITION OF HUMAN REMAINS

WAC

246-334-010 through 246-334-060 Repealed.

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

- 246-334-010 Definitions. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.
- 246-334-020 Approval required for tissue preservation. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.
- 246-334-030 Approval required for tissue preservation—Provisions for approval. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.
- 246-334-040 Approval required for tissue preservation—Exemptions from approval. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.
- 246-334-050 Records. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.
- 246-334-060 Labels. [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.] Repealed by 92-02-019 (Order 225B), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050.

**WAC 246-334-010 through 246-334-060 Repealed.**  
See Disposition Table at beginning of this chapter.

### Chapter 246-336 WAC HOME CARE AGENCY RULES

WAC

- 246-336-010 Definitions.
- 246-336-025 Licensure of the home care agency.
- 246-336-035 License denials—Suspensions—Modifications—Revocations.
- 246-336-055 License action and/or civil fine—Notice—Adjudicative proceeding.
- 246-336-105 AIDS education and training.
- 246-336-125 Supervision and coordination of services.

**WAC 246-336-010 Definitions.** For the purpose of chapter 70.127 RCW and chapter 246-336 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 246-100-011.

(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 health.

(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 70.127.120 and 70.127.270. 92-02-018 (Order 224), § 246-336-010, filed 12/23/91, effective 1/23/92. 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) After June 30, 1989, persons operating home care agencies as defined under chapter 70.127 RCW, shall submit application and fees to the department.

(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 43.70.110 and WAC 246-336-990, 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 246-336-045 (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 70.127.120 and 70.127.270, 92-02-018 (Order 224), § 246-336-025, filed 12/23/91, effective 1/23/92. 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 246-336-045, 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 70.127.120, 70.127.270 and 34.05.220. 92-02-018 (Order 224), § 246-336-035, filed 12/23/91, effective 1/23/92. 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 246-336-055 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 43.70.115. 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 43.70.095. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.127.120, 70.127.270 and 34.05.220. 92-02-018 (Order 224), § 246-336-055, filed 12/23/91, effective 1/23/92. 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 246-336-105 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*, January 1991, published by the department office on HIV/AIDS.

[Statutory Authority: RCW 70.127.120, 70.127.270 and 70.24.310. 92-02-018 (Order 224), § 246-336-105, filed 12/23/91, effective 1/23/92. 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 246-336-125 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 246-336-095, 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 70.127.120 and 70.127.270. 92-02-018 (Order 224), § 246-336-125, filed 12/23/91, effective 1/23/92. 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.]

## Chapter 246-338 WAC MEDICAL TEST SITE RULES

### WAC

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**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) "Certificate of waiver" means a medical test site performing one or more of the tests listed under WAC 246-338-030(10), and no other tests.
- (5) "Days" means calendar days.
- (6) "Department" means the department of health.
- (7) "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.
- (8) "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.
- (9) "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.
- (10) "Facility" means one or more locations where tests are performed, within one campus or complex, under one owner.
- (11) "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.
- (12) "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.
- (13) "May" means permissive or discretionary on the part of the department.
- (14) "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.

(15) "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.

(16) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(17) "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.

(18) "Provisional license" or "provisional certificate of waiver" means an interim approval issued by the department to the owner of a medical test site.

(19) "Recordkeeping" means books, files, or records necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(20) "Shall" means compliance is mandatory.

(21) "Site" or "mobile 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.

(22) "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.

(23) "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, and other chemistry;
- (b) Diagnostic immunology, the subspecialties are syphilis serology, general immunology, HIV, and alpha fetoprotein;
- (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.

(24) "Supervision" means authoritative procedural guidance by a qualified individual, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(25) "Technical personnel" means individuals employed to perform any test or part of a test.

(26) "Test" means any examination or procedure conducted on a sample taken from the human body, including screening.

[Statutory Authority: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-010, filed 10/16/91, effective 10/16/91. 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 246-338-040; and

(b) Submits the following to the department for department approval:

(i) Information defined under subsection (2)(a) and (b) of this section; and

(ii) 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

(iii) 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 246-338-990;

(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 post-mark; 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, to a medical test site applying for licensure for the first time a provisional license 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 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-020, filed 10/16/91, effective 10/16/91. 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 246-338-990; 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 waived 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, limited to whole blood glucose, by visual reading of reagent strip, tablet method or using instrumentation approved for home use by the Federal Food and Drug Administration;

(f) Group A strep screen by direct antigen test;

(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 for presence or absence of growth, not including identification and susceptibility testing;

(l) Semen analysis;

(m) Screening tests for Sick 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;

(s) Infectious mononucleosis screen by slide agglutination test or equivalent; and

(t) Culture for colony counts for urinary tract infections, not including identification and susceptibility testing.

(11) The department may make additions or deletions to the list of waived tests under subsection (10) of this section, by rule, when requests are received:

(a) In compliance with the department's established protocol, available upon request from the department; and

(b) On or before each May 31.

(12) Requests for additions or deletions to the list of waived tests shall include:

(a) Evidence that the test meets the criteria in subsection (13) (a), (b), or (c) of this section; and

(b) A written agreement to pay the department a fee based on the cost of direct staff time, as defined in WAC 246-338-990 (1)(h)(iii).

(13) The department shall use the following criteria when determining additional waived tests not listed under subsection (10) of this section, which are determined to have insignificant risk of an erroneous result, including those which:

(a) Pose no reasonable risk of harm to the patient if performed incorrectly;

(b) Are approved by the Federal Food and Drug Administration for home use; or

(c) Are so simple and accurate as to render the likelihood of erroneous result negligible, and 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.

(14) 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-030, filed 10/16/91, effective 10/16/91. 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 (NIDA);

(c) United States Food and Drug Administration (FDA), limited to the manufacture of blood and blood products;

(d) College of American Pathologists (CAP);



(e) Joint Commission on Accreditation of Healthcare Organizations (JCAHO); and

(f) Commission on Office Laboratory Accreditation (COLA).

(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 246-338-020 (3)(b)(i) through (iii).

(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 493.1427;

(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: Chapter 70.42 RCW, 91-21-062 (Order 205), § 246-338-040, filed 10/16/91, effective 10/16/91. 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 waived tests as listed under WAC 246-338-030(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) Request that the proficiency testing program provide a copy of the graded proficiency testing results to the department.

(5) The department shall evaluate proficiency testing results 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; or

(B) An unsatisfactory score is obtained on a single test on two of any three successive shipments;

(d) A grade of unsatisfactory performance occurs when unsatisfactory shipment scores are obtained on a single test or in a specialty or subspecialty on three of any four successive shipments.

(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 to the designated test site supervisor; and

(b) The medical test site shall:

(i) Determine the cause of the marginal proficiency testing performance; and

(ii) Keep records at the medical test site showing what action was taken to correct the problem.

(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:

(a) Submit a plan of correction to the department within fifteen days from receipt of notice; and

(b) Provide or ensure:

(i) Additional training of personnel;

(ii) Necessary technical assistance to meet the requirements of the proficiency testing program and the department;

(iii) Participation in a program of additional proficiency testing, if available; or

(iv) Any combination of training, technical assistance, or testing described under (b)(i), (ii), and (iii) 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) Acknowledgement of previous contacts; and

(c) 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-050, filed 10/16/91, effective 10/16/91. 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," January 1991, 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; chapter 18.50 RCW, Midwifery; 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 493.1415 (b)(1-5).

(5) The designated test site supervisor or designated specialty test site supervisor shall meet the appropriate requirements under 42 CFR 493.1421 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-060, filed 10/16/91, effective 10/16/91. 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 and address 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 246-338-090;

(v) Calibrators, as defined in WAC 246-338-090;

(vi) Standards, as defined in WAC 246-338-090;

(vii) Reference materials, as defined in WAC 246-338-090; 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-070, filed 10/16/91, effective 10/16/91. 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 246-338-090; 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; and
  - (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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-080, filed 10/16/91, effective 10/16/91. 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<sub>1</sub>, B, O, anti-A, anti-B, anti-D, anti Rh<sub>0</sub>, Rh<sub>0</sub>(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<sub>1</sub> and B red cells;

(iii) Determine the Rh<sub>0</sub>(D) group by testing unknown red cells with anti-D (anti Rh<sub>0</sub>) 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<sub>0</sub>(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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-090, filed 10/16/91, effective 10/16/91. 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 246-338-110 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 246-08 WAC.

If a provision of this chapter conflicts with chapter 246-08 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: Chapter 70.42 RCW. 91-21-062 (Order 205), § 246-338-110, filed 10/16/91, effective 10/16/91. 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 246-338-040, Approval of accreditation bodies;
- (b) "Category A" means a medical test site performing less than ten thousand licensed tests per year and two or less specialties;
- (c) "Category B" means a medical test site performing less than ten thousand licensed tests per year and three specialties;
- (d) "Category C" means a medical test site performing ten thousand to twenty-five thousand licensed tests per year and three or less specialties;
- (e) "Category D" means a medical test site performing less than twenty-five thousand licensed tests per year and four or more specialties;
- (f) "Category E" means a medical test site performing greater than twenty-five thousand licensed tests per year and three or less specialties;
- (g) "Category F" means a medical test site performing greater than twenty-five thousand licensed tests per year and four or more specialties;
- (h) "Direct staff time" means all state employees' work time, including travel time and expenses involved in;

(i) Functions associated with medical test site licensure or complaint investigation including:

- (A) On-site follow up visit; and
- (B) Telephone contacts and staff or management conferences in response to a deficiency statement or complaint;

(ii) Preparation and participation in a continuing education or training event for a medical test site; and

(iii) Evaluation of evidence submitted under WAC 246-338-030(12), with a request for addition or deletion to the tests listed under WAC 246-338-030(10), including actual costs for supplies, printings and mailings;

(i) "Licensed test" means all tests not specifically listed as waived under WAC 246-338-030(10), or defined as forensic under WAC 246-338-010(12);

(j) "Temporary" means a medical test site performing licensed tests at locations separate from the medical test site's permanent location with a frequency of five times a year or less.

(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 . . . . . \$50 per year or \$100 per biennium;
- (ii) Category A . . . . . 400 per year or 800 per biennium;
- (iii) Category B . . . . . 450 per year or 900 per biennium;
- (iv) Category C . . . . . 500 per year or 1000 per biennium;
- (v) Category D . . . . . 600 per year or 1200 per biennium;

- (vi) Category E ..... 700 per year or 1400 per biennium;
- (vii) Category F ..... 850 per year or 1700 per biennium;
- (viii) Mobile site ..... 200 per year or 400 per biennium;
- (ix) Temporary ..... 50 per year or 100 per biennium;
- (x) Accredited by:
  - (A) Organization other than HCFA 125 per year or 250 per biennium;
  - (B) HCFA ..... 50 per year or 100 per biennium;
  - (xi) Follow up survey for deficiencies ..... direct staff time;
  - (xii) Complaint investigation ..... direct staff time;
  - (xiii) Continuing education ..... direct staff time;
  - (xiv) Evaluation of requests for additions or deletions to the list of waived tests ..... 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 and the Washington state migrant council performing hematocrit testing only for nutritional evaluation.

[Statutory Authority: Chapter 70.42 RCW, 91-21-062 (Order 205), § 246-338-990, filed 10/16/91, effective 10/16/91. 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

- 246-340-010 Definitions.
- 246-340-020 Facilities approved for termination of pregnancy.
- 246-340-050 Issuance, duration, and assignment of certificate of approval.
- 246-340-070 Notice of decision—Adjudicative proceeding.
- 246-340-090 HIV/AIDS education and training.

**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 246-839-300.

(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 health.

(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 health 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, 9.02.005 and 9.02.070, 92-02-018 (Order 224), § 246-340-010, filed 12/23/91, effective 1/23/92. 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 246-340 WAC.

[Statutory Authority: RCW 43.70.040, 9.02.005 and 9.02.070, 92-02-018 (Order 224), § 246-340-020, filed 12/23/91, effective 1/23/92. 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 246-340-050 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 34.05 RCW, Administrative Procedure Act, and chapter 246-08 WAC, Practice and procedure.

[Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05-.220. 92-02-018 (Order 224), § 246-340-050, filed 12/23/91, effective 1/23/92. 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 246-340-070 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05-.220. 92-02-018 (Order 224), § 246-340-070, filed 12/23/91, effective 1/23/92. 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 246-340-090 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*, January 1991, published by the office on HIV/AIDS.

[Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 70.24-.310. 92-02-018 (Order 224), § 246-340-090, filed 12/23/91, effective 1/23/92. 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.]

**Chapter 246-360 WAC  
TRANSIENT ACCOMMODATIONS**

|             |  |
|-------------|--|
| WAC         |  |
| 246-360-001 | Purpose.   |
| 246-360-010 | Definitions.                                       |
| 246-360-020 | Licensing, administration, enforcement, exemption. |
| 246-360-040 | Water supply and temperature control.              |
| 246-360-050 | Sewage.  |
| 246-360-110 | Lodging unit kitchens.                             |
| 246-360-160 | Food and beverage services.                        |
| 246-360-180 | Laundry.   |

**WAC 246-360-001 Purpose.** Chapter 246-360 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 246-360 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 70.62.240. 92-02-019 (Order 225B), § 246-360-001, filed 12/23/91, effective 1/23/92. 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 health.

(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 RCW 70.54.110, New housing for agricultural workers to comply with board of health regulations.

(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 license; 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 health 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 70.62.240, 92-02-019 (Order 225B), § 246-360-010, filed 12/23/91, effective 1/23/92. 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 43.70.115. 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 Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; 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 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 70.62.240. 92-02-019 (Order 225B), § 246-360-020, filed 12/23/91, effective 1/23/92. 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 246-360-040 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 246-290 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 70.62.240. 92-02-019 (Order 225B), § 246-360-040, filed 12/23/91, effective 1/23/92. 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 246-272 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 70.62.240. 92-02-019 (Order 225B), § 246-360-050, filed 12/23/91, effective 1/23/92. 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 246-360-110 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 246-360-140;

(c) A sink, other than the handwashing sink, suitable for washing dishes;

(d) Hot running water under WAC 246-360-040;

(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 70.62.240. 92-02-019 (Order 225B), § 246-360-110, filed 12/23/91, effective 1/23/92. 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 246-360-160 Food and beverage services.** (1) Licensees shall ensure food provided to guests is prepared and served under:

(a) Chapter 246-215 WAC, state board of health standards for food service sanitation and local ordinances;

(b) Chapter 246-217 WAC, state board of health standards for food and beverage service workers permits; and

(c) Chapter 246-217 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 246-360-110;

(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 70.62.240. 92-02-019 (Order 225B), § 246-360-160, filed 12/23/91, effective 1/23/92. 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 246-360-180 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 246-360-040 and 246-360-180; or

(b) Sending items to a commercial laundry or other laundry meeting requirements under WAC 246-360-040 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 70.62.240. 92-02-019 (Order 225B), § 246-360-180, filed 12/23/91, effective 1/23/92. 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.]

## Chapter 246-366 WAC

### PRIMARY AND SECONDARY SCHOOLS

#### WAC

|             |                                      |
|-------------|--------------------------------------|
| 246-366-010 | Definitions.                         |
| 246-366-060 | Plumbing, water supply and fixtures. |
| 246-366-070 | Sewage disposal.                     |
| 246-366-110 | Sound control.                       |
| 246-366-130 | Food handling.                       |

**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 health or the secretary's designee.

(10) "Department" - Means Washington state department of health.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-366-010, filed 12/23/91, effective 1/23/92; 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 246-366-060 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 246-290 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, 92-02-019 (Order 225B), § 246-366-060, filed 12/23/91, effective 1/23/92; 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 246-272 and 173-240 WAC.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-366-070, filed 12/23/91, effective 1/23/92; 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 246-366-110 Sound control.** (1) In new construction, plans submitted under WAC 246-366-040 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 246-366-030(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, 92-02-019 (Order 225B), § 246-366-110, filed 12/23/91, effective 1/23/92; 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 246-366-130 Food handling.** (1) Food storage, preparation, and service facilities shall be constructed and maintained and operated in accordance with chapters 246-215 and 246-217 WAC.

(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, 92-02-019 (Order 225B), § 246-366-130, filed 12/23/91, effective 1/23/92; 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.]

**Chapter 246-374 WAC  
OUTDOOR MUSIC FESTIVALS**

WAC

- 246-374-050 Water supply.
- 246-374-060 Sewage disposal.
- 246-374-080 Solid waste.
- 246-374-100 Food service.
- 246-374-130 Bathing areas.

**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 chapter 246-290 WAC.

(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 246-290-240.

(6) Common drinking container shall be prohibited.

[Statutory Authority: RCW 43.20.050 and 70.108.040, 92-02-019 (Order 225B), § 246-374-050, filed 12/23/91, effective 1/23/92. 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 246-203-080 through 246-203-110.

[Statutory Authority: RCW 43.20.050 and 70.108.040, 92-02-019 (Order 225B), § 246-374-060, filed 12/23/91, effective 1/23/92. 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 246-374-080 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 246-203-120.

(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 and 70.108.040, 92-02-019 (Order 225B), § 246-374-080, filed 12/23/91, effective 1/23/92. 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 246-374-100 Food service.** Food service facilities shall be operated and maintained in accordance with the provisions of chapters 246-215 and 246-217 WAC.

[Statutory Authority: RCW 43.20.050 and 70.108.040, 92-02-019 (Order 225B), § 246-374-100, filed 12/23/91, effective 1/23/92. 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 246-374-130 Bathing areas.** All natural bathing areas shall comply with the provisions of WAC 246-260-180.

[Statutory Authority: RCW 43.20.050 and 70.108.040. 92-02-019 (Order 225B), § 246-374-130, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-376 WAC CAMPS

#### WAC

246-376-100 Food handling.  
246-376-110 Swimming pools, wading pools, and bathing beaches.

**WAC 246-376-100 Food handling.** Food service facilities and practices in camps shall comply with chapter 246-215 WAC, Rules and regulations of the state board of health governing food service sanitation.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-100, filed 12/23/91, effective 1/23/92; 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.** All swimming pools, wading pools, and bathing beaches shall comply with the requirements set forth in chapter 246-260 WAC, Water recreation facilities.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-376-110, filed 12/23/91, effective 1/23/92; 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.]

### Chapter 246-378 WAC MOBILE HOME PARKS

#### WAC

246-378-020 Sewage disposal.  
246-378-030 Water supply.  
246-378-040 Refuse disposal.  
246-378-050 General sanitation.

**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 246-272 and 173-240 WAC and local regulations.

[Statutory Authority: RCW 43.20.050 and 59.20.190. 92-02-019 (Order 225B), § 246-378-020, filed 12/23/91, effective 1/23/92. 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 246-290-010, which provides water for a mobile home park shall be designed, constructed, maintained and operated in accordance with chapter 246-290 WAC.

[Statutory Authority: RCW 43.20.050 and 59.20.190. 92-02-019 (Order 225B), § 246-378-030, filed 12/23/91, effective 1/23/92. 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 173-304 WAC and local regulations.

[Statutory Authority: RCW 43.20.050 and 59.20.190. 92-02-019 (Order 225B), § 246-378-040, filed 12/23/91, effective 1/23/92. 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 246-203 WAC.

[Statutory Authority: RCW 43.20.050 and 59.20.190. 92-02-019 (Order 225B), § 246-378-050, filed 12/23/91, effective 1/23/92. 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

246-380-001 Purpose.  
246-380-990 Fees.

**WAC 246-380-001 Purpose.** The purpose of this chapter is to specify the fees required to conduct the health and sanitation inspections in state institutions as mandated in RCW 43.70.130(8).

[Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-001, filed 10/18/91, effective 11/18/91.]

**WAC 246-380-990 Fees.** An annual health and sanitation survey fee for community colleges, ferries, and other state of Washington institutions and facilities shall be assessed as follows:

Annual Fee  
Per Facility

(1) Food service.

- (a) As defined in WAC 246-215-009(12) 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. \$ 355

- (b) Food service establishments \$ 178

Annual Fee  
Per Facility

246-388-320 Support services and functions—Dietary.

or concessions that do not prepare potentially hazardous foods.

- (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 the department of health 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 five dollars and fifty cents times the population count plus three hundred fifty-five dollars. The population count shall mean the average daily population for the past twelve months (January through December).
  - (b) Institutions or facilities that do not operate a food service: The annual fee shall be five dollars and fifty cents times the population count.
  - (c) The population count for a new institution shall mean the average projected daily population for the first twelve months of operation.

[Statutory Authority: RCW 43.20B.020. 91-21-075 (Order 204), § 246-380-990, filed 10/18/91, effective 11/18/91. 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

- 246-388-010 Definitions.
- 246-388-070 Personnel.
- 246-388-080 Infection control.
- 246-388-100 Water supply.
- 246-388-110 Plumbing.
- 246-388-160 Emergency light and power.
- 246-388-170 Ventilation.
- 246-388-240 Core services—Twenty-four-hour emergency care.
- 246-388-260 Core service—Laboratory.
- 246-388-270 Core service—Radiology.
- 246-388-290 Core service—Low-risk maternal patient and newborn care.

**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 246-839 WAC, or an individual licensed to practice midwifery in the state of Washington under chapter 18.50 RCW.

(28) "Neglect" means negligent treatment or mal-treatment; an act or omission evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-010, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-010, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-070 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*, January 1991, 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 are required to have a second test one to three weeks after the first test;

(iii) Positive reactors to either test are 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-070, filed 12/23/91, effective 1/23/92. 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*, January 1991, office on HIV/AIDS.

[Statutory Authority: RCW 70.175.040, 70.175.100 and 70.24.310. 92-02-018 (Order 224), § 246-388-080, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-080, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-100 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 246-290 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-100, filed 12/23/91, effective 1/23/92. 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 246-290 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-110, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-110, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-160 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 properly maintained, appropriately sized emergency generator for lighting and power in areas where core services occur.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-160, filed 12/23/91, effective 1/23/92. 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 the following minimum requirements:

(a) The Uniform Building Code and Uniform Mechanical Code under WAC 51-16-030 and 51-16-040, respectively; and

(b) The State Ventilation and Indoor Air Quality Code under chapter 51-13 WAC.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-170, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-170, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-240 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-240, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-240, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-260 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 246-338 WAC, medical test site rules, as licensed or waived medical test sites.

[Statutory Authority: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-260, filed 12/23/91, effective 1/23/92. 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 246-225 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 246-225 WAC;

(g) Arrangements for services of a qualified expert as defined and described under WAC 246-240-040, 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-270, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-270, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-290 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 246-650 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-290, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-290, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-320 Support services and functions—Dietary.** Rural health care facilities shall provide or arrange for dietary and food service meeting requirements under chapter 246-215 WAC, Food service sanitation, excluding requirements under WAC 246-215-149, 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: RCW 70.175.040 and 70.175.100. 92-02-018 (Order 224), § 246-388-320, filed 12/23/91, effective 1/23/92. Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-320, filed 12/21/90, effective 1/21/91.]

## Chapter 246-430 WAC CANCER REPORTING

### WAC

|             |  |
|-------------|--|
| 246-430-001 | Purpose.                                   |
| 246-430-010 | Definitions.                               |
| 246-430-020 | Cancer case identification.                |
| 246-430-030 | Data collection requirements.              |
| 246-430-040 | Form, frequency, and format for reporting. |
| 246-430-050 | Data quality assurance.                    |
| 246-430-060 | Access and release of information.         |

**WAC 246-430-001 Purpose.** The purpose of this chapter is to establish department rules implementing RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, and 70.54.270 including criteria and procedures for identifying and reporting diagnosed cancer cases, and standards for information access and release.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-001, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-010 Definitions.** For the purpose of RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, 70.54.270, and this chapter, the following words and phrases shall have the following meaning unless the context clearly indicates otherwise:

- (1) "Attending health care provider" means the physician or other health professional who ordered the diagnostic procedure confirming a cancer diagnosis.
- (2) "Cancer case" means any or all of the following:
  - (a) Any malignant neoplasm, with the exception of basal and squamous cell carcinoma of the skin;
  - (b) Basal and squamous cell carcinoma of the external genital organ sites (vulva, labia, clitoris, prepuce, penis, scrotum);
  - (c) All brain tumors;
  - (d) Ovarian tumor of borderline or low malignant potential;
  - (e) Cancer in situ.
- (3) "Cancer diagnosis or treatment facilities" means hospitals, surgical centers, outpatient radiation therapy centers, doctors offices, and any other facilities where cancer cases are diagnosed or treated.
- (4) "Confidential information" means any information collected by contractors which could lead to the identification of cancer patients, cancer diagnosis or treatment facilities, independent clinical laboratories, or attending health care providers.
- (5) "Contractors" means agencies designated by contract with the department of health to perform activities related to identification, collection, and processing of cancer data.



(6) "Department" means the Washington state department of health.

(7) "Designees" means hospital-based tumor registrars, contractor employees, or other persons designated by contractors to perform data collection activities.

(8) "Independent clinical laboratories" means free-standing medical test sites.

(9) "In situ" means tumors described as "in situ" by the pathologist reading the diagnostic report(s).

(10) "Reportable cancer case" means any cancer case diagnosed in a Washington state resident on or after the effective date of these rules.

(11) "Resident" means an individual residing in Washington state at time of cancer diagnosis.

(12) "Stage of disease" means a cancer classification system encompassing attributes of a tumor as determined and described by:

(a) *Summary Staging Guide, Cancer Surveillance Epidemiology and End-Results Reporting (SEER), SEER Program, April, 1977*; and

(b) *Manual for Staging of Cancer, 3rd Edition, American Joint Committee on Cancer, (AJCC), 1988.*

(13) "State cancer registry" means the state-wide cancer data base maintained by the office of hospital and patient data, division of health information, department of health.

(14) "State cancer registry contract" means the legal agreement by which contractors are authorized to obtain information on reportable cancer cases. It also means the document specifying the contractors' obligations to the state cancer registry with respect to how and when information is collected, processed, and provided and how quality assurance standards are met.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-010, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-020 Cancer case identification.** (1) Contractors shall identify:

(a) Reportable cancer cases diagnosed or treated in hospitals, surgical centers, and outpatient radiation therapy centers; and

(b) Reportable cancers processed and reported by independent clinical laboratories.

(2) Hospitals, surgical centers, and outpatient radiation therapy centers shall:

(a) Organize case finding documents by procedure or service date to permit identification of cancer cases to be reviewed each contractor visit; and

(b) Submit or make available to contractors, per arrangement with contractors, case finding documents including the following if maintained:

(i) Disease and operation indices for cancer cases;

(ii) Pathology and cytology reports;

(iii) New patient radiation logs;

(iv) New patient chemotherapy logs; and

(v) Other alternative information which contractors determine is necessary to identify or verify reportable cancer cases.

(3) Independent clinical laboratories shall:

(a) Organize pathology reports by slide order, numerical order, or service date; and

(b) Make pathology reports available to contractors, if not otherwise available through hospitals, on a monthly basis.

(4) Attending health care providers shall identify to contractors reportable cancer cases diagnosed at facilities other than hospitals, surgical centers, and outpatient radiation therapy centers (as specified under WAC 246-430-030 and 246-430-040) unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-020, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-030 Data collection requirements.**

(1) Contractors or their designees shall complete cancer abstracts for patients identified through hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers;

(2) Cancer diagnosis or treatment facilities and independent clinical laboratories shall provide contractors with access to pathology and cytology reports and all medical records pertaining to identified cancer cases;

(3) Attending health care providers shall be responsible for completing cancer abstracts for patients diagnosed at facilities other than hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers, unless the patient was hospitalized for additional cancer diagnosis or treatment services within one month of diagnosis;

(4) Contractors, contractor designees, or attending health care providers shall include the following information items in cancer abstracts, providing the information is obtainable from the patient's medical records:

(a) Patient information:

(i) Name;

(ii) Address at time of diagnosis;

(iii) Sex;

(iv) Race;

(v) Birthdate;

(vi) Age at time of diagnosis;

(vii) Tobacco use;

(viii) Social Security number;

(ix) State or country of birth; and

(x) Usual occupation.

(b) Diagnostic information:

(i) Primary site or sites;

(ii) Histologic type or types, behavior and grade;

(iii) Date of each diagnosis;

(iv) Method or methods of diagnostic confirmation;

(v) Stage of disease at diagnosis using:

(A) SEER system; and

(B) AJCC system if maintained by the cancer diagnostic or treatment facility.

(vi) Sequence; and

(vii) Laterality.

(c) Other information:

(i) Name and address of cancer diagnosis or treatment facility providing information;

(ii) Medical record number;

(iii) Name and address of attending health care provider; and

(iv) Items required under contract between the National Cancer Institute's (NCI) SEER program (NCI-No. N01-CN-05230, available through the department's office of hospital and patient data) and the contractor, if the contractor is the Fred Hutchinson Cancer Research Center (FHCRC).

(5) The department may require submission of additional information from contractors as needed to assess data reliability and validity;

(6) Contractors shall prepare detailed data collection protocols for inclusion in the state cancer registry contract.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-030, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-040 Form, frequency, and format for reporting.** (1) Contractors shall:

- (a) Develop and distribute cancer abstract forms;
- (b) Prepare computer tapes containing information from completed cancer abstracts; and
- (c) Provide computer tapes to the state cancer registry on a semiannual basis.

(2) Hospitals, surgical centers, independent clinical laboratories, and outpatient radiation therapy centers shall:

(a) Provide case finding documents as defined in WAC 246-430-020 within thirty days following the end of each reporting period;

(b) Submit case finding documents to contractors in paper form or on computer disk, or arrange with contractors for on-site review of case finding documents.

(3) Attending health care providers shall complete and submit cancer abstracts to contractors when required under WAC 246-430-020 and 246-430-030 within sixty days following a patient's cancer diagnosis date, for patients not hospitalized for cancer related diagnosis or treatment within one month of diagnosis.

(4) The department shall provide:

(a) Detailed instructions regarding preparation of computer tapes for inclusion in the state cancer registry contract; and

(b) Establish a record retention schedule for computer tapes provided to the department.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-040, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-050 Data quality assurance.** (1) Contractors shall:

(a) Perform data validity studies to assess the completeness and accuracy of case identification and data collection;

(b) Verify coding accuracy of a sample of completed cancer abstracts;

(c) Develop and utilize computerized edit programs to assess the completeness and accuracy of data keying and computerized data transformations;

(d) Maintain an archive system for permanent retention of completed cancer abstracts for the duration of the contract; and

(e) Develop detailed protocols for data quality assurance and quality control, consistent with *Data Quality*

*Guidelines*, December, 1990, available through the department's office of hospital and patient data.

(2) The department may require contractors to make available all findings from data quality assurance activities for review and verification.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-050, filed 12/10/91, effective 1/10/92.]

**WAC 246-430-060 Access and release of information.** (1) Persons with access to information collected under RCW 70.54.230, 70.54.240, 70.54.250, 70.54.260, 70.54.270, and this chapter shall use information only for statistical, scientific, medical research, and public health purposes;

(2) Cancer diagnosis or treatment facilities and independent clinical laboratories may:

(a) Require contractors to sign an oath of confidentiality regarding access and release of cancer data; and

(b) Prepare, administer, and maintain confidentiality oaths as needed.

(3) Cancer diagnosis or treatment facilities and independent clinical laboratories shall adhere to recommendations in RCW 70.54.260 regarding content of confidentiality oaths if confidentiality oaths are used.

(4) Contractors may release confidential information if the requested release was reviewed and approved by an institutional review board utilizing guidelines at least as restrictive as:

(a) The minimum requirements under Title 45 Part 46 of the Code of Federal Regulations;

(b) Chapter 42.48 RCW; and

(c) The *DSHS/DOH Guide to Policy on Protection of Human Research Subjects*, March, 1990, available through the department of social and health service's human research review board.

(5) The department may release confidential information if the requested release was reviewed and approved by the department's human research review board.

(6) The department or contractor shall, before releasing confidential information:

(a) Make a documented attempt to notify a patient's attending health care provider before contacting the patient;

(b) Not contact a patient if the attending health care provider indicates that contact might jeopardize the patient's health or well-being.

(7) The department shall monitor release of confidential information by data contractors.

[Statutory Authority: RCW 70.54.230 through 70.54.270. 92-01-050 (Order 209), § 246-430-060, filed 12/10/91, effective 1/10/92.]

## Chapter 246-453 WAC HOSPITAL CHARITY CARE

### WAC

|             |  |
|-------------|--|
| 246-453-001 | Purpose.   |
| 246-453-010 | Definitions.   |
| 246-453-020 | Uniform procedures for the identification of indigent persons. |
| 246-453-030 | Data requirements for the identification of indigent persons.  |

- 246-453-040 Uniform criteria for the identification of indigent persons.
- 246-453-050 Guidelines for the development of sliding fee schedules.
- 246-453-060 Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor.
- 246-453-070 Standards for acceptability of hospital policies for charity care and bad debts.
- 246-453-080 Reporting requirements.
- 246-453-085 Repealed.
- 246-453-090 Penalties for violation.

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

- 246-453-085 Charity care measurement. [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.] Repealed by 91-05-048 (Order 142), filed 2/14/91, effective 3/17/91. Statutory Authority: RCW 70.170.060.

**WAC 246-453-001 Purpose.** This chapter is adopted by the Washington state department of health to implement the provisions of section 506, chapter 9, Laws of 1989 1st ex. sess. and chapter 70.170 RCW. These sections relate to hospital policies for charity care, bad debt and emergency medical care, including admission practices, the compilation and measurement of the level of charity care services provided by each hospital, and penalties for violation of these provisions.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-001, filed 2/14/91, effective 3/17/91. 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) "Department" means the Washington state department of health created by chapter 9, Laws of 1989 1st ex. sess., RCW 43.70.020;

(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;

(3) "Manual" means the *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 income is equal to or below 200% of the federal poverty standards, adjusted for family size or is otherwise not sufficient to enable them to pay for the care or to pay deductibles or coinsurance amounts required by a third-party payor;

(5) "Charity care" means appropriate hospital-based medical services provided to indigent persons, as defined in this section;

(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) "Appropriate hospital-based medical services" shall mean those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all;

(8) "Medical staff" shall mean physicians, dentists, nurses, and other professional individuals who have admitting privileges to the hospital, and may also participate as members of the medical staff committees, serve as officers of the medical staff, and serve as directors or chiefs of hospital departments;

(9) "Third-party coverage" and "third-party sponsorship" shall mean an obligation on the part of an insurance company or governmental program which contracts with hospitals and patients to pay for the care of covered patients and services, and may include settlements, judgments, or awards actually received related to the negligent acts of others which have resulted in the medical condition for which the patient has received hospital services;

(10) "Unusually costly or prolonged treatment" shall mean those services or combinations of services which exceed two standard deviations above the average charge, and/or three standard deviations above the average length of stay, as determined by the department's discharge data base;

(11) "Emergency care or emergency services" shall mean services provided for care related to an emergency medical or mental condition;

(12) "Emergency department" and "emergency room" shall mean that portion of the hospital facility organized for the purpose of providing emergency care or emergency services;

(13) "Emergency medical condition" shall mean a medical condition manifesting itself by acute symptoms of sufficient severity, including severe pain, such that the absence of immediate medical attention could reasonably be expected to result in:

(a) Placing the health of the individual (or, with respect to a pregnant woman, the health of the woman or her unborn child) in serious jeopardy;

(b) Serious impairment of bodily functions;

(c) Serious dysfunction of any bodily organ or part.

With respect to a pregnant woman who is having contractions the term shall mean:

(d) That there is inadequate time to effect a safe transfer to another hospital before delivery; or

(e) That transfer may pose a threat to the health or safety of the woman or the unborn child;

(14) "Responsible party" shall mean that individual who is responsible for the payment of any hospital charges which are not subject to third-party sponsorship;

(15) "Limited medical resources" shall mean the non-availability of services or medical expertise which are required or are expected to be required for the appropriate diagnosis, treatment, or stabilization per federal requirements of an individual's medical or mental situation;

(16) "Publicly available" shall mean posted or prominently displayed within public areas of the hospital, and provided to the individual in writing and explained, at the time that the hospital requests information from the responsible party with regard to the availability of any third-party coverage, in any language spoken by more than ten percent of the population in the hospital's service area, and interpreted for other non-English speaking or limited-English speaking or other patients who can not read or understand the writing and explanation;

(17) "Income" shall mean total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to the individual;

(18) "Family" means a group of two or more persons related by birth, marriage, or adoption who live together; all such related persons are considered as members of one family;

(19) "Initial determination of sponsorship status" shall mean an indication, pending verification, that the services provided by the hospital may or may not be covered by third party sponsorship, or an indication from the responsible party, pending verification, that he or she may meet the criteria for designation as an indigent person qualifying for charity care; and

(20) "Final determination of sponsorship status" shall mean the verification of third party coverage or lack of third party coverage, as evidenced by payment received from the third party sponsor or denial of payment by the alleged third party sponsor, and verification of the responsible party's qualification for classification as an indigent person, subsequent to the completion of any appeals to which the responsible party may be entitled and which on their merits have a reasonable chance of achieving third-party sponsorship in full or in part.

[Statutory Authority: RCW 70.170.060, 91-05-048 (Order 142), § 246-453-010, filed 2/14/91, effective 3/17/91. 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 246-453-020 Uniform procedures for the identification of indigent persons.** For the purpose of identifying those patients that will be classified as indigent persons, all hospitals shall adopt and implement the following procedures:

(1) The initiation of collection efforts directed at the responsible party shall be precluded pending an initial determination of sponsorship status, provided that the responsible party is cooperative with the hospital's efforts to reach an initial determination of sponsorship status;

(a) Collection efforts shall include any demand for payment or transmission of account documents or information which is not clearly identified as being intended solely for the purpose of transmitting information to the responsible party;

(b) The initial determination of sponsorship status shall be completed at the time of admission or as soon as possible following the initiation of services to the patient;

(c) If the initial determination of sponsorship status indicates that the responsible party may meet the criteria for classification as an indigent person, as described in WAC 246-453-040, collection efforts directed at the responsible party will be precluded pending a final determination of that classification, provided that the responsible party is cooperative with the hospital's reasonable efforts to reach a final determination of sponsorship status;

(d) During the pendency of the initial determination of sponsorship status and/or the final determination of the applicability of indigent person criteria, hospitals may pursue reimbursement from any third-party coverage that may be identified to the hospital;

(e) The requirements of this subsection shall not apply to clinics operated by disproportionate share hospitals, as defined and identified by the department of social and health services, medical assistance services, provided that patients are advised of the availability of charity care at the time that services are provided and when presented with a request for payment.

(2) Notice shall be made publicly available that charges for services provided to those persons meeting the criteria established within WAC 246-453-040 may be waived or reduced.

(3) Any responsible party who has been initially determined to meet the criteria identified within WAC 246-453-040 shall be provided with at least fourteen calendar days or such time as the person's medical condition may require, or such time as may reasonably be necessary to secure and to present documentation as described within WAC 246-453-030 prior to receiving a final determination of sponsorship status.

(4) Hospitals must make every reasonable effort to determine the existence or nonexistence of third-party sponsorship that might cover in full or in part the charges for services provided to each patient.

(5) Hospitals may require potential indigent persons to use an application process attesting to the accuracy of the information provided to the hospital for purposes of determining the person's qualification for charity care sponsorship. Hospitals may not impose application procedures for charity care sponsorship which place an unreasonable burden upon the responsible party, taking into account any physical, mental, intellectual, or sensory deficiencies or language barriers which may hinder the responsible party's capability of complying with the application procedures. The failure of a responsible party to reasonably complete appropriate application procedures shall be sufficient grounds for the hospital to initiate collection efforts directed at the patient.

(6) Hospitals may not require deposits from those responsible parties meeting the criteria identified within,

WAC 246-453-040 (1) or (2), as indicated through an initial determination of sponsorship status.

(7) Hospitals must notify persons applying for charity care sponsorship of their final determination of sponsorship status within fourteen calendar days of receiving information in accordance with WAC 246-453-030; such notification must include a determination of the amount for which the responsible party will be held financially accountable.

(8) In the event that the hospital denies the responsible party's application for charity care sponsorship, the hospital must notify the responsible party of the denial and the basis for that denial.

(9) All responsible parties denied charity care sponsorship under WAC 246-453-040 (1) or (2) shall be provided with, and notified of, an appeals procedure that enables them to correct any deficiencies in documentation or request review of the denial and results in review of the determination by the hospital's chief financial officer or equivalent.

(a) Responsible parties shall be notified that they have thirty calendar days within which to request an appeal of the final determination of sponsorship status. Within the first fourteen days of this period, the hospital may not refer the account at issue to an external collection agency. After the fourteen day period, if no appeal has been filed, the hospital may initiate collection activities.

(b) If the hospital has initiated collection activities and discovers an appeal has been filed, they shall cease collection efforts until the appeal is finalized.

(c) In the event that the hospital's final decision upon appeal affirms the previous denial of charity care designation under the criteria described in WAC 246-453-040 (1) or (2), the responsible party and the department of health shall be notified in writing of the decision and the basis for the decision, and the department of health shall be provided with copies of documentation upon which the decision was based.

(d) The department will review the instances of denials of charity care. In the event of an inappropriate denial of charity care, the department may seek penalties as provided in RCW 70.170.070.

(10) Hospitals should make every reasonable effort to reach initial and final determinations of charity care designation in a timely manner; however, hospitals shall make those designations at any time upon learning of facts or receiving documentation, as described in WAC 246-453-030, indicating that the responsible party's income is equal to or below two hundred percent of the federal poverty standard as adjusted for family size. The timing of reaching a final determination of charity care status shall have no bearing on the identification of charity care deductions from revenue as distinct from bad debts.

(11) In the event that a responsible party pays a portion or all of the charges related to appropriate hospital-based medical care services, and is subsequently found to have met the charity care criteria at the time that services were provided, any payments in excess of the amount determined to be appropriate in accordance with

WAC 246-453-040 shall be refunded to the patient within thirty days of achieving the charity care designation.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-020, filed 2/14/91, effective 3/17/91.]

**WAC 246-453-030 Data requirements for the identification of indigent persons.** (1) For the purpose of reaching an initial determination of sponsorship status, hospitals shall rely upon information provided orally by the responsible party. The hospital may require the responsible party to sign a statement attesting to the accuracy of the information provided to the hospital for purposes of the initial determination of sponsorship status.

(2) Any one of the following documents shall be considered sufficient evidence upon which to base the final determination of charity care sponsorship status, when the income information is annualized as may be appropriate:

- (a) A "W-2" withholding statement;
- (b) Pay stubs;
- (c) An income tax return from the most recently filed calendar year;
- (d) Forms approving or denying eligibility for Medicaid and/or state-funded medical assistance;
- (e) Forms approving or denying unemployment compensation; or
- (f) Written statements from employers or welfare agencies.

(3) In the event that the responsible party's identification as an indigent person is obvious to hospital personnel, and the hospital personnel are able to establish the position of the income level within the broad criteria described in WAC 246-453-040 or within income ranges included in the hospital's sliding fee schedule, the hospital is not obligated to establish the exact income level or to request the aforementioned documentation from the responsible party, unless the responsible party requests further review.

(4) In the event that the responsible party is not able to provide any of the documentation described above, the hospital shall rely upon written and signed statements from the responsible party for making a final determination of eligibility for classification as an indigent person.

(5) Information requests, from the hospital to the responsible party, for the verification of income and family size shall be limited to that which is reasonably necessary and readily available to substantiate the responsible party's qualification for charity sponsorship, and may not be used to discourage applications for such sponsorship. Only those facts relevant to eligibility may be verified, and duplicate forms of verification shall not be demanded.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-030, filed 2/14/91, effective 3/17/91.]

**WAC 246-453-040 Uniform criteria for the identification of indigent persons.** For the purpose of identifying indigent persons, all hospitals shall use the following criteria:

(1) All responsible parties with family income equal to or below one hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for charity sponsorship for the full amount of hospital charges related to appropriate hospital-based medical services that are not covered by private or public third-party sponsorship;

(2) All responsible parties with family income between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for discounts from charges related to appropriate hospital-based medical services in accordance with the hospital's sliding fee schedule and policies regarding individual financial circumstances;

(3) Hospitals may classify any individual responsible party whose income exceeds two hundred percent of the federal poverty standard, adjusted for family size, as an indigent person eligible for a discount from charges based upon that responsible party's individual financial circumstances.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-040, filed 2/14/91, effective 3/17/91.]

**WAC 246-453-050 Guidelines for the development of sliding fee schedules.** All hospitals shall, within ninety days of the adoption of these rules, implement a sliding fee schedule for determination of discounts from billed charges for responsible parties meeting the criteria in WAC 246-453-040(2). These sliding fee schedules must be made available upon request.

(1) In developing these sliding fee schedules, hospitals must consider the following guidelines:

(a) The sliding fee schedule should consider the level of charges that are not covered by any public or private sponsorship in relation to or as a percentage of the responsible party's family income;

(b) The sliding fee schedule should determine the maximum amount of charges for which the responsible party will be expected to provide payment, with flexibility for hospital management to hold the responsible party accountable for a lesser amount after taking into account the specific financial situation of the responsible party;

(c) The sliding fee schedule should take into account the potential necessity for allowing the responsible party to satisfy the maximum amount of charges for which the responsible party will be expected to provide payment over a reasonable period of time, without interest or late fees; and

(d) Hospital policies and procedures regarding the sliding fee schedule should specify the individual financial circumstances which may be considered by appropriate hospital personnel for purposes of adjusting the amount resulting from the application of the sliding fee schedule, such as:

(i) Extraordinary nondiscretionary expenses relative to the amount of the responsible party's medical care expenses;

(ii) The existence and availability of family assets, which may only be considered with regard to the applicability of the sliding fee schedule;

(iii) The responsible party's future income earning capacity, especially where his or her ability to work in the future may be limited as a result of illness; and

(iv) The responsible party's ability to make payments over an extended period of time.

(2) Examples of sliding fee schedules which address the guidelines in the previous subsection are:

(a) A person whose annual family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall be responsible for that portion of his/her hospital charges that are not covered by public or private sponsorship that is forty percent of the amount by which that person's annual family income exceeds one hundred percent of the federal poverty standard, adjusted for family size. This responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party.

(b) A person whose family income is between one hundred one and two hundred percent of the federal poverty standard, adjusted for family size, shall have his/her hospital charges that are not covered by public or private sponsorship reduced according to the schedule below. The resulting responsibility may be adjusted by appropriate hospital personnel after taking into consideration the individual financial circumstances of the responsible party. The responsible party's financial obligation which remains after the application of this sliding fee schedule may be payable in monthly installments over a reasonable period of time, without interest or late fees, as negotiated between the hospital and the responsible party. The schedule is as follows:

| <u>INCOME AS A PERCENTAGE OF FEDERAL POVERTY LEVEL</u> | <u>PERCENTAGE DISCOUNT</u> |
|--|----------------------------|
| One hundred one to one hundred thirty-three            | Seventy-five percent       |
| One hundred thirty-four to one hundred sixty-six       | Fifty percent              |
| One hundred sixty-seven to two hundred                 | Twenty-five percent        |

(3) The provisions of this section and RCW 70.170.060(5) shall not apply to the professional services of the hospital's medical staff, provided that the charges for such services are either submitted by the individual medical staff or are separately identified within the hospital's billing system.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-050, filed 2/14/91, effective 3/17/91.]

**WAC 246-453-060 Denial of access to emergency care based upon ability to pay and transfer of patients with emergency medical conditions or active labor.** (1) No hospital or its medical staff shall adopt or maintain admission practices or policies which result in:

(a) A significant reduction in the proportion of patients who have no third-party coverage and who are unable to pay for hospital services;

(b) A significant reduction in the proportion of individuals admitted for inpatient hospital services for which payment is, or is likely to be, less than the anticipated charges for or costs of such services; or

(c) The refusal to admit patients who would be expected to require unusually costly or prolonged treatment for reasons other than those related to the appropriateness of the care available at the hospital.

(2) No hospital shall adopt or maintain practices or policies which would deny access to emergency care based on ability to pay. No hospital which maintains an emergency department shall transfer a patient with an emergency medical condition or who is in active labor unless the transfer is performed at the request of the patient or is due to the limited medical resources of the transferring hospital. Hospitals must follow reasonable procedures in making transfers to other hospitals including confirmation of acceptance of the transfer by the receiving hospital.

(3) The department shall monitor hospital compliance with subsections (1) and (2) of this section. The department shall report to the legislature and the governor on hospital compliance with these requirements and shall report individual instances of possible noncompliance to the state attorney general or the appropriate federal agency. For purposes of monitoring compliance with subsection (2) of this section, the department is to follow all definitions and requirements of federal law.

(4) Except as required by federal law and subsection (2) of this section, nothing in this section shall be interpreted to indicate that hospitals and their medical staff are required to provide appropriate hospital-based medical services, including experimental services, to any individual.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-060, filed 2/14/91, effective 3/17/91.]

**WAC 246-453-070 Standards for acceptability of hospital policies for charity care and bad debts.** (1) Each hospital shall develop, and submit to the department, within ninety days of the adoption of these rules, charity care policies, procedures, and sliding fee schedules consistent with the requirements included in WAC 246-453-020, 246-453-030, 246-453-040, and 246-453-050. Any subsequent modifications to those policies, procedures, and sliding fee schedules must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(2) Each hospital shall develop, and submit to the department within ninety days of the adoption of these rules, bad debt policies and procedures, including reasonable and uniform standards for collection of the unpaid portions of hospital charges that are the patient's

responsibility. 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. All subsequent modifications to these bad debt policies must be submitted to the department no later than thirty days prior to their adoption by the hospital.

(3) The department will review the charity care and bad debt policies and procedures submitted in accordance with the provisions of this section. If any of the policies and procedures do not meet the requirements of this section or WAC 246-453-020, 246-453-030, 246-453-040, or 246-453-050, the department shall reject the policies and procedures and shall so notify the hospital. Such notification shall be in writing, addressed to the hospital's chief executive officer or equivalent, and shall specify the reason(s) that the policies and procedures have been rejected. Any such notification must be mailed within fourteen calendar days of the receipt of the hospital's policies and procedures. Within fourteen days of the date of the rejection notification, the hospital shall revise and resubmit the policies and procedures.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-070, filed 2/14/91, effective 3/17/91. 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.** Each hospital shall compile and report data to the department with regard to the amount of charity care provided, in accordance with instructions issued by the department.

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-080, filed 2/14/91, effective 3/17/91. 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 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-453-090 Penalties for violation.** (1) Failure to file the policies, procedures, and sliding fee schedules as required by WAC 246-453-070 or the reports required by WAC 246-453-080 shall constitute a violation of chapter 9, Laws of 1989 1st ex. sess., and the department will levy a civil penalty of one hundred dollars per day for each day following official notice of the violation. The department 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.

(2) Failure to comply with other provisions of Part V of chapter 9, Laws of 1989 1st ex. sess., and chapter 70.170 RCW, and chapter 246-453 WAC, will result in civil penalties as provided within RCW 70.170.070(2), with the exception that the terms "not exceeding" and "not to exceed" will be read to mean "of."

[Statutory Authority: RCW 70.170.060. 91-05-048 (Order 142), § 246-453-090, filed 2/14/91, effective 3/17/91. 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 246-490 WAC VITAL STATISTICS

### WAC

- 246-490-001 Legal authorities.
- 246-490-019 New record for child when father acknowledges paternity.
- 246-490-029 Father and/or mother may change given name.
- 246-490-039 Certificates in pencil not allowed.
- 246-490-040 Handling and care of human remains.

**WAC 246-490-001 Legal authorities.** (1) Chapter 246-490 WAC implements chapters 70.58, 43.20, and 43.70 RCW.

(2) The following sections are adopted by the state board of health under the authority of RCW 43.20.050:

- (a) WAC 246-490-001;
- (b) WAC 246-490-040;
- (c) WAC 246-490-050; and
- (d) WAC 246-490-060.

(3) The following sections are adopted by the department of health under the authority of RCW 43.70.040:

- (a) WAC 246-490-019;
- (b) WAC 246-490-029;
- (c) WAC 246-490-039; and
- (d) WAC 246-490-069.

[Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-490-001, filed 12/23/91, effective 1/23/92; 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 for child when father acknowledges paternity.** Whenever the father and mother are not married at the time of the child's birth, but they become legally married at any time subsequent to the birth of the 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 father's name on the child's birth certificate.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-019, filed 12/23/91, effective 1/23/92. 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 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 and 43.70.150. 92-02-018 (Order 224), § 246-490-029, filed 12/23/91, effective 1/23/92. 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 a registrar as a permanent record of birth or death.

[Statutory Authority: RCW 43.70.040 and 43.70.150. 92-02-018 (Order 224), § 246-490-039, filed 12/23/91, effective 1/23/92. 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 246-490-040 and 246-490-050.

(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 health.

(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 246-490-050.

(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, 92-02-019 (Order 225B), § 246-490-040, filed 12/23/91, effective 1/23/92; 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.]

## Chapter 246-491 WAC

### VITAL STATISTICS--CERTIFICATES

#### WAC

- 246-491-029 Adoption of United States standard certificates and report--Modifications.
- 246-491-039 Confidential information on state of Washington live birth and fetal death certificates pursuant to chapter 70.58 RCW.
- 246-491-149 Adoption of United States standard certificates and report--Modifications pursuant to RCW 43.70.150.

**WAC 246-491-029 Adoption of United States standard certificates and report--Modifications.** Pursuant to chapter 70.58 RCW, the Washington state board of health adopts and approves for use in the state of Washington, effective January 1, 1992, 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 "Spanish" to "of Hispanic origin."

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 "twenty weeks or more, less than twenty weeks" to "pregnancy history."

Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."

Add "total prior pregnancies."

Add under the heading "medical risk factors for this pregnancy," "polyhydramnios, genital herpes, syphilis, "hepatitis B-HB<sub>s</sub>A<sub>e</sub> 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," drug withdrawal syndrome in newborn.

Delete under 38a "hydramnios."

Delete under item 37b "name of facility infant transferred to."

Add under the heading "other risk factors for pregnancy," "weight before pregnancy."

Add under the heading "complication of labor and/or delivery," "nuchal cord."

Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?

Add "principal source of payment for prenatal care."

Add "during pregnancy mother participated in (special programs)."

#### U.S. STANDARD REPORT OF FETAL DEATH

Add "or descent? (ancestry)" to "of Hispanic origin."

Add "Spanish" to "of Hispanic origin."

Add "Asian or Pacific Islander" to "race."

Add "twenty weeks or more, less than twenty weeks" to "other pregnancy outcomes."

Add under the heading "medical risk factors for this pregnancy" "polyhydramnios, first trimester bleeding, epilepsy, genital herpes, syphilis."

Add separate categories for "spontaneous" and "induced" terminations to "pregnancy history."

Add "total prior pregnancies."

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."

Add under the heading "other risk factors for pregnancy," "weight before pregnancy."

Change "tobacco use during pregnancy" to "did mother smoke at any time during pregnancy"?

Add "principal source of payment for prenatal care."

Add "during pregnancy mother participated in (special programs)."

Delete under item 23a "hydramnios and uterine bleeding."

Delete under item 26 "hysterotomy/hysterectomy."

[Statutory Authority: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-029, filed 9/26/91, effective 10/27/91. 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 chapter 70.58 RCW.** 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: Chapter 70.58 RCW. 91-20-073 (Order 196B), § 246-491-039, filed 9/26/91, effective 10/27/91. 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 43.70.150.** The department adopts and approves for use in the state of Washington, effective January 1, 1992, 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 (allow up to six months)."

Add "record amendment."

Add "how long at current residence?"

#### U.S. STANDARD CERTIFICATE OF DEATH.

Under "place of death" add "in transport," "hospital."

Add "smoking in last fifteen years."

Add "or descent" after "of Hispanic origin."

Add "length of residence."

Add "date of disposition."

Add "medical examiner/coroner file number."

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 "were autopsy findings used to complete the cause of death?"

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 43.70.150. 91-23-026 (Order 211), § 246-491-149, filed 11/12/91, effective 12/13/91. 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.]

### Chapter 246-510 WAC

## STANDARDS FOR COMMUNITY HEALTH CLINICS

#### WAC

|             |                        |
|-------------|------------------------|
| 246-510-100 | Administration.        |
| 246-510-130 | Application for funds. |
| 246-510-160 | Eligibility.           |

**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 WAC 246-510-160;

(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: 1989 c 19 § 214(3). 92-02-018 (Order 224), § 246-510-100, filed 12/23/91, effective 1/23/92. 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 246-510-160.

(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: 1989 c 19 § 214(3), 92-02-018 (Order 224), § 246-510-130, filed 12/23/91, effective 1/23/92. 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 WAC 246-510-160.

(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 18.71 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: 1989 c 19 § 214(3), 92-02-018 (Order 224), § 246-510-160, filed 12/23/91, effective 1/23/92. 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.]

## Chapter 246-520 WAC KIDNEY CENTERS

### WAC

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| 246-520-010 | Definitions.  |
| 246-520-020 | Services.   |
| 246-520-030 | Reimbursement.  |
| 246-520-040 | Eligibility.  |
| 246-520-050 | Transfer of resources without adequate consideration. |
| 246-520-060 | Fiscal information.                                   |
| 246-520-070 | Procedures for eligibility determination.             |

**WAC 246-520-001 Purpose.** To administer state funds appropriated to assist people with end stage renal disease to meet the costs of their medical care.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-001, filed 12/23/91, effective 1/23/92; 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) "Client" 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 246-520-020 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 health;

(6) "State kidney disease program" means state general funds appropriated to the department to assist people with ESRD in meeting the cost of medical care;

(7) "Application for eligibility" means the form provided by the department which the client completes and submits to determine eligibility;

(8) "Certification" or "certified" means has been approved by the department for the state kidney disease program pursuant to this chapter;

(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 his or her spouse owns and could convert to cash to be used for support or maintenance.

(11) "Fair market value" means the current worth of a resource at the time of transfer or, if earlier, contract for sale, or date of application.

(12) "Adequate consideration" means that the reasonable value of goods or services received in exchange for 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 the amount that the property is worth on the open market.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-010, filed 12/23/91, effective 1/23/92; 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 clients with ESRD when medically indicated;

(2) Provide kidney transplantation treatment for clients with ESRD either directly or by appropriate referral, when this form of therapy is medically indicated;

(3) Provide treatment for conditions directly related to ESRD;

(4) Provide training and supervision of medical and supporting personnel and of clients who are eligible for home dialysis, and;

(5) Provide supplies and equipment for home dialysis.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-020, filed 12/23/91, effective 1/23/92; 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 246-520-020 shall be made to kidney centers to the extent the legislature has appropriated funds therefore and when documented evidence, satisfactory to the department, is submitted to the department showing:

(1) Services for which reimbursement is requested;

(2) Financial eligibility of the client for the state kidney disease program pursuant to WAC 246-520-040 except:

(a) Reimbursement for services provided to a patient in a location outside the state which shall be limited to a period of two weeks per calendar year; and

(b) Reimbursement for services described under WAC 246-520-020 shall be determined on a case-by-case basis by the department.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-030, filed 12/23/91, effective 1/23/92; 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 client for the state kidney disease program according to procedures outlined in WAC 246-520-070. Generally a client 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 client 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 shall be 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, 92-02-019 (Order 225B), § 246-520-040, filed 12/23/91, effective 1/23/92; 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 he or she 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 shall expire between the date of transfer and reapplication.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-050, filed 12/23/91, effective 1/23/92; 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 that make it possible for individual clients to verify financial eligibility;
- (3) Evidence that all other available resources have been depleted 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, 92-02-019 (Order 225B), § 246-520-060, filed 12/23/91, effective 1/23/92; 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 client of the requirements for eligibility as defined in WAC 246-520-040 and 246-520-070;
- (3) The kidney center shall provide the client with necessary forms and instructions in a timely manner;
- (4) Clients 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 clients shall apply for medical assistance (Medicaid) at a local office of the department of social and health services and shall obtain and send to the kidney center 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 that the client has been certified or denied, or request additional information as needed;

(8) The application period shall be limited to one hundred and twenty days. The kidney center may request an extension if there are extenuating circumstances that prohibit the client 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 client 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 client 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; and
- (b) The individual would have been eligible had he/she applied.

(11) Clients currently eligible must be recertified prior to the end of their respective eligibility periods.

Clients who seek continued program services do not need to reapply for Medicaid (medical assistance) unless they have experienced a substantial reduction in resources during the year. A "substantial reduction" means:

- (a) The elimination of a client's required annual deductible amount; or
- (b) The reduction of resources to below fifteen hundred dollars.

[Statutory Authority: RCW 43.20.050, 92-02-019 (Order 225B), § 246-520-070, filed 12/23/91, effective 1/23/92; 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 246-560 WAC

### RURAL HEALTH SYSTEM PROJECT

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**WAC 246-560-001 Purpose.** (1) The purpose of these rules is to implement RCW 70.175.010, 70.175.020, 70.175.030, 70.175.040, 70.175.050, 70.175.060, 70.175.070, 70.175.080, and 70.175.090. The Washington rural health system project was established to provide financial and technical assistance to promote affordable access to health care services in rural areas.

(2) The goals of the rural health system project are:

(a) To encourage innovative or established community-based approaches to improving rural health care delivery systems that may serve as models for other communities.

(b) To help rural communities obtain needed technical assistance for local activities designed to:

(i) Identify a reasonable service delivery area in terms of geographic conditions, health care delivery patterns, and population characteristics;

(ii) Identify desired health outcomes and improvements in the health care system;

(iii) Identify and analyze deficiencies in the community's health care system;

(iv) Identify innovative steps the community may need to correct the deficiencies; and

(v) Initiate planned and positive actions to correct problems and make health care system improvements.

(c) To explore the use of outcome targets related to health status for rural health system development.

(d) To encourage the use of planning principles in the rural community health system decision making processes including:

(i) Community decisions regarding expected health outcomes and health care services produced;

(ii) Development of action plans; and

(iii) The regular, periodic updating of objectives.

(e) To identify public and private resources for:

(i) Providing technical assistance to rural communities; and

(ii) Facilitating community access to appropriate resources.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-001, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-010 Definitions.** For the purpose of this chapter the following words and phrases have the following meanings unless the context clearly indicates otherwise.

(1) "Advisory committee" means the rural health advisory committee or its successor, appointed by the secretary under RCW 70.175.030(3).

(2) "Applicant" means any eligible entity who has submitted an application proposing a rural health system demonstration project.

(3) "Application" means a proposal for a rural health system demonstration project.

(4) "Assisted demonstration project" means a nonfunded application selected to receive specific technical assistance provided or supported by the department.

(5) "Basic health care services" means organized care modalities to prevent death, disability, and serious illness. The term includes, but is not limited to:

(a) Emergency services;

(b) Primary care physicians, physician assistants, nurse practitioners, and midwifery services;

(c) Short term inpatient care;

(d) Home health care;

(e) Community based care for chronic conditions;

(f) Dental care;

(g) Vision care;

(h) Hearing care;

(i) Hospice care;

(j) Mental health;

(k) Necessary support services;

(l) Nutrition related services; and

(m) Other "basic health services" specified and described in "A Report to the Legislature on Rural Health Care in the State of Washington" written by the Washington rural health care commission, January 1989.

(6) "Catchment area" means the geographic area where people who are likely to use the service live or are temporarily located.

(7) "Community" means the resident individuals and organizations in a catchment area who may benefit from the services included in a demonstration project.

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

(9) "Demonstration project" means an application selected to participate in the project, including both funded and assisted demonstration projects.

(10) "Eligible entity" means any for-profit, not-for-profit, or governmental entity which is:

(a) Located in a rural catchment area;

(b) Acting on behalf of the population in a rural catchment area; or

(c) Acting on behalf of the population living in a catchment area, a significant portion of which is rural, and in which the target population is more than thirty minutes average travel time from the primary source of health care.

(11) "Financially vulnerable" means a health care facility falling below a reasonable level of performance.

(a) For hospitals the department uses the *Financial Viability Index* and/or the *Financial Flexibility Index* to measure performance.

(b) For health care facilities other than hospitals the department considers:

(i) Financial viability or the overall financial performance of the facility; and/or

(ii) Financial flexibility or the ability of the facility to obtain financing to meet its needs, however unexpected.

(12) "Funded demonstration project" means an application selected by the department to receive funds to support planning, organizing, and implementing activities.

(13) "Health care delivery system" means services and personnel involved in providing health care to a population in a geographic area.

(14) "Health care facility" means any land, structure, system, machinery, 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 thereof which

is operated or undertaken in connection with a hospital, rural health care facility, clinic, health maintenance organization, diagnostic or treatment center, extended care facility, or any facility providing or designed to provide therapeutic, convalescent, or preventive health care services.

(15) "Interested party" means any eligible entity interested in proposing a rural health system development project.

(16) "Letter of interest" means a brief description of a proposal for a demonstration project as described in WAC 246-560-040.

(17) "Letter of invitation" means a letter inviting an interested party who has submitted a letter of interest to submit an application.

(18) "Local project administrator" means an individual or organization representing the applicant and authorized to enter into legal agreements on behalf of the applicant.

(19) "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 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.

(20) "Program" means the office of rural health, or its successor, within the Washington state department of health.

(21) "Project" means the Washington rural health system project as authorized under chapter 70.175 RCW.

(22) "Rural" 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 area of at least ten thousand population.

(23) "Secretary" means the secretary of the department of health or his or her designee.

(24) "Successful applicant" means an applicant whose project has been selected as a demonstration project.

(25) "Urban" means areas within a MSA that are thirty minutes average travel time or less from a city or town or contiguous cities or towns with a population of ten thousand or more.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-010, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-015 Implementation.** The department shall:

(1) Notify interested parties of the review schedule at least thirty days prior to the date the department expects to receive the letters of interest; and

(2) Conduct at least two public meetings to explain the demonstration project guidelines and the review process.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-015, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-020 Review process.** The department shall:

(1) Administer a review process in the following sequence:

- (a) Request submission of letters of interest;
- (b) Review letters of interest;
- (c) Send letters of invitation;
- (d) Review applications using an expert panel; and
- (e) Approve or deny applications for funding or assistance.

(2) The department may consult with other entities, when appropriate, including but not limited to the advisory committee.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-020, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-030 Time schedule.** (1) Proposals for demonstration projects shall be reviewed and approved according to the following schedule:

(a) The department shall request letters of interest by sending a notice to interested parties once each biennium.

(b) Interested parties shall submit letters of interest to the department ensuring department receipt by the date specified in the notice to interested parties.

(c) The department shall review letters of interest and identify those meeting the criteria in WAC 246-560-050.

(d) The department shall mail a letter of invitation to interested parties meeting the criteria in WAC 246-560-050. The letter of invitation shall be mailed within forty-five days of the deadline for receipt of letters of interest.

(e) Applicants shall ensure department receipt of the application on the date specified in the letter of invitation. The department shall determine the application due date by adding sixty days to the date letters of invitation are mailed.

(f) The department shall mail a notice to each applicant within sixty days of the deadline for application submission. The notice shall indicate:

- (i) Approval or denial of the application; and
- (ii) When approved, whether as a funded or an assisted demonstration project.

(2) Time periods are computed by excluding the first day and including the last day. The department considers a time period to be over at 5:00 p.m. on the last day. Time periods ending on a Saturday, Sunday, or legal holiday observed by the state of Washington shall be



extended until 5:00 p.m. of the first working day thereafter.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-030, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-040 Letters of interest.** (1) Any interested party proposing a demonstration project shall submit a letter of interest. The letter shall follow the schedule in WAC 246-560-030 and:

- (a) Not exceed two pages;
- (b) Briefly describe the catchment area and the community;
- (c) Identify the health care problem;
- (d) Briefly describe what will be done; and
- (e) Identify key health care providers, business representatives, public officials, and community leaders to be involved in the project.

(2) The department may request combining activities proposed in separate letters of interest for inclusion in a single application to:

- (a) Avoid duplication;
- (b) Increase cooperation; or
- (c) Strengthen the overall health system serving the catchment area.

(3) The department may request additional information to enable it to apply the letter of interest selection criteria in WAC 246-560-050.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-040, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-050 Letter of interest selection considerations.** The department shall consider the following factors to select interested parties to receive letters of invitation:

(1) The proposed demonstration project addresses the goals of the rural health system project specified under WAC 246-560-001;

(2) The proposed demonstration project is in an area where a financially vulnerable health care facility is present;

(3) The proposed demonstration project is in an area where a financially vulnerable health care facility is present and an adjoining community in the same catchment area has a competing facility;

(4) The proposed demonstration project addresses access to basic health care services in an area where access is severely limited;

(5) The proposed demonstration project addresses needed improvements in the delivery of basic health services, including preventive services;

(6) The proposed demonstration project contains well thought out approaches to problem solving likely to result in improvements persisting after the project period;

(7) The proposed demonstration project reflects a cooperative approach, which may involve several organizations, categories of health care providers, and communities;

(8) The proposed demonstration project is unique and serves as a model for other communities; and

(9) The extent to which the proposed demonstration project uses multiple funding sources.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-050, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-060 Submission of applications.** Applicants shall submit applications on the form provided by the department. The application shall, at a minimum, follow the time schedule in WAC 246-560-030 and:

- (1) Describe the problem including:
  - (a) The duration of the problem or deficiency; and
  - (b) The number of people affected;
- (2) Describe the catchment area. When the proposal involves a service or services not currently provided, the applicant shall demonstrate to the satisfaction of the department:
  - (a) A reasonable service delivery area in the sense that geographic conditions, health care delivery patterns, other social and economic relationship patterns, and population characteristics make it a realistic market; and
  - (b) A reasonable use area from the perspective of the residents, in the sense that residents are likely to go to the proposed delivery site as a preferred source for the proposed service.
- (3) Identify any special needs in the catchment area;
- (4) Explain how the proposal addresses the goals identified in WAC 246-560-001 or why this proposal should be approved as a demonstration project if the goals are not addressed;
- (5) Identify any model or models used in a proposed demonstration project;
- (6) Describe the relationship between the proposed demonstration project and any current or previous programs designed in whole or in part to solve related health care problems in the catchment area;
- (7) Identify key health care providers, business representatives, public officials, and community leaders involved in the project;
- (8) Identify project goals, specific objectives, and procedures to assure results from the project consistent with the letter of interest;
- (9) Specify the work program for achieving the objectives;
- (10) Explain how the demonstration project will coordinate and avoid unnecessary duplication of services and activities with existing health services, including public and private health care services in the catchment area;
- (11) Identify the potential and steps required to financially sustain the activities initiated as a result of the project;
- (12) Describe how the applicant will evaluate the demonstration project;
- (13) Describe the decision-making process or processes for determining appropriate courses of action throughout the demonstration project;
- (14) Provide the proposed budget for the project period indicating:
  - (a) The amount of state funds requested;
  - (b) The amount by source of other financial support; and
  - (c) The schedule of payments requested from the state;

(15) Identify whether the proposal may be considered for:

(a) Designation as a funded demonstration project only; or

(b) Identify the portions of the proposal to be considered as an assisted demonstration project;

(16) Provide letters of support and commitment to participate from key providers, local government officials, and business and community leaders.

(17) Discuss any issues raised by the department in the letter of invitation.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-060, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-070 Selection criteria for funded demonstration projects.** (1) The department may group applications proposing similar types of demonstration projects.

(2) The department shall use the following criteria to select funded demonstration projects:

(a) Considerations identified under WAC 246-560-050.

(b) The nature and amount of evidence indicating commitment and support for the demonstration project in the catchment area including:

(i) Participation of community leaders and residents;

(ii) Involvement of effected local health care providers;

(iii) Contribution of local funds and other community resources;

(iv) Availability of local staff;

(v) Use of a multidisciplinary approach;

(vi) Linkages between and among health care facilities offering a similar type and intensity of service; and

(vii) Linkages between and among health care facilities offering different types and intensity of service.

(c) Evidence of a relationship between and among:

(i) Identified problems/deficiencies;

(ii) Proposed activities;

(iii) Participating individuals and organizations;

(iv) Existing local and neighboring health facilities and personnel; and

(v) Total resource commitment to the project;

(d) How the demonstration project enhances service capabilities and economic viability of the health care system serving the community;

(e) How the demonstration project goals address long-term improvements of the health care system in the catchment area;

(f) Evidence of measurable demonstration project objectives;

(g) Evidence the demonstration project improves the public's understanding regarding the relationship between quality of care, health outcomes, and the effects of obtaining services within the catchment area versus having to travel out of area for care;

(h) Evidence of a specific process for local evaluation of the demonstration project; and

(i) The demonstration projects would have a reasonable state-wide geographic distribution.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-070, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-080 Selection criteria for assisted demonstration projects.** The department shall evaluate applications to select assisted demonstration projects using the following criteria:

(1) A request for consideration as an assisted demonstration project;

(2) The criteria identified in WAC 246-560-070;

(3) Evaluation of the proposal focus on achieving health status outcome goals;

(4) The extent to which assistance will have a demonstrable impact on resolving the identified problem or problems;

(5) The extent to which assistance will enable activities with ongoing community benefit; and

(6) The extent to which assistance increases the likelihood of obtaining the project objectives.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-080, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-090 Issuance of contracts.** (1) The department shall develop contracts with successful applicants for demonstration projects consistent with *State of Washington Department of Health Contracts Manual*, November 1990.

(2) The department shall:

(a) Determine the amount awarded in each contract through negotiation with the local project administrator considering:

(i) The amount of the proposed budget;

(ii) The need for state financial support;

(iii) The availability of state funds; and

(iv) The availability of other sources of support for the demonstration project.

(b) Make payments according to the provisions of the contract; and

(c) Specify the duration of funding in each contract.

[Statutory Authority: Chapter 70.175 RCW. 91-16-108 (Order 186), § 246-560-090, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-100 Use of project funds.** (1) Project funds may be used to support the following activities consistent with department policy under the *State of Washington Department of Health Contract Manual*, November 1990:

(a) Problem identification;

(b) Problem analysis;

(c) Identification of possible solutions;

(d) Decision making to determine action steps;

(e) Technical assistance from consultants approved by the department;

(f) Carrying out action steps; and

(g) Capital acquisitions.

(2) Funds shall not be used to retire existing debt.

(3) The department shall:

(a) Award the majority of funds available for the project to funded demonstration projects; and

(b) Generally award funded demonstration project contracts in a range of five to seventy thousand dollars.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-100, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-105 Continuation funding.** (1) Funded demonstration projects with current contracts may be approved for continuation funding only when the department finds:

(a) Extraordinary circumstances have prevented completion of the demonstration project; and

(b) A brief period of funding will assure the demonstration project's full operation and self-sufficiency.

(2) Funded demonstration projects must submit a request for continuation funding to the department.

(3) The request for continuation funding shall:

(a) Be in writing;

(b) Identify the specific contract items which remain to be completed;

(c) Identify the specific dollar amounts needed to complete the demonstration project;

(d) Identify the extraordinary circumstances which have prevented completion of the project;

(e) Document efforts and explain why alternative funding has not been found;

(f) Provide assurance that activities supported by continuation funding will be supported by other revenue sources at the end of the continuation funding period; and

(g) Describe how continued funding would be consistent with the goals of the project as identified in WAC 246-560-001.

(4) The department shall by July 30 of each new biennium:

(a) Review any requests; and

(b) Approve or deny all requests for continuation funding.

(5) The duration of continuation funding shall not exceed the total elapsed time permitted by the time schedule identified in WAC 246-560-030.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-105, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-110 Consultation.** The department shall:

(1) Develop a register of public and private resources available to provide technical assistance to demonstration projects;

(2) Include those consultants who expressed interest in assisting demonstration projects if they have consulting experience in rural communities acceptable to the department;

(3) Provide the register to all successful applicants; and

(4) Work with the local project administrator to identify and arrange access to public and private consultation resources.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-110, filed 8/7/91, effective 9/7/91.]

**WAC 246-560-120 Periodic reports.** (1) The contracts shall require the local project administrator to submit to the department:

(a) Progress reports; and

(b) A final evaluation of the demonstration project including:

(i) A comparison of actual accomplishments with the objectives set forth in the proposal;

(ii) An explanation of the reason or reasons for any disparities; and

(iii) Recommendations for improving future project activities.

(2) The department shall prepare an overall evaluation of the project at the conclusion of each contract period including:

(a) An examination of the demonstration project accomplishments in relation to the goals identified under WAC 246-560-001; and

(b) Recommendations for improving project administration.

[Statutory Authority: Chapter 70.175 RCW, 91-16-108 (Order 186), § 246-560-120, filed 8/7/91, effective 9/7/91.]

## Chapter 246-650 WAC NEWBORN SCREENING

### WAC

246-650-020 Performance of screening tests.  
246-650-990 Fees.

### 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 246-650-020(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 246-650-030;

(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 and 70.83.050. 92-02-019 (Order 225B), § 246-650-020, filed 12/23/91, effective 1/23/92. 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 246-650-990 Fees.** The department has authority under RCW 43.20B.020 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 43.20B.020. 92-02-018 (Order 224), § 246-650-990, filed 12/23/91, effective 1/23/92. 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 246-760 WAC

#### AUDITORY AND VISUAL STANDARDS--SCHOOL DISTRICTS

##### WAC

246-760-001 Purpose.  
246-760-040 Auditory acuity screening procedures.

**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.210 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 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-001, filed 12/23/91, effective 1/23/92. 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.]

**WAC 246-760-040 Auditory acuity screening procedures.** (1) Schools shall screen all children referenced in WAC 246-760-020 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 and 28A.210.020. 92-02-019 (Order 225B), § 246-760-040, filed 12/23/91, effective 1/23/92. 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.]

#### Chapter 246-790 WAC

#### SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

##### WAC

246-790-070 Food vendor participation.  
246-790-080 Food vendor contracts.

**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 246-790-100.

(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 or 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 state-wide. 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 state-wide 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) 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 43.70.120, 91-06-029 (Order 145), § 246-790-070, filed 2/26/91, effective 3/29/91. 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.]

**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 ensure both signatures on the WIC check match;

(e) The food vendor shall not accept WIC food instruments altered in any way;

(f) The food vendor shall redeem WIC food instruments for only the supplemental foods specified on the food instrument;

(g) The food vendor shall provide supplemental foods at the current price or at less than the current price charged other customers;

(h) The food vendor shall not accept WIC checks exceeding the maximum amount allowable;

(i) The department has the right to demand refunds from the food vendors for documented overcharges;

(j) 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.

(k) 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;

(l) The food vendor shall not request cash or give change in a WIC transaction;

(m) The food vendor shall not issue refunds for returned WIC foods or allow exchanges of WIC foods;

(n) The food vendor shall not issue rain checks or any form of credit;

(o) The food vendor shall treat WIC customers with the same courtesy provided to other customers;

(p) The department shall hold the food vendor responsible for the actions of employees or agents of the vendor with regard to any WIC transaction;

(q) 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;

(r) The food vendor shall inform and train cashiers or other employees on WIC program rules and check cashing procedures;

(s) The department shall monitor the food vendor for compliance with WIC program rules;

(t) 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;

(u) Food vendors shall provide department reviewers access to shelf price records;

(v) Each food vendor shall provide the department with a complete price list of authorized WIC foods not more than twelve times per year; and

(w) 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 43.70.120. 91-23-078 (Order 215), § 246-790-080, filed 11/19/91, effective 12/20/91. 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.]

## Chapter 246-800 WAC

### GENERAL PROVISIONS--PROFESSIONALS

WAC

246-800-120 Official triplicate prescription forms.

[1991 WAC Supp—page 1262]

246-800-130 Distribution and retention of the triplicate prescription forms.

246-800-140 Drugs administered or dispensed by the health care practitioner.

246-800-150 Emergency prescriptions.

**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 health. 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 69.50.311. 92-02-018 (Order 224), § 246-800-120, filed 12/23/91, effective 1/23/92. 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 246-800-140 shall apply. In the case of an emergency prescription, the provisions of WAC 246-800-150 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 69.50.311. 92-02-018 (Order 224), § 246-800-130, filed 12/23/91, effective 1/23/92. 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 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-140, filed 12/23/91, effective 1/23/92. 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 246-800-130.

[Statutory Authority: RCW 69.50.311. 92-02-018 (Order 224), § 246-800-150, filed 12/23/91, effective 1/23/92. 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

246-802-990 Acupuncture fees.

**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 nonrefundable                | \$200.00 |
| Annual license renewal                   | 610.00   |
| Late renewal penalty                     | 100.00   |
| Duplicate license                        | 15.00    |
| Certification                            | 25.00    |
| Acupuncture training program application | 500.00   |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-802-990, filed 6/6/91, effective 7/7/91. 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 246-806 WAC CHIROPRACTIC, DOCTORS OF—BOARD OF CHIROPRACTIC EXAMINERS

### WAC

|             |  |
|-------------|--|
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| 246-806-040 | Colleges—Educational standards required for accreditation.                         |
| 246-806-050 | Examination review and appeal procedures.  |
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| 246-806-140 | AIDS prevention and information education requirements.                            |
| 246-806-150 | Temporary permits—Recognized jurisdictions.  |
| 246-806-160 | Temporary permits—Issuance and duration.   |
| 246-806-170 | Licensure by endorsement.  |
| 246-806-180 | Preceptorship program.   |
| 246-806-190 | Registration of chiropractic x-ray technicians.                                    |
| 246-806-990 | Chiropractic fees.   |

**WAC 246-806-010 Definitions.** The following terms are so defined for the purposes of this chapter:

(1) "Board" means the board of chiropractic examiners and/or its designee.

(2) "College" means an institution whose curriculum provides education leading to the acquiring of a professional degree in chiropractic.

(3) "Approval" and "accreditation" are used interchangeably.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-010, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.025. 81-05-004 (Order PL 371), § 114-12-021, filed 2/6/81.]

**WAC 246-806-020 Colleges—Policy.** (1) In determining a college's eligibility for accreditation the board may utilize, at its discretion, recognized chiropractic accrediting associations, recognized regional accrediting associations, and appropriate professional firms, agencies and individuals.

(2) Accreditation shall be primarily contingent upon a course of study which incorporates educationally sound practices and complies with the chiropractic educational requirements for the state of Washington.

(3) A college must have successfully graduated a class prior to making application for accreditation.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.025. 81-05-004 (Order PL 371), § 114-12-011, filed 2/6/81.]

**WAC 246-806-030 Accreditation of colleges—Procedure.** (1) Application and determination. A chiropractic college which desires to be accredited by the board may secure an application form by sending a

written request to the secretary of the board. The applicant shall complete the application form and submit it to the secretary of the board, along with any accompanying documents. Recent photographs of the college or the buildings in which the college is located shall be submitted with the application. Within one hundred twenty days after the receipt of the completed application, the board shall consider the application, determine whether or not the college fulfills the requirements for accreditation, and deposit in the mails a notice of the board's determination, addressed to the applicant. If the board determines that the college is not worthy of accreditation, the notice shall set forth the reasons for denial: *Provided*, The board may withhold making a determination for a reasonable period of time for any justifiable cause upon giving notice to the applicant.

(2) Interrogatories. If the board desires, it may request the applicant to answer specific inquiries. The granting or the denial of accreditation may be contingent upon the applicants' response to such inquiries.

(3) Oath. The answers to the inquiries in the application, and any other inquiries, shall be sworn to before a notary public.

(4) Inspection. If the board desires, it may make the physical inspection of a particular college a condition for its being accredited. Such necessary on-campus visitation of reasonable cost shall be funded by the applicant.

(5) Duration. A college which is once accredited shall continue to be accredited for so long as it fulfills the requirements set forth by the board, or to be set forth by the board. Upon receiving convincing evidence that a college has ceased to fulfill the requirements, the board shall withdraw the accreditation of the college and shall inform the college of its reasons for doing so. A college shall inform the board of changes, if any, in status which could reasonably jeopardize the college's qualifications for accreditation. Such changes shall include, but are not limited to, changes in curriculum, administration, faculty, classrooms and equipment.

(6) Revocation of accreditation. Where the board receives evidence that an accredited institution is not complying with board criteria, it may, after meeting with institutional representatives, place the institution on probation. The institution shall be supplied with a written bill of particulars setting forth the specifics of the non-compliance. The board and chief administrative officer of the institution may agree on a mutually acceptable timetable and procedures for correction of the deficiencies or the board may set the timetable. Should the institution not make the corrections recommended, or should further deficiencies develop during the probation, the board may, after meeting with institutional representatives, revoke the accreditation of the college.

(7) Reinstatement of accredited status. Once the board has revoked the accredited status of an institution, it must reapply by submitting either a new self-study or an updated self-study as may be required by the board. The board's usual procedure for applicants for initial accreditation and petitions for renewal is applied to petitioners for reinstatement. The visitation team report, hearing evidence and supporting data must show not

only correction of the deficiencies which led to the dis-accreditation but, in addition, compliance with the board's criteria.

(8) Appeal. An appeal of a decision adverse to the college must be filed with the board within thirty days of receipt of the board's written decision. To be valid the appeal must contain a certified copy of a formal action authorizing the appeal, taken by a lawfully constituted meeting of the governing body of the institution. The appeal is based on a review of self-evaluation documents, catalog, visitor's report, institution's response to visitor's report, pre-decision hearing of the board and board decision. Alleged improvements effective subsequent to the evaluation which can be verified only through another on-site visit provide the basis for another evaluation, not for an appeal. An appeal does not include a dispute on a finding of fact unless appellant makes a prima facie showing that the finding is clearly erroneous in view of the reliable, probative and substantial evidence on the whole record before the board. The board shall meet to consider the appeal at its earliest opportunity, and send a formal reply to the appealing college within thirty days of such meeting, unless it extends the time for good cause shown.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.025. 81-05-004 (Order PL 371), § 114-12-031, filed 2/6/81.]

**WAC 246-806-040 Colleges--Educational standards required for accreditation.** (1) Objectives - the college shall: Have clearly defined objectives.

(2) Administration and organization - the college shall:

(a) Be incorporated as a nonprofit institution and recognized as such by its state of domicile.

(b) Have full-time administrator.

(c) Have either a president or a dean of education with a doctor of chiropractic degree.

(d) Adopt policy of nondiscrimination as to national origin, race, religion, or sex.

(3) Educational offerings - the college shall:

(a) Provide educational offerings which prepare the student for successfully completing licensing examination and engaging in practice.

(b) Offer an educational program with a minimum of 4,000 in-class hours provided over a four year academic term.

(c) Have available syllabi for all courses.

(d) Offer chiropractic curriculum as follows: Principles of chiropractic - 200 in-class hours; adjustive technique - 400 in-class hours; spinal roentgenology - 175 in-class hours; symptomatology and diagnosis - 425 in-class hours; clinic - 625 in-class hours.

(e) Offer at least 120 of the hours required for the study of "principles of chiropractic" hours as the study of chiropractic philosophy, which shall be defined as the commonly held tenets which provide the basis for chiropractic as a separate and distinct form of practice.

The required 120 hours of philosophy instruction shall be clearly identified in the application and subsequent



college catalogue as philosophy of chiropractic by course title and description. The remaining 80 required hours may include history of chiropractic, ethics, interprofessional relationships and other subjects specifically relating to the principles and practice of chiropractic.

(f) Not include mechanotherapy, physiotherapy, acupuncture, acupressure, or dietary therapy or any other therapy in computation of the qualifying 4,000 classroom hours.

(g) Maintain a clinical program sufficient to fulfill the objectives of the college.

(4) Faculty – the college shall: Provide sufficient faculty to support the educational program of the college.

(5) Students – the college shall:

(a) Select students on a nondiscriminatory basis.

(b) Require that students maintain a 2.00 grade average and have no chiropractic subject grade less than 2.0.

(c) Require the student to complete a four-year academic program which meets all requirements of statute and rule for licensing to practice chiropractic in Washington state.

(6) Physical facilities and equipment – the college shall:

(a) Maintain a library of size and quality sufficient to serve the educational program.

(b) Maintain a basic plant that facilitates the educational program.

(c) Maintain clinic facilities that are of sufficient size and equipped appropriately to serve the student.

(7) Financial – the college shall:

(a) Have adequate present and anticipated income to sustain a sound educational program.

(b) Have well formulated plans for financing existing and projected education programs.

(c) Have an annual audit of financial records by a CPA.

(d) Make records available for review by the board upon request.

(8) Self-evaluation – the college shall: Have a program of continuing self-evaluation and such evaluation must be made available upon request by the board.

[Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-040, filed 2/12/91, effective 3/15/91; 87-24-063 (Order PM 692), § 114-12-041, filed 12/1/87. Statutory Authority: RCW 18.25.025, 83-01-028 (Order PL 414), § 114-12-041, filed 12/8/82; 81-22-078 (Order PL 385), § 114-12-041, filed 11/4/81; 81-05-004 (Order PL 371), § 114-12-041, filed 2/6/81.]

**WAC 246-806-050 Examination review and appeal procedures.** (1) Any candidate who takes the state examination for licensure and does not pass may request a 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 receipt of notification of the examination results. The board will not set aside its prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The board 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 a review is as follows:

(a) Contact the Olympia board office for an appointment to appear personally to review incorrect answers on failed examinations.

(b) Candidate will be provided a form to complete in the Olympia board office 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 board.

(e) Candidates may not bring in notes or texts for use while completing the informal review form.

(f) Candidates will not be allowed to take any notes or materials from the office upon leaving.

(g) The board will schedule a closed session meeting to review the exams and forms completed by the candidate for the purpose of informal review.

(h) The candidates will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the examination review may request a formal hearing to be held before the board pursuant to the administrative procedure act. Such hearing must be requested within thirty days of receipt of the result of the board'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 board will not set aside its prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(4) The hearing will not be scheduled until after the candidate and the state's attorney have appeared before the board or 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 board or 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; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent order of the board.

(6) Formal appeal candidates applicants will receive at least twenty days 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 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-050, filed 2/12/91, effective 3/15/91; 86-06-043 (Order PL 582), § 114-12-115, filed 3/4/86.]

**WAC 246-806-060 National board examination required.** Effective January 1, 1990, in order to be eligible to take the practical examination all applicants shall satisfactorily pass the National Board of Chiropractic Examiners test parts I and II which covers the subjects set forth in RCW 18.25.030 and which shall be in lieu of the conduct of said examinations by the board.

[Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-060, filed 2/12/91, effective 3/15/91; 89-18-085 (Order PM 861), § 114-12-126, filed 9/6/89, effective 10/7/89.]

**WAC 246-806-070 Chiropractic examination scores.** (1) Applicants who pass at least three of the following examination sections may carry their scores in those sections forward only to the next examination administered by the board. The sections are:

- (a) Written technique;
- (b) Written x-ray;
- (c) Principles and practice;
- (d) Practical x-ray;
- (e) Practical technique.

(2) Applicants who fail one or two sections and who do not take the next examination offered by the board may not carry any scores forward and must retake the entire examination.

(3) Applicants who do not pass the entire examination in two consecutive sittings must retake the entire examination and may be required to demonstrate evidence of completion of a board-approved remedial program or refresher chiropractic course in the subject(s) failed. An applicant must pass all five sections within six sittings. After six failures the applicant must petition the board for permission to take any further examination. The board shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-070, filed 2/12/91, effective 3/15/91; 89-21-058, § 114-12-132, filed 10/16/89, effective 11/16/89; 87-24-063 (Order PM 692), § 114-12-132, filed 12/1/87.]

**WAC 246-806-080 Licensees residing and practicing out-of-state--Continuing education requirements.** Pursuant to RCW 18.25.070 (1)(b), Washington licensed chiropractors who reside and practice exclusively outside the state of Washington may satisfy the continuing education requirements for renewal of their Washington licenses by meeting, and certifying to the Washington board of chiropractic examiners that they have met, the continuing education requirements of the state in which they are residing and practicing.

[Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.017 and 18.25.070, 80-11-073 (Order PL 355), § 114-12-150, filed 8/20/80.]

**WAC 246-806-090 Board approved continuing education.** (1) Licensed chiropractors will be responsible for obtaining 25 hours of board approved continuing education over the preceding year to be submitted with annual renewal of their license.

(2) The board approves the following subject material for continuing chiropractic education credit:

- (a) Diagnosis and treatment of the spine or immediate articulations within the scope of practice;
- (b) X-ray/diagnostic imaging;
- (c) Adjustive technique;
- (d) Detection of a subluxation;
- (e) Physical examination;
- (f) Hygiene;
- (g) Symptomatology;
- (h) Neurology;
- (i) Spinal pathology;
- (j) Spinal orthopedics;
- (k) Patient/case management;
- (l) Impairment within the scope of practice;
- (m) CPR - once every three years;
- (n) Dietary advice; and
- (o) Chiropractic philosophy.

(3) Subject matter not approved for continuing education credit:

- (a) Business management;
- (b) Subject matter not directly relating to the chiropractic clinical scope of practice;
- (c) Practice building; and,
- (d) Conduct prohibited by Washington state statutes or rules governing chiropractic practice.

(4) A formal video continuing education program that meets the requirements of WAC 114-12-155 is acceptable provided that the video viewing is accompanied by a moderator and/or a panel knowledgeable in the video contents to comment thereon and answer questions or conduct discussions.

(5) The individual or organization responsible for a continuing education presentation must provide documentation of attendance to the participants.

[Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), re-codified as § 246-806-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.070 and 18.25.075, 90-22-036 (Order 096B), § 114-12-155, filed 11/1/90, effective 12/2/90. Statutory Authority: RCW 18.25.017, 89-18-086, § 114-12-155, filed 9/6/89, effective 10/7/89; 86-06-043 (Order PL 582), § 114-12-155, filed 3/4/86.]

**WAC 246-806-100 Prior approval not required.** (1) It will be unnecessary for a chiropractor to inquire into the prior approval of any continuing chiropractic education. The board will accept any continuing chiropractic education that falls within these regulations and relies upon each individual chiropractor's integrity in complying with this requirement.

(2) Continuing chiropractic education program sponsors need not apply for nor expect to receive prior board approval for a formal continuing chiropractic education

program. 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 chiropractic education that constitutes a meritorious learning experience and complies with RCW 18.25.070.

(3) The board will conduct a random compliance audit of renewal applicants. If the board determines that the applicant has not obtained continuing chiropractic education that falls within the subject matter defined in WAC 114-12-155 and the guidelines for symposium approval in WAC 114-12-155, then the application for renewal will be denied.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-100, filed 2/12/91, effective 3/15/91; 89-18-085 (Order PM 861), § 114-12-164, filed 9/6/89, effective 10/7/89.]

**WAC 246-806-110 License renewal—Affidavit of compliance with continuing education requirements.** (1) In conjunction with his or her annual application for renewal of license, a licensee shall submit, on a form provided by the board, an affidavit of compliance with the continuing education requirement of RCW 18.25.070.

(2) In addition to the affidavit of compliance, the licensee shall submit such further and other evidence and documentation to substantiate the affidavit of compliance as the board may request in any individual case and which shall include a certificate of attendance and a brochure or syllabus for each course attended. It shall be the responsibility of the licensee to maintain and provide such evidence and/or documentation on request of the board.

(3) The board will conduct a random compliance audit of renewal applicants. If the board determines that the applicant has not obtained continuing chiropractic education that falls within the subject matter defined in WAC 114-12-155 then the application for renewal will be subject to denial.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-110, filed 2/12/91, effective 3/15/91; 89-18-085 (Order PM 861), § 114-12-170, filed 9/6/89, effective 10/7/89; 88-17-084 (Order PM 764), § 114-12-170, filed 8/22/88. Statutory Authority: RCW 18.25.017 and 18.25.070. 80-11-073 (Order PL 355), § 114-12-170, filed 8/20/80.]

**WAC 246-806-120 Exemptions.** In the event a licensee fails to meet requirements because of illness or retirement (with no further provision of chiropractic services to consumers) or failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time extension. In the case of permanent retirement or illness, the board may grant indefinite waiver of continuing chiropractic education as a requirement for relicensure, provided an affidavit is received indicating the chiropractor is not providing chiropractic services to consumers. If such permanent illness or retirement status is changed or consumer chiropractic services resumed, it is incumbent upon the licensed chiropractor to immediately notify the board

and meet continuing chiropractor education requirements for relicensure. Continuing chiropractic education hours will be prorated for the portion of that three-year period involving resumption of such services.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-120, filed 2/12/91, effective 3/15/91; 80-17-019 (Order PL 362), § 114-12-180, filed 11/13/80.]

**WAC 246-806-130 Lapsed and inactive licenses—Requirements for reinstating or activating a license.** (1) A licensee who allows his or her license to lapse for more than three years must: Pay all back renewal fees plus penalty fee and submit proof of continuing education courses during the time the license was lapsed. If the licensee cannot submit proof of continuing education courses during the time the license was lapsed he/she will be required to be reexamined as provided for in RCW 18.25.040.

(2) A licensee who has placed his/her license on inactive status and now requests to activate the license shall submit to the board, in writing, a request to activate his/her license from inactive status. Provided, that a licensee who's license has been inactive for more than three years may be reexamined as provided for in RCW 18.25.040 at the board's discretion. The request to activate a license must include the following:

(a) An applicable fee, per WAC 114-12-136.

(b) Updated chronology from date license was placed into inactive status.

(c) Proof of four hours of AIDS education as defined in WAC 114-12-200.

(d) Documentation of any continuing education courses taken during the time his/her license was inactive.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.25.070 and 18.25.075. 90-22-036 (Order 096B), § 114-12-190, filed 11/1/90, effective 12/2/90. Statutory Authority: RCW 18.25.017. 89-18-085 (Order PM 861), § 114-12-190, filed 9/6/89, effective 10/7/89.]

**WAC 246-806-140 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 educational requirements of subsection (4) or shall certify that the required education will be obtained prior to the applicant's first license renewal.

(3) Renewal of licenses. Effective for the renewal period beginning June 1, 1989 through May 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 and training.

(a) Acceptable education and training. 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 four clock hours and may 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. Education may be obtained by formal lecture, video program or home study programs.

(b) Implementation. Effective June 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 licensee 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 compliance and description of the education;

(iii) Be prepared to validate, through submission of these records, that the required education has been obtained.

[Statutory Authority: RCW 18.25.017. 91-05-026 (Order 111B), recodified as § 246-806-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 70.24.270. 88-23-060 (Order PM 799), § 114-12-200, filed 11/15/88.]

**WAC 246-806-150 Temporary permits--Recognized jurisdictions.** For the issuance of temporary permits under chapter 18.26 RCW, all states except Illinois, Michigan, Virginia and Wyoming are deemed to have licensing standards substantially equivalent to the standards of the state of Washington.

[Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-150, filed 12/23/91, effective 1/23/92.]

**WAC 246-806-160 Temporary permits--Issuance and duration.** (1) An applicant may request a temporary practice permit by submitting to the board:

(a) A completed application on forms provided by the department with the request for a temporary practice permit indicated;

(b) An application fee and a temporary practice permit fee as specified in WAC 246-806-990; and

(c) Written verification directly from all states in which the applicant is or was licensed, attesting that the applicant has or had a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The board shall issue a one-time-only temporary practice permit unless the board determines a basis for denial of the license or issuance of a conditional license.

(3) The temporary permit shall expire upon the issuance of a license by the board, initiation of an investigation of the applicant by the board, or seven months, whichever occurs first.

(4) An applicant who receives a temporary practice permit and does not complete the application process shall not be issued another temporary practice permit, even upon submission of a new application in the future.

[Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-160, filed 12/23/91, effective 1/23/92.]

**WAC 246-806-170 Licensure by endorsement.** An applicant may apply for licensure by endorsement by submitting to the board:

(1) A completed application on forms provided by the department;

(2) A fee as specified in WAC 246-806-990; and

(3) Evidence, satisfactory to the board:

(a) Of a license to practice chiropractic in another jurisdiction including, but not limited to, another state, a territory of the United States, the District of Columbia, the Commonwealth of Puerto Rico or a province in Canada; and

(b) Of credentials and qualifications which are equivalent to the requirements of the state of Washington for licensure by examination at the time of application under this section;

(c) That the jurisdiction in which the applicant is licensed grants similar recognition to licensees in the state of Washington;

(d) That the applicant has been engaged in the full-time practice of chiropractic, or has taught general clinical chiropractic subjects at an accredited school of chiropractic, as set forth in WAC 246-806-040, in a jurisdiction described in subsection (3)(a) of this section for at least three of the five years immediately preceding application under this section;

(e) That the applicant has not been convicted of a crime, if such crime would be grounds for the refusal, suspension, or revocation of a license to practice chiropractic in this state if committed in the state of Washington;

(f) That the applicant's license to practice chiropractic is not, at the time of application under this section, suspended or revoked in any jurisdiction, based on grounds which would be grounds for the refusal, suspension or revocation of a license to practice chiropractic in this state; and

(g) Of passing a jurisprudence and adjustive technique examination administered by the Washington board of chiropractic examiners.

[Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-170, filed 12/23/91, effective 1/23/92.]

**WAC 246-806-180 Preceptorship program.** (1) Definitions.

(a) "Preceptor" is a licensed doctor of chiropractic who supervises an undergraduate or post graduate intern in accordance with the requirements of this section.

(b) "Undergraduate intern" is an individual studying at an approved chiropractic college, who is in the final

academic year prior to receiving a degree in chiropractic.

(c) "Board" means the Washington board of chiropractic examiners.

(d) "Approved chiropractic college" means a chiropractic college approved by the board of chiropractic examiners.

(2) Requirements of preceptor participation. A preceptor shall:

(a) Be approved for participation by the board;

(b) Be approved for participation by an approved chiropractic college;

(c) Have a current Washington chiropractic license;

(d) Have been in practice for five years or more;

(e) Provide evidence of malpractice insurance for himself/herself and the intern;

(f) Not misuse alcohol, controlled substances, or legend drugs;

(g) Be of good moral character; and

(h) Have not been found in violation of board rules for the preceding five years.

(3) Program requirements.

(a) The preceptor and intern shall comply with all requirements of the institution sponsoring the preceptorship program.

(b) The preceptorship shall operate within the scope of practice authorized in chapter 18.25 RCW and chapter 246-807 WAC.

(c) The preceptor shall be present on the premises at all times that the intern is practicing chiropractic as defined in RCW 18.25.005 and the preceptor shall meet with the patient prior to the commencement of chiropractic treatment by the intern.

(d) Postgraduate intern must be matriculated in an approved chiropractic college.

[Statutory Authority: RCW 18.26.110, 92-02-022 (Order 229B), § 246-806-180, filed 12/23/91, effective 1/23/92.]

**WAC 246-806-190 Registration of chiropractic x-ray technicians.** (1) Chiropractic doctors shall employ only board registered technicians to operate x-ray equipment.

(2) Application. An x-ray technician may apply for registration by submitting to the board:

(a) Proof of satisfactory completion of a course of classroom instruction of at least forty-eight hours which has been approved by the board in accordance with subsection (4) of this section; and

(b) Verification of passing a proficiency examination in radiologic technology, which is approved by the board. A passing grade shall be seventy-five percent or a standardized score approved by the board. If the applicant fails the initial examination, the applicant may reapply to take the examination one additional time without additional classroom instruction. If the applicant fails a second examination, the applicant shall complete an additional sixteen hours of classroom instruction prior to reapplying for a third examination.

(3) Exceptions.

(a) For a period of one hundred and eighty days from the effective date of this rule a technician who has performed chiropractic radiographic procedures routinely for a minimum of:

(i) Two continuous calendar years immediately preceding application may register without examination.

(ii) One calendar year preceding application may take the examination after completing at least twenty hours of board-approved radiologic technology instruction. If the technician applying under this subsection does not pass the examination, the technician shall complete at least twenty-four additional hours of classroom instruction addressing the subjects listed in subsection (4) of this section prior to re-examination.

(b) An applicant who holds a current active registration, license, or certification from a national certifying agency or other governmental licensing agency whose standards for registration, licensure or certification are equal to or exceed the standards under these rules may register without examination.

(4) Course approval. An individual may request board approval of a course of classroom instruction for x-ray technicians by submitting the following information to the board no later than ninety days prior to the first day of instruction:

(a) An outline of the course of instruction, which shall include:

(i) Physics and equipment;

(ii) Principles of radiographic exposure;

(iii) Radiation protection;

(iv) Anatomy and physiology; and

(v) Radiographic positioning and procedures.

(b) Proficiency examination;

(c) Verification that the course instructor has on-campus or postgraduate faculty status in the field of radiology with a board approved chiropractic college; and

(d) Any other information deemed necessary by the board to make a determination.

(5) Continuing education. A registered chiropractic x-ray technician shall submit an affidavit certifying the completion of six hours of continuing education over the preceding year when applying for annual renewal.

(a) The board approves continuing education of subject matter listed in subsection (4) of this section. Prior approval of continuing education programs is not required by the board.

(b) The board shall conduct random audits. If the board determines that the applicant has not obtained continuing education that falls within the subject matter defined in subsection (4), the board shall deny renewal of the registration.

[Statutory Authority: RCW 18.26.110, 92-02-022 (Order 229B), § 246-806-190, filed 12/23/91, effective 1/23/92.]

**WAC 246-806-990 Chiropractic fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                                  | Fee      |
|---|----------|
| Application/full examination or reexamination | \$300.00 |

| Title of Fee  | Fee    |             |   |
|---|--------|-------------|---|
| Original license                                    | 200.00 | 246-807-300 | Scope of practice—Revocation or suspension of license authorized for practice outside scope.  |
| License renewal                                     | 300.00 | 246-807-310 | Clinically necessary x-rays.  |
| Late renewal penalty                                | 150.00 | 246-807-320 | Records and x-rays and withdrawal from practice—Maintenance and retention of patient records. |
| Inactive license renewal                            | 100.00 | 246-807-330 | Duties of a chiropractor who retires or withdraws from practice.                              |
| Duplicate   | 15.00  | 246-807-340 | Mandatory reporting definitions.  |
| [Certificate] [Certification]                       | 25.00  | 246-807-350 | Mandatory reporting.  |
| Chiropractic x-ray technician application           | 25.00  | 246-807-360 | Chiropractic associations or societies.   |
| Chiropractic x-ray technician original registration | 25.00  | 246-807-370 | Insurance carriers.   |
| Renewal   | 40.00  | 246-807-380 | Professional liability carriers.  |
| Late renewal penalty                                | 25.00  | 246-807-390 | Courts.   |
| Duplicate   | 15.00  | 246-807-400 | Peer review membership.   |
| Certification                                       | 25.00  | 246-807-410 | Classification of chiropractic procedures and instrumentation.                                |
|   |        | 246-807-420 | Peer review qualifications for appointment.   |
|   |        | 246-807-430 | Peer review conflict of interest.   |
|   |        | 246-807-440 | Peer review quorum.   |
|   |        | 246-807-450 | Peer review conduct of reviews.   |
|   |        | 246-807-460 | Mediation.  |
|   |        | 246-807-470 | Disciplinary board conflict of interest.  |

[Statutory Authority: RCW 43.70.250. 91-21-096 (Order 207), § 246-806-990, filed 10/21/91, effective 11/21/91. Statutory Authority: RCW 43.70.040. 91-05-031 (Order 136), recodified as § 246-806-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 114-12-136, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 114-12-136, filed 5/1/87; 83-22-060 (Order PL 446), § 114-12-136, filed 11/2/83. Formerly WAC 114-12-135.]

**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 246-807 WAC

## CHIROPRACTIC, DOCTORS OF--CHIROPRACTIC DISCIPLINARY BOARD

### WAC

|             |   |
|-------------|---|
| 246-807-020 | Privileged communications.  |
| 246-807-030 | Patient abandonment.  |
| 246-807-040 | Consultation.   |
| 246-807-050 | Unethical requests.   |
| 246-807-060 | Patient welfare.  |
| 246-807-070 | Patient disclosure.   |
| 246-807-080 | Degree of skill.  |
| 246-807-090 | Illegal practitioners.  |
| 246-807-100 | Excessive professional charges.   |
| 246-807-110 | Disparaging other practitioners.  |
| 246-807-120 | Identification.   |
| 246-807-130 | Health food store ownership.  |
| 246-807-140 | Vitamins, minerals and food supplements.  |
| 246-807-150 | Pelvic or prostate examination prohibited.                                      |
| 246-807-160 | Intravaginal adjustment restricted.   |
| 246-807-170 | Repealed.   |
| 246-807-171 | Billing.  |
| 246-807-173 | Documentation of care.  |
| 246-807-180 | Radiographic standards.   |
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| 246-807-200 | Acupuncture.  |
| 246-807-210 | Future care contracts prohibited.   |
| 246-807-220 | Ethical standards—Prohibited publicity and advertising.                         |
| 246-807-230 | Ethical standards—Honoring of publicity and advertisements.                     |
| 246-807-240 | Ethical standards—Prohibited transactions.                                      |
| 246-807-250 | Ethical standards—Professional notices, letterheads, cards, and mailings.       |
| 246-807-260 | Ethical standards—Suggestion of need of chiropractic services.                  |
| 246-807-270 | Public testimonial advertising.   |
| 246-807-280 | Full disclosure of cost of services.  |
| 246-807-290 | Improper billing practices.   |

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

|             |   |
|-------------|---|
| 246-807-170 | Billing. [Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-170, filed 2/20/91, effective 3/23/91; 89-01-017 (Order PM 806), § 113-12-101, filed 12/9/88, effective 2/1/89.] Repealed by 91-10-051 (Order 162B), filed 4/26/91, effective 5/27/91. Statutory Authority: RCW 18.26.110 and 18.130.050. |
|-------------|---|

**WAC 246-807-020 Privileged communications.** A chiropractor shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the chiropractor to treat the patient: *Provided*, That this shall not apply to the release of information in an official proceeding where the release of information may be compelled by law.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-020, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-010, filed 12/31/75.]

**WAC 246-807-030 Patient abandonment.** The chiropractor shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a chiropractor should respond to any reasonable request for his services in the interest of public health and welfare.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-030, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-020, filed 12/31/75.]

**WAC 246-807-040 Consultation.** In difficult or protracted cases consultations are advisable, and the chiropractor should be ready to act upon any desire the patient may express for a consultation, even though the chiropractor may not personally feel the need for it.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-040, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-030, filed 12/31/75.]

**WAC 246-807-050 Unethical requests.** A chiropractor shall not assist in any immoral practice such as aiding in the pretense of disability in order to avoid jury

or military duty, or the concealment of physical disability in order to secure favorable insurance.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-050, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-040, filed 12/31/75.]

**WAC 246-807-060 Patient welfare.** The health and welfare of the patient shall always be paramount, and expectation of remuneration or lack thereof shall not in any way affect the quality of service rendered the indigent patient.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-060, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-050, filed 12/31/75.]

**WAC 246-807-070 Patient disclosure.** Absolute honesty shall characterize all transactions with patients. The chiropractor should neither intentionally exaggerate nor minimize the gravity of the patient's condition, nor offer any false hope or prognosis.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-070, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-060, filed 12/31/75.]

**WAC 246-807-080 Degree of skill.** The chiropractor owes his or her patient(s) the highest degree of skill and care of which he or she is capable. To this end the chiropractor shall endeavor to keep abreast of new developments in chiropractic and shall constantly endeavor to improve his or her knowledge and skill in the science and art or philosophy of chiropractic, as defined in chapter 18.25 RCW.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-080, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-070, filed 12/31/75.]

**WAC 246-807-090 Illegal practitioners.** Chiropractors should safeguard their profession by exposing those who might attempt to practice without proper credentials, and by reporting violations of the laws regulating chiropractic to the proper authorities.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-090, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-090, filed 12/31/75.]

**WAC 246-807-100 Excessive professional charges.** (1) A chiropractor shall not enter into an agreement for, charge, or collect an illegal or clearly excessive fee.

(2) A fee is clearly excessive when, after a review of the facts, a chiropractor of ordinary prudence would be left with a definite and firm conviction that the fee is in excess of a reasonable fee. Factors to be considered as guides in determining the reasonableness of a fee include the following:

- (a) The time and effort required and the skill requisite to perform the chiropractic service properly;
- (b) The fee customarily charged in the locality for similar chiropractic services;
- (c) The experience, reputation, and ability of the chiropractor performing the services.

(3) A chiropractor shall not prescribe nor perform any services which are not reasonably necessary in consideration of the patient's condition and shall furnish an explanation of charges for chiropractic services upon request of the board.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-100, filed 2/20/91, effective 3/23/91; 84-01-054 (Order PL 453), § 113-10-100, filed 12/16/83; Order PL 235, § 113-10-100, filed 12/31/75.]

**WAC 246-807-110 Disparaging other practitioners.** No chiropractor shall falsely malign another practitioner or a practitioner's method of practice.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-110, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-110, filed 12/31/75.]

**WAC 246-807-120 Identification.** A chiropractor

(1) Must clearly identify himself as a chiropractor on his office signs.

(2) All identification of chiropractic practice should be presented in a dignified manner and should not be sensational or misleading.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-120, filed 2/20/91, effective 3/23/91; 84-01-054 (Order PL 453), § 113-12-010, filed 12/16/83; Order PL-137, § 113-12-010, filed 11/13/72; Order 8, § 113-12-010, filed 9/9/68.]

**WAC 246-807-130 Health food store ownership.**

(1) A chiropractor may own an interest in a retail outlet for the sale of health foods only on the following conditions:

(a) The chiropractor's office(s) or premises are so physically separated from the office(s) or premises of the health food store that patients have a free and untrammelled access and exit to and from the chiropractor's office(s) or premises;

(b) The chiropractor refrains from directly or indirectly or by inference referring, directing, suggesting or inviting a patient to purchase any dietary substance recommended for the normal regimen and rehabilitation of the patient (including vitamins, minerals and food supplements), from any health food store in which the chiropractor owns an interest.

(2) Any chiropractor who fails to abide by the conditions set forth above will be subject to charges of unprofessional conduct for the illegal referral of patients within the meaning of RCW 19.68.030 which prohibits the receipt of compensation for such a referral by licensed chiropractors.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-130, filed 2/20/91, effective 3/23/91; 86-10-039 (Order PL 591), § 113-12-075, filed 5/5/86.]

**WAC 246-807-140 Vitamins, minerals and food supplements.** (1) No chiropractor shall sell or dispense or permit to be sold or dispensed any vitamins, minerals or food supplements.

(2) Dietary advice may include the recommendation of vitamins, minerals and food supplements as long as they are recommended for the normal regimen of the patient and not for treatment of a specific disease.

(3) The chiropractor shall not receive any direct or indirect profit from the sale of vitamins, minerals and food supplements as provided in chapter 19.68 RCW.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-140, filed 2/20/91, effective 3/23/91; 86-10-039 (Order PL 591), § 113-12-080, filed 5/5/86. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-080, filed 11/15/84; Order 8, § 113-12-080, filed 9/9/68.]

**WAC 246-807-150 Pelvic or prostate examination prohibited.** The physical examination to determine the necessity for chiropractic care does not include vaginal (pelvic) examination or prostate examination. Chiropractors are prohibited from performing such examination and from directing any agent or employee to perform such examination.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-150, filed 2/20/91, effective 3/23/91; 84-01-054 (Order PL 453), § 113-12-085, filed 12/16/83.]

**WAC 246-807-160 Intravaginal adjustment restricted.** It shall be considered unprofessional conduct for a chiropractor to perform an adjustment of the coccyx through the vagina unless the following conditions are met:

(a) The coccyx cannot be adjusted rectally or the patient is offered and declines the option of the rectal technique;

(b) The coccyx adjustment is performed with the use of a disposable finger cot or rubber glove; and,

(c) A female attendant is present at all times the patient is examined and the coccyx adjustment is being performed.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-160, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-087, filed 2/18/87.]

**WAC 246-807-170 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-807-171 Billing.** A doctor of chiropractic may bill for all provided services that are allowable under chapters 18.25 and 18.26 RCW and the rules adopted pursuant to the foregoing statutes. The doctor shall utilize codes and/or descriptions of services that accurately describe the professional services rendered.

[Statutory Authority: RCW 18.26.110 and 18.130.050. 91-10-051 (Order 162B), § 246-807-171, filed 4/26/91, effective 5/27/91.]

**WAC 246-807-173 Documentation of care.** (1) The record keeping procedures of a chiropractor shall be adequate to provide documentation of the necessity and rationale for examination, diagnostic/analytical procedures, and chiropractic services. The required documentation shall include, but not necessarily be limited to, the patient's history and/or subjective complaints; examination findings and/or objective findings; and a record of all chiropractic services performed.

(2) An accepted method of record keeping is the utilization of "SOAP" notes for examinations and "chart notes" for daily records.

(a) An examination shall involve the recording of a complete "SOAP" note:

(i) "S" denotes subjective complaints;

(ii) "O" denotes objective findings;

(iii) "A" denotes assessment or appraisal of the patient as to diagnosis/analysis; and

(iv) "P" denotes plan for case management.

(b) Daily chart notes are brief notations recorded in the patient's chart file between examinations. These notations shall include the chiropractic and diagnostic/analytical services performed and/or ordered and/or changes in the care or progress of the patient. Complete SOAP notes are not generally included on every visit when examinations are performed at reasonable intervals and include complete SOAP notations. Chart notes on each visit shall record care administered to a patient and any change in subjective and/or objective findings.

(3) If a code is utilized by the doctor in connection with record keeping, a code legend shall be included in the records.

[Statutory Authority: RCW 18.26.110 and 18.130.050. 91-10-051 (Order 162B), § 246-807-173, filed 4/26/91, effective 5/27/91.]

**WAC 246-807-180 Radiographic standards.** The following requirements for chiropractic x-ray have been established because of concerns about over-radiation and unnecessary x-ray exposure.

(1) The following should appear on the films:

(a) Patient's name and age;

(b) Doctor's name, facility name, and address;

(c) Date of study;

(d) Left or right marker;

(e) Other markers as indicated;

(f) Adequate collimation;

(g) Gonad shielding, where applicable.

(2) Minimum of A/P and lateral views are necessary for any regional study unless clinically justified.

(3) As clinical evidence indicates, it may be advisable to produce multiple projections where there is an indication of possible fracture, significant pathology, congenital defects, or when an individual study is insufficient to make a comprehensive diagnosis/analysis.

(4) Each film should be of adequate density, contrast, and definition, and no artifacts should be present.

(5) The subjective complaints, if any, and the objective findings substantiating the repeat radiographic study must be documented in the patient record.

(6) These rules are intended to complement and not supersede those rules adopted by the radiation control agency set forth in chapter 246-225 WAC, Radiation protection—X-rays in the healing arts.

[Statutory Authority: RCW 18.26.110. 91-24-052 (Order 220B), § 246-807-180, filed 11/27/91, effective 12/28/91; 91-05-095 (Order 110B), recodified as § 246-807-180, filed 2/20/91, effective 3/23/91; 89-01-017 (Order PM 806), § 113-12-103, filed 12/9/88, effective 2/1/89.]

**WAC 246-807-190 Delegation of services to auxiliary staff and graduate doctors of chiropractic.** (1) Definitions:



(a) Auxiliary staff: Personnel, except graduate doctors of chiropractic, who are working for or at the direction of a licensed doctor of chiropractic.

(b) Graduate doctor of chiropractic: Graduates of an approved chiropractic college who have applied for a Washington state chiropractic license, and graduate doctors of chiropractic who have failed to pass the Washington state chiropractic examination within one year of applying for a Washington state chiropractic license may only perform auxiliary services. Graduate doctors who have had their chiropractic license suspended or revoked shall not be authorized to perform any auxiliary services.

(c) Auxiliary services: Those services, excluding those practices which are restricted to licensed chiropractors, which may be needed for the support of chiropractic care.

(d) Direct supervision: Having a licensed chiropractor on the premises and immediately available.

(2) A licensed chiropractor may, within the confines of this section, delegate certain services to auxiliary staff and graduate doctors of chiropractic, provided that these services are performed under the licensed chiropractor's direct supervision. The supervising chiropractor shall be responsible for determining that auxiliary staff and graduate doctors of chiropractic are competent to perform the delegated services. The licensed supervising chiropractor must render adequate supervision so that the patient's health and safety is not at risk.

(3) Auxiliary staff and graduate doctors of chiropractic shall not perform the following services:

- (a) Detection of subluxation;
- (b) Adjustment or manipulation of the articulations of the spinal column or its immediate articulations;
- (c) Interpretation or analysis of radiographs;
- (d) Determining the necessity for chiropractic care;
- (e) Orthopedic or neurological examinations provided, graduate doctors of chiropractic may perform preliminary orthopedic or neurological examinations under the direct supervision of a licensed chiropractor.

(4) Auxiliary staff and graduate doctors of chiropractic may perform the following auxiliary services: Preliminary patient history, height, weight, temperature, blood pressure, pulse rate, and gross postural observation (active spinal range of motion utilizing a generally accepted measuring device).

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-190, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110 and 18.130.050. 90-22-037 (Order 097B), § 113-12-104, filed 11/1/90, effective 12/2/90.]

**WAC 246-807-200 Acupuncture.** No chiropractor shall:

(1) Employ the use of needles in the treatment of a patient; or

(2) Hold himself or herself out as practicing acupuncture in any form: *Provided*, That this prohibition shall not restrict a chiropractor who is also a certified acupuncturist pursuant to chapter 18.06 RCW from practicing acupuncture, provided that the chiropractor

differentiates chiropractic care from acupuncture care at all times as is required by RCW 18.26.030.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-200, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-115, filed 2/18/87; Order PL 235, § 113-12-115, filed 12/31/75. Formerly WAC 113-12-110.]

**WAC 246-807-210 Future care contracts prohibited.** It shall be considered unprofessional conduct for any chiropractor to enter into a contract which would obligate a patient to pay for care to be rendered in the future, unless the contract provides that the patient is entitled to a complete refund for any care not received.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-210, filed 2/20/91, effective 3/23/91; 84-01-054 (Order PL 453), § 113-12-120, filed 12/16/83. Statutory Authority: RCW 18.26.110 (1) and (2). 79-10-099 (Order PL 315), § 113-12-120, filed 9/25/79; Order PL-145, § 113-12-120, filed 6/6/73.]

**WAC 246-807-220 Ethical standards--Prohibited publicity and advertising.** (1) A chiropractor shall not, on behalf of himself, his partner, associate or any other chiropractor affiliated with his office or clinic, use or allow to be used, any form of public communications or advertising which is false, fraudulent, deceptive or misleading, including, but not limited to, such advertising which takes any of the following forms which are prohibited:

- (a) Advertising which guarantees any result or cure;
- (b) Advertising which makes claims of professional superiority;
- (c) Advertising which fails to differentiate chiropractic care from all other methods of healing;
- (d) Advertising for a service outside the practice of chiropractic as permitted in Washington.

(2) A chiropractor shall, upon request made by the board, provide the board with substantiation of the truth and accuracy of any and all claims made in his or her advertisements.

(3) Advertising is prohibited which offers gratuitous goods or services or discounts in connection with chiropractic services, unless the chiropractor provides a disclosure statement to be signed by the patient which explains:

- (i) When there will be a charge for goods and services;
- (ii) When the free services have been completed and that any additional services the patient requests are subject to charge; or
- (iii) When the discount has been exhausted and any additional services will be subject to full charge: *Provided*, That this subsection shall not be construed to relate to the negotiation of fee between chiropractors and patients or to prohibit the rendering of chiropractic services for which no fee is charged.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-220, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-150, filed 12/1/87; 84-01-054 (Order PL 453), § 113-12-150, filed 12/16/83; 80-11-043 (Order PL-352, Resolution No. 8-80), § 113-12-150, filed 8/18/80. Statutory Authority: RCW 18.26.110 (1) and (2). 79-10-099 (Order PL 315), §

113-12-150, filed 9/25/79. Statutory Authority: RCW 18.26.110(2), 78-05-052 (Order PL 287, Resolution No. 78-142), § 113-12-150, filed 4/25/78.]

**WAC 246-807-230 Ethical standards--Honoring of publicity and advertisements.** (1) If a chiropractor advertises a fee for a service, the chiropractor must render that service for no more than the fee advertised.

(2) Unless otherwise specified in the advertisement, if a chiropractor publishes any fee information authorized under chapter 246-807 WAC, the chiropractor 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 18.26.110. 91-24-052 (Order 220B), § 246-807-230, filed 11/27/91, effective 12/28/91; 91-05-095 (Order 110B), recodified as § 246-807-230, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-165, filed 4/25/78.]

**WAC 246-807-240 Ethical standards--Prohibited transactions.** A chiropractor 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 chiropractor in a news item.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-240, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-170, filed 4/25/78.]

**WAC 246-807-250 Ethical standards--Professional notices, letterheads, cards, and mailings.** In his use of professional notices, letterheads, cards, and mailings, a chiropractor is subject to the same regulations of chapter 246-807 WAC which apply to his use of other print media.

[Statutory Authority: RCW 18.26.110. 91-24-052 (Order 220B), § 246-807-250, filed 11/27/91, effective 12/28/91; 91-05-095 (Order 110B), recodified as § 246-807-250, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-175, filed 4/25/78.]

**WAC 246-807-260 Ethical standards--Suggestion of need of chiropractic services.** A chiropractor who has given in-person, unsolicited advice to a lay person that he should obtain chiropractic care shall not accept employment resulting from that advice except that:

(1) A chiropractor may accept employment by a close friend, relative, former patient (if the advice is germane to the former treatment), or one whom the chiropractor reasonably believes to be a patient; and

(2) Without affecting his right to accept employment, a chiropractor may speak publicly or write for publication on chiropractic topics so long as he does not emphasize his own professional experience or reputation and does not undertake to give individual advice.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-260, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 78-05-052 (Order PL 287, Resolution 78-142), § 113-12-180, filed 4/25/78.]

**WAC 246-807-270 Public testimonial advertising.**

(1) Public testimonial advertising includes the use of a statement testifying as to a chiropractor's qualifications, abilities and character or to the value of chiropractic services.

(2) The use of testimonial advertising will not be considered false or misleading if the following guidelines are met:

(a) Testimonials must relate to patient care provided within the immediately preceding five-year period.

(b) The testimonial should be documented by a notarized statement of the patient, a copy of which is kept by both the chiropractor and the patient.

(c) The testimonial must be consistent with the history of the patient's care, including office records, examination reports and x-rays.

(d) Testimonials should not:

(i) Be exaggerated or misrepresented.

(ii) State that a technique or doctor is superior.

(iii) Claim specific cures.

(iv) Compare one chiropractor to another.

(v) Include a named diagnosis.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-270, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-190, filed 11/15/84.]

**WAC 246-807-280 Full disclosure of cost of services.** (1) This rule will apply to all representations made in public advertising regarding the provision of chiropractic services, including x-rays or chiropractic examinations, on a free basis or at a reduced cost. This rule will also apply to all billings or other written or oral communications regarding charges for chiropractic services whether made to patients, third party health care payors, or to any other person, firm, or governmental agency.

(2) When a chiropractic service is represented in public advertising as available without cost or at a reduced cost that service must be made available to everyone who wishes to take advantage of the offer on an equal basis. No charge may be made to any individual or third party health care payor for any services which have been provided on a free basis unless full disclosure is made.

(3) All billings to third party payors for patients who are also being treated for an unrelated condition must fully disclose the additional treatment being provided and the charges for that treatment.

(4) Billings to patients or to third party health care payors should accurately reflect the actual charge to the patient, including any discounts, reduced fees, or waiver of co-payment.

(5) Because of the potential element of fraud being present, advertising full or partial forgiveness of coinsurance is prohibited unless the insurance company is given accurate and complete information relating to the actual charge to the patient and that coinsurance has been fully or partially waived.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-280, filed 2/20/91, effective 3/23/91; 89-16-095 (Order PM 852), § 113-12-195, filed 8/2/89, effective 9/2/89; 87-24-064 (Order PM 693), § 113-12-195, filed 12/1/87. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-195, filed 2/18/87. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-195, filed 11/15/84.]

**WAC 246-807-290 Improper billing practices.** The following acts shall constitute grounds for which disciplinary action may be taken:

(1) Rebating or offering to rebate to an insured any payment to the licensee by the third-party payor of the insured for services or treatments rendered under the insured's policy.

(2) Submitting to any third-party payor a claim for a service or treatment at a greater or an inflated fee or charge than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

(3) Advertising any reduced or discounted fees for services or treatments or advertising any free services or treatments without prominently stating in the advertisement the usual fee of the licensee for the service or treatment which is the subject of the discount or free offering.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), re-codified as § 246-807-290, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.130.050(1). 87-05-064 (Order PM 640), § 113-12-197, filed 2/18/87.]

**WAC 246-807-300 Scope of practice—Revocation or suspension of license authorized for practice outside scope.** (1) The chiropractic disciplinary board finds that over the past few years there has been an increasing number of persons licensed as chiropractors who have been practicing other healing arts while holding themselves out to the public as chiropractors to the detriment of the public health and welfare of the state of Washington and contrary to the legislative directive contained in RCW 18.26.010(5). The board further finds and deems it necessary to carry out the provisions of chapter 18.26 RCW that this rule be adopted to give guidance to members of the profession, and the public, in interpreting for purposes of application by the disciplinary board of RCW 18.26.030, the scope of health care which comes within the definition of chiropractic in RCW 18.25.005 and which is authorized under a license to practice chiropractic in the state of Washington.

(2) RCW 18.25.005 defines the term "chiropractic" for purposes of chapters 18.25 and 18.26 RCW, as that practice of health care which deals with the detection of subluxations, which shall be defined as any alteration of the biomechanical and physiological dynamics of contiguous spinal structures which can cause neuronal disturbances, the chiropractic procedure preparatory to, and

complementary to the correction thereof, by adjustment or manipulation of the articulations of the vertebral column and its immediate articulations for the restoration and maintenance of health; it includes the normal regimen and rehabilitation of the patient, physical examination to determine the necessity for chiropractic care, the use of x-ray and other analytical instruments generally used in the practice of chiropractic: *Provided*, That no chiropractor shall prescribe or dispense any medicine or drug nor practice obstetrics or surgery nor use x-rays for therapeutic purposes: *Provided, however*, That the term "chiropractic" as defined in this act shall not prohibit a practitioner licensed under chapter 18.71 RCW from performing accepted medical procedures, except such procedures shall not include the adjustment by hand of any articulation of the spine: *And provided further*, That nothing herein shall be construed to prohibit the rendering of dietary advice.

(3) The board finds that the following diagnostic techniques and procedures, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005, and, consequently, a license to practice chiropractic does not authorize their use:

(a) The use of x-rays or other forms of radiation for any other reason than to x-ray the human skeleton.

(b) The use of any form of electrocardiogram.

(c) The testing and reduction to mathematical formulae of sputum and/or urine (commonly known as "Reams" testing).

(d) Hair analysis.

(e) The use of a vasculizer or plethysonograph (commonly known as plethysmography) except for research purposes.

(f) The use of iridology.

(g) The taking of blood samples.

(h) Female breast examinations.

(i) The use of any form of electromyography except for research purposes, and provided no fee is charged until proper protocol is established and approved by the chiropractic disciplinary board.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other diagnostic technique or procedure is outside the scope of chiropractic practice.

(4) The board finds that the following treatment modalities, by whatever name known, are not within the definition of "chiropractic" as specified in subsection (2) of this section and in RCW 18.25.005 and, consequently, a license to practice chiropractic does not authorize their use:

(a) Ultrasound, diathermy, high voltage galvanic therapy and x-rays or other radiation.

(b) Colonic irrigation.

(c) Extremity adjusting.

(d) Electrotherapy.

(e) The use of a transcutaneous electrical nerve stimulator (TENS).

(f) The use of the endonasal technique.

(g) The use of any type of casting other than light body casting.

(h) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names.

(i) The use of hypnosis for any other than relaxation purposes.

(j) The use of clinical herbology.

The above list is not to be considered exhaustive or to limit the board in any way from finding under the statutory definition in RCW 18.25.005 that any other treatment modalities are outside the scope of chiropractic practice.

(5) The use by a chiropractor of diagnostic techniques or procedures or treatment modalities which are outside the definition of chiropractic in RCW 18.25.005, whether or not listed in this rule, or the use by a chiropractor of any of the diagnostic techniques and procedures listed in subsection (3) of this section or the use by a chiropractor of any of the treatment modalities listed in subsection (4) of this section shall constitute unprofessional conduct under RCW 18.130.180(12) which shall be good and sufficient cause for revocation or suspension of that chiropractor's license to practice chiropractic in Washington.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-300, filed 2/20/91, effective 3/23/91; 90-16-059 (Order 077) § 113-12-200, filed 7/27/90, effective 8/27/90; 88-17-100 (Order PM 765), § 113-12-200, filed 8/23/88; 87-24-064 (Order PM 693), § 113-12-200, filed 12/1/87. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-200, filed 11/15/84. Statutory Authority: RCW 18.26.110. 81-13-002 (Order PL 380), § 113-12-200, filed 6/4/81.]

**WAC 246-807-310 Clinically necessary x-rays.** All offers of free x-rays should be accompanied by a disclosure statement that x-rays will only be taken if clinically necessary in order to avoid unnecessary radiation exposure.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-310, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.26.110(2). 84-23-033 (Order PL 497), § 113-12-210, filed 11/15/84.]

**WAC 246-807-320 Records and x-rays and withdrawal from practice--Maintenance and retention of patient records.** (1) Any chiropractor who treats patients in the state of Washington shall maintain all treatment records regarding patients treated. These records may include, but shall not be limited to treatment plans, patient charts, patient histories, correspondence, financial data, and billing. These records shall be retained by the chiropractor for five years in an orderly, accessible file and shall be readily available for inspection by the chiropractic disciplinary board or its authorized representative: *Provided*, That x-rays or copies of records may be forwarded pursuant to a licensed 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.

(2) A chiropractor shall honor within fifteen days a written request from an adult patient or their legal representative or that of a minor child to release original x-rays on a loan basis to other licensed health care providers or the chiropractor may provide duplicate films and may charge the patient reasonable duplication costs. Once the original films have been loaned at patient request, the chiropractor is no longer responsible for them, nor for their retrieval or subsequent production.

A chiropractor who has received original x-rays on a loan basis shall return them to the loaning chiropractor within sixty days unless other arrangements are made.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-320, filed 2/20/91, effective 3/23/91; 89-01-017 (Order PM 806), § 113-12-220, filed 12/9/88, effective 2/1/89.]

**WAC 246-807-330 Duties of a chiropractor who retires or withdraws from practice.** Any chiropractor who ceases practice in his or her community for any reason, including retirement, illness, disability, or relocation shall comply with the following duties:

(1) The chiropractor shall notify all current patients that he or she will not be able to provide chiropractic services and shall notify the patient to seek another chiropractor to continue their care.

(2) The chiropractor shall offer to deliver to the patient, or to another chiropractor or licensed health care professional chosen by the patient, the originals or copies of all patient examination and treatment records and x-rays or notify the patient of a community area location where the records and x-rays will be maintained and accessible for at least one year after the notice is sent to the patient.

(3) The chiropractor shall refund any part of fees paid in advance that have not been earned.

(4) The board requests that the executor or executrix of a deceased chiropractor comply with the duties set forth herein to the fullest extent possible. The board staff will provide advice and assistance to such executor or executrix upon request.

(5) For the purpose of this section, any relocation or restriction of practice which substantially interferes with a patient's reasonable access to his or her chiropractor should be cause for the chiropractor to comply with the duties set forth.

(6) Willful failure to comply with this section shall be cause to suspend a chiropractor's license until the required duties are fulfilled.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-330, filed 2/20/91, effective 3/23/91; 89-01-017 (Order PM 806), § 113-12-230, filed 12/9/88, effective 2/1/89.]

**WAC 246-807-340 Mandatory reporting definitions.** (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180 and 18.26.030.

(2) "Board" means the chiropractic disciplinary board, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince Street  
Olympia, WA 98504

(3) "Chiropractor" means a person licensed pursuant to chapter 18.25 RCW.

(4) "Mentally or physically disabled chiropractor" means a chiropractor who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice chiropractic with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.26.110. 91-24-052 (Order 220B), § 246-807-340, filed 11/27/91, effective 12/28/91; 91-05-095 (Order 110B), recodified as § 246-807-340, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-300, filed 12/1/87.]

**WAC 246-807-350 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 numbers of the chiropractor being reported.

(c) The name 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 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-350, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-310, filed 12/1/87.]

**WAC 246-807-360 Chiropractic associations or societies.** The president or chief executive officer of any chiropractic association or society within this state shall report to the board when an association or society determines that a chiropractor has committed unprofessional conduct or that a chiropractor may not be able to practice chiropractic 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 determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-360, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-320, filed 12/1/87.]

**WAC 246-807-370 Insurance carriers.** The executive officer of every insurer, licensed under Title 48

RCW operating in the state of Washington, shall report to the board any evidence that a chiropractor has charged fees for chiropractic services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-370, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-330, filed 12/1/87.]

**WAC 246-807-380 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to chiropractors shall send a complete report of any malpractice settlement, award or payment over thirty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured chiropractor's incompetency or negligence in the practice of chiropractic. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetency or negligence in the practice of chiropractic regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-380, filed 2/20/91, effective 3/23/91; 87-24-064 (Order PM 693), § 113-12-340, filed 12/1/87.]

**WAC 246-807-390 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all criminal convictions of licensed chiropractors, other than for minor traffic violations.

[Statutory Authority: RCW 18.26.110. 91-05-095 (Order 110B), recodified as § 246-807-390, filed 2/20/91, effective 3/23/91. Statutory Authority: RCW 18.130.070. 87-24-064 (Order PM 693), § 113-12-350, filed 12/1/87.]

**WAC 246-807-400 Peer review membership.** The peer review committee is created within the chiropractic disciplinary board and shall be constituted as follows: The chair of the peer review committee shall be a member of the board and shall not vote except to break a tie; one doctor of chiropractic representing each congressional district from within the state; and one independent member representative of the health insurance industry; and one representative from the department of labor and industries. The committee shall elect by a simple majority a vice-chairman from its members.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-400, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-410 Classification of chiropractic procedures and instrumentation.** (1) Procedures, instruments for treatment and/or diagnostic evaluation used by a doctor of chiropractic shall be classified by the board as follows:

(a) "Approved": A procedure or instrument which is taught by a board approved chiropractic college for patient clinical application and not for research or experimental purposes and is allowable by statute. All factors listed under section (4) shall be considered before a procedure or instrument is placed in the approved classification.

(b) "Research or investigational": A procedure or instrumentation that is not approved, but may have a positive benefit in the diagnosis or care of a patient's condition. No billing is allowed for procedures or instruments used under this classification.

(c) "Nonapproved or experimental": Any procedure or instrument that does not meet with board approval. A procedure or instrument in this classification shall pass further testing in the laboratory before it can be used on the public. These may be defined by previous declaratory rules or rules and regulations.

(2) The board shall maintain a classified list of chiropractic procedures and instrumentation. The list shall be made available upon request.

(3) A doctor who intends to use a new procedure or instrument in practice shall notify the board to determine the classification of the procedure or instrument. If the procedure or instrument is not classified or if new information on a previously classified procedure or instrument is available the doctor shall;

(a) Provide the board with supporting documentation concerning the use of such a procedure or instrumentation;

(b) Demonstrate sufficient additional training or study for the doctor and utilizing staff to properly use the procedure or instrumentation.

(4) The board may use the following factors to determine the classification of the procedure or instrumentation, and shall notify the doctor of such classification:

(a) The new procedure or instrument is taught at an approved chiropractic college.

(b) There is a scientific basis for the new procedure or instrument.

(c) The procedure or instrument has a direct and positive relationship to chiropractic care.

(d) Comparison of potential risk to benefit to the patient.

(e) Any other factors the board may wish to consider.

[Statutory Authority: RCW 18.26.110 and 18.130.050. 91-10-051 (Order 162B), § 246-807-410, filed 4/26/91, effective 5/27/91.]

**WAC 246-807-420 Peer review qualifications for appointment.** The members of the committee who are chiropractors shall be licensed in Washington, current residents, and have been engaged in the practice of chiropractic in Washington for five years. The members shall not have had their license revoked or suspended by the chiropractic disciplinary board. The chiropractic members shall not serve during the term of their appointment as insurance consultants, independent examiners, peer reviewers, or any other capacity to the health insurance industry. The doctors may serve as consultant examiners to the department of labor and industries. The remaining two members must be residents of the state who are not and never have been, licensed as chiropractors or members of any health care profession. All members shall be appointed by a majority vote of the board.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-420, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-430 Peer review conflict of interest.**

Any member of the peer review committee shall disqualify him/her self from participation in a case for personal and/or professional involvement or association with the involved doctor, patient, patient's representative, or the insurer or professional competition in the community with the involved doctor. Members shall also be disqualified for lack of impartiality. Upon offer of appointment a potential member of the peer review committee will be required to complete a conflict of interest pledge. Refusal to complete the pledge will result in not being appointed. This rule shall not be construed to conflict with any provision of chapter 42.18 RCW, the Executive Branch Conflict of Interest Act.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-430, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-440 Peer review quorum.** A simple majority of the committee members shall constitute a quorum of the committee. A quorum of the committee shall be required to issue final decisions setting forth the committee's findings and recommendations.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-440, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-450 Peer review conduct of reviews.**

The committee shall conduct the reviews as provided by RCW 18.26.340 and 18.26.350. The committee shall meet, complete the review, and submit a written report to include the committee's findings and recommendations to all parties and the board within ninety days of the submission of the case to the peer review committee, unless an extension is authorized by the chair of the peer review committee.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-450, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-460 Mediation.** The peer review committee shall maintain and provide a list of mediators by geographical region available to all parties upon request. The mediation process shall be without cost except actual costs of mediation shall be paid if the requesting party is a chiropractor or third-party payor. The mediator shall be selected by the peer review committee by the same criteria as the peer review committee members. If resolution of the review is not satisfactory to all parties, it may be submitted to the peer review committee for final action.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-460, filed 12/16/91, effective 1/16/92.]

**WAC 246-807-470 Disciplinary board conflict of interest.** Members of the board shall not participate in deciding a case or in rule making where their participation presents a conflict of interest, creates an appearance of a conflict of interest or where the board determines the member's participation raises questions as to the impartiality of the board.

[Statutory Authority: RCW 18.26.110. 92-01-070 (Order 227B), § 246-807-470, filed 12/16/91, effective 1/16/92.]

**Chapter 246-815 WAC  
DENTAL HYGIENISTS**

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|-------------|--|
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**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 246-815-030.

(b) The applicant must have completed the AIDS prevention and information education required by WAC 246-815-040.

(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 18.29.130. 92-02-018 (Order 224), § 246-815-020, filed 12/23/91, effective 1/23/92. 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 246-815-110, 246-815-120, and 246-815-130.

(3) A form will be provided in the department of health licensure application packages for the purpose of education verification.

[Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-030, filed 12/23/91, effective 1/23/92. 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 246-815-031 Dental hygiene expanded functions education requirement for licensure implementation.** The dental hygiene education requirement for licensure regarding the didactic and clinical competency of the expanded functions referenced in WAC 246-815-030 (1)(a)-(d), (2) and (3) shall become effective February 1, 1992.

[Statutory Authority: RCW 18.29.130(6). 91-11-065 (Order 172), § 246-815-031, filed 5/16/91, effective 6/16/91.]

**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 health 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 (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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) The requirements 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 (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.

[Statutory Authority: RCW 18.29.130 and 70.24.270. 92-02-018 (Order 224), § 246-815-040, filed 12/23/91, effective 1/23/92. 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 246-815-100 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 246-815-030.

(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 246-815-040.

(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 18.29.130. 92-02-018 (Order 224), § 246-815-100, filed 12/23/91, effective 1/23/92. 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 246-815-120 and 246-815-130.

(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 246-815-120.

(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 18.29.130. 92-02-018 (Order 224), § 246-815-110, filed 12/23/91, effective 1/23/92. 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 246-815-160 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 secretary 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 18.29.130, 18.29.076 and 18.130.050. 92-02-018 (Order 224), § 246-815-160, filed 12/23/91, effective 1/23/92. 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 health.

(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 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-170, filed 12/23/91, effective 1/23/92. 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 246-815-250 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 secretary of the department of health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.29.130 and 18.130.070. 92-02-018 (Order 224), § 246-815-250, filed 12/23/91, effective 1/23/92. 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 |

| Title of Fee                 | Fee    |
|------------------------------|--------|
| Renewal                      | 95.00  |
| Late renewal penalty         | 60.00  |
| Credentialing application    | 300.00 |
| Duplicate license            | 15.00  |
| Certification                | 35.00  |
| Education program evaluation | 200.00 |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-815-990, filed 6/6/91, effective 7/7/91. 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  
246-816-075 Nondiscrimination.

**WAC 246-816-075 Nondiscrimination.** It shall be unprofessional conduct for any dentist to discriminate or to permit any employee or any person under the supervision and control of the dentist to discriminate against any person, in the practice of dentistry, on the basis of race, color, creed or national origin, or to violate any of the provisions of any state or federal antidiscrimination law.

[Statutory Authority: RCW 18.32.640, 18.130.050(12) and 18.130.040 (3)(b)(iii). 91-03-109 (Order 127B), § 246-816-075, filed 1/22/91, effective 2/22/91.]

**Chapter 246-818 WAC**

**DENTISTS--BOARD OF DENTAL EXAMINERS**

|             |   |
|-------------|---|
| 246-818-020 | Examination eligibility and application.                          |
| 246-818-050 | Examination results.  |
| 246-818-060 | Practical examination review procedures.                          |
| 246-818-070 | Written examination review procedures.                            |
| 246-818-080 | Application for licensure—AIDS education requirements.            |
| 246-818-090 | Graduates of nonaccredited schools.                               |
| 246-818-110 | Repealed.   |
| 246-818-120 | Licensure without examination for dentists—Eligibility.           |
| 246-818-130 | Licensure without examination for dentists—Application procedure. |

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

246-818-110 AIDS prevention and information education requirements. [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.] Repealed by 92-01-122 (Order 228B), filed 12/19/91, effective 1/19/92. Statutory Authority: RCW 18.32.035.

**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 health. The application must be completed in every respect, and reach the state of Washington department of health 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 health 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 health.

(6) Upon establishing examination eligibility, the department of health 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. 92-01-122 (Order 228B), § 246-818-020, filed 12/19/91, effective 1/19/92; 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 246-818-050 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 246-818-030 (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 health 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.

(5) Beginning with the September 1989 Washington state dental examination, any applicant who fails to make the required grade by their fourth examination, over any period of time, will be required to complete an independent study in the area of examination deficiencies as directed and approved by the board of dental examiners. This applicant will only be allowed to apply for reexamination upon proof of successful completion of their independent study.

[Statutory Authority: RCW 18.32.120. 91-14-087 (Order 180B), § 246-818-050, filed 7/1/91, effective 8/1/91. 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 health 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 health 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, 92-01-122 (Order 228B), § 246-818-060, filed 12/19/91, effective 1/19/92; 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 health 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 health 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 health 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. 92-01-122 (Order 228B), § 246-818-070, filed 12/19/91, effective 1/19/92; 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 health 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) of this section.

The board will accept courses taken since January 1, 1986 which fulfill the requirements of the hours and topics listed in subsection (3) of this section.

(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 and 70.24.270. 92-01-122 (Order 228B), § 246-818-080, filed 12/19/91, effective 1/19/92. Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-080, 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 246-818-020(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 subsection (1) of this section, an applicant under this section will be allowed to take the examination pursuant to WAC 246-818-030 and will be subject to the applicable provisions of WAC 246-818-020: *Provided, however,* That individuals who had fulfilled the requirements for application prior to the requirement of subsection (1)(d) of this section 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. 92-01-122 (Order 228B), § 246-818-090, filed 12/19/91, effective 1/19/92; 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 246-818-110 Repealed.** See Disposition Table at beginning of this chapter.

**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 246-818-090.

(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 246-818-140.

(4) Are currently engaged in the practice of dentistry in another state pursuant to WAC 246-818-130(11).

(5) Have completed the AIDS education requirement defined in WAC 246-818-080.

(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. 92-01-122 (Order 228B), § 246-818-120, filed 12/19/91, effective 1/19/92; 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 246-818-140 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 246-818-080.

(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) of this subsection, 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) of this subsection, 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. 92-01-122 (Order 228B), § 246-818-130, filed 12/19/91, effective 1/19/92; 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.]

### Chapter 246-822 WAC DIETITIANS OR NUTRITIONISTS

#### WAC

|             |   |
|-------------|---|
| 246-822-020 | General provisions.                                     |
| 246-822-100 | Cooperation with investigation.                         |
| 246-822-110 | AIDS prevention and information education requirements. |
| 246-822-120 | Application requirements.                               |
| 246-822-150 | Examinations.   |
| 246-822-170 | Certification for dietitians—Grandfathering.            |
| 246-822-990 | Dietitian and nutritionist fees.                        |

**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 health, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince St., P.O. Box 47870  
Olympia, Washington 98504-7870

(5) "Dietitian or nutritionist" means a person certified pursuant to chapter 18.138 RCW.

(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 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-020, filed 12/23/91, effective 1/23/92. 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 246-822-100 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 health 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 secretary or the secretary'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 for failure to cooperate pursuant to RCW 18.130.180(8). 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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-100, filed 12/23/91, effective 1/23/92. 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 health 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 (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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 (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.

[Statutory Authority: RCW 18.138.070, 18.130.050, 18.130.070 and 70.24.270. 92-02-018 (Order 224), § 246-822-110, filed 12/23/91, effective 1/23/92. 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 246-822-110; 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 246-822-110.

(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 246-822-110.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-120, filed 12/23/91, effective 1/23/92. 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 246-822-150 Examinations.** (1) A written examination will be given at least once annually to qualified applicants at a time and place determined by the secretary.

(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 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-150, filed 12/23/91, effective 1/23/92. 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 246-822-170 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 246-822-110.

[Statutory Authority: RCW 18.138.070, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-822-170, filed 12/23/91, effective 1/23/92. 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   | \$100.00 |
| Renewal       | 80.00    |
| Late renewal  | 25.00    |
| Certification | 25.00    |
| Duplicate     | 15.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-822-990, filed 6/6/91, effective 7/7/91. 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         |   |
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| 246-824-040 | Application for examination.  |
| 246-824-050 | Approval of prescribed courses in opticianry.                               |
| 246-824-065 | Duties and responsibilities of the dispensing optician examining committee. |
| 246-824-070 | Examination appeal procedures.  |
| 246-824-075 | Continuing education requirements for dispensing opticians.                 |
| 246-824-080 | General provisions.   |
| 246-824-160 | Cooperation with investigation.   |
| 246-824-170 | AIDS prevention and information education requirements.                     |
| 246-824-990 | Dispensing optician fees.   |

**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 secretary.

(2) Separate registrations shall be required if an individual receives his or her apprenticeship training from more than one licensee.

(3) In determining whether or not an individual has completed his or her 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 secretary 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 secretary, 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 or her apprenticeship, whether such training occurred before or after his or her formal registration with the secretary: *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 an 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 secretary.

(4) The licensee initially requesting the registration of an apprentice shall notify the secretary whenever he or she 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 secretary, in writing and within thirty days, of any name or address change.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-020, filed 4/10/91, effective 5/11/91. 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 246-824-040 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 secretary.

(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 or her scheduled examination, and so notifies the secretary 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 or she may be scheduled to retake the examination by submitting an application and paying the statutory examination fee.

(5) Applications and fees for examination must be submitted to the division of professional licensing, department of health, 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 and chapter 18.34 RCW 92-02-018 (Order 224), § 246-824-040, filed 12/23/91, effective 1/23/92. 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 secretary, pursuant to RCW 18.34.070, hereby adopts the accreditation standards of the Commission on Opticianry Accreditation, "Essentials of an Accredited Educational Program for Ophthalmic Dispensers," as adopted by the Commission on Opticianry Accreditation on July 1, 1990. The secretary approves all and only those institutions accredited by, and in good standing with, the Commission on Opticianry Accreditation in accordance with these accreditation standards as of July 1, 1990. Institutions approved by the secretary which have not been accredited by the Commission on Opticianry Accreditation are hereby required to obtain such accreditation on or before September 30, 1992. Graduates from institutions that have not received accreditation from the Commission on Opticianry Accreditation by that date will not be eligible to sit for the examination.

It is the responsibility of a student to ascertain whether or not a school has been approved by the secretary.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-050, filed 10/8/91, effective 11/8/91. 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 246-824-065 Duties and responsibilities of the dispensing optician examining committee.** The dispensing optician examining committee shall meet at such times as deemed necessary by the secretary to prepare and administer the state's licensing examinations and to provide technical expertise, advise, and make recommendations to the secretary on the administration of the dispensing optician statute.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-21-028 (Order 197), § 246-824-065, filed 10/8/91, effective 11/8/91.]

**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 health 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 health 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 health 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 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-070, filed 12/23/91, effective 1/23/92. 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 246-824-075 Continuing education requirements for dispensing opticians.** Purpose and scope. The

purpose of these requirements is to ensure the continued high quality of services provided by the licensed dispensing optician. Continuing education consists of educational activities designed to review existing concepts and techniques and conveys information and knowledge about advances in the field of opticianry, so as to keep the licensed dispensing opticians abreast of current and forecasted developments in a rapidly changing field.

(1) Basic requirements. As a prerequisite for license renewal, licensed dispensing opticians are required to have thirty hours of continuing education every three years. The credit hours will be measured as follows: Any single session covering not less than two hours and forty minutes will be assigned three credits; any single session covering not less than one hour and forty minutes will be assigned two credits; any single session covering not less than fifty minutes will be assigned one credit.

Fifteen of the credit hours shall relate to contact lenses.

Continuing education credit hours in excess of the required hours earned in any renewal period may not be carried forward to a subsequent renewal period.

(2) Effective date of requirement. The effective date of the continuing education requirement will be upon the 1994 license renewal date or three years after initial licensure in Washington state, whichever is later.

(3) Qualification of program for continuing education credit. Courses offered by the organizations and methods listed in this section will be presumed to qualify as continuing education courses. The secretary reserves the authority to refuse to accept credits in any course if the secretary determines that the course did not provide information sufficient in amount or relevancy to opticianry. Qualifying organizations and methods for the purposes of this section shall include in-class training, correspondence courses, video and/or audio tapes offered by any of the following:

- (a) American board of opticianry;
- (b) National academy of opticianry;
- (c) Optical laboratories association;
- (d) National contact lens examiners;
- (e) Pacific coast contact lens society;
- (f) Contact lens society of America;
- (g) Opticians association of Washington;
- (h) Opticianry colleges or universities approved by the secretary;
- (i) Speakers sponsored by any of the above organizations;
- (j) Any state or national opticianry association; and
- (k) Additional qualifying organizations or associations as approved by the secretary.

(4) Certification of compliance. Each licensee shall certify, on forms provided by the department, that the minimum continuing education and training requirements have been met. Each licensee shall be responsible for retaining copies of all records, certificates, or other evidence of continuing education course completion. In said documentation the licensee shall:

- (a) Keep records documenting attendance course title and course content.

(b) Be prepared to validate, through submission of these records, that attendance has taken place.

The department may, at its discretion, require any licensee to submit, in addition to the sworn certification, proof of completion of continuing education requirements. Failure to comply with the continuing education requirements will be cause for a license to lapse. Any licensee whose license has lapsed shall pay a late penalty fee as established by rule for each year the license has lapsed and submit evidence of continuing education requirement compliance. Any licensee whose license has lapsed for a period of two years or more may reinstate his or her license by paying an examination fee and successfully passing the examination provided in RCW 18.34.070.

[Statutory Authority: RCW 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-075, filed 4/10/91, effective 5/11/91.]

**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 health, whose address is:

Department of Health  
Professional Licensing Services  
1300 S.E. Quince St.  
Olympia, Washington 98504

(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 43.17.060 and 18.130.070. 91-09-024 (Order 155), § 246-824-080, filed 4/10/91, effective 5/11/91. 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 246-824-160 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 secretary of the department of health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 18.130.050, 18.130.070 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-160, filed 12/23/91, effective 1/23/92. 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. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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) 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 (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.

[Statutory Authority: RCW 43.70.040, 70.24.270 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-170, filed 12/23/91, effective 1/23/92. 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 health:

| Title of Fee                              | Fee      |
|---|----------|
| <b>Optician:</b>                          |          |
| 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   |
| Late renewal penalty                      | 75.00    |
| Duplicate license                         | 15.00    |
| Certification                             | 25.00    |

[Statutory Authority: RCW 43.70.040, 43.70.250 and chapter 18.34 RCW. 92-02-018 (Order 224), § 246-824-990, filed 12/23/91, effective 1/23/92. 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**

|             |  |
|-------------|--|
| 246-826-020 | Delegation of functions to health care assistants.                             |
| 246-826-040 | Certification of health care assistants.                                       |
| 246-826-050 | Renewal of health care assistants.   |
| 246-826-060 | Department of health responsibilities.   |
| 246-826-070 | Maintenance of listing of drugs and functions authorized.                      |
| 246-826-080 | Medication and diagnostic agent list.  |
| 246-826-090 | Decertification or disciplinary actions.                                       |
| 246-826-230 | AIDS prevention and information education requirements—Health care assistants. |
| 246-826-990 | Health care assistant fees.  |

**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 health.

[Statutory Authority: RCW 18.135.030. 92-02-018 (Order 224), § 246-826-020, filed 12/23/91, effective 1/23/92. 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 246-826-040 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 recertification 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 18.135.030, 92-02-018 (Order 224), § 246-826-040, filed 12/23/91, effective 1/23/92. 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 Renewal of health care assistants.** Updated certification/delegation forms must be submitted within two years from the date of the most recent certification on file with the department of health. The department will send renewal forms to the delegation or facility's address on record approximately sixty days prior to the expiration date. It shall be the responsibility of every health care facility and health care practitioner who certifies health care assistants to submit the renewal forms and fees on or before the certification expiration date.

[Statutory Authority: RCW 18.135.030, 92-02-018 (Order 224), § 246-826-050, filed 12/23/91, effective 1/23/92. 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 health responsibilities.** The department of health will maintain files with regard to certification of health care assistants and delegation of functions. Department of health will not approve training programs.

[Statutory Authority: RCW 18.135.030, 92-02-018 (Order 224), § 246-826-060, filed 12/23/91, effective 1/23/92. 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 secretary of the department of health or his/her designee.

[Statutory Authority: RCW 18.135.030, 92-02-018 (Order 224), § 246-826-070, filed 12/23/91, effective 1/23/92. 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 secretary at the time 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 health filed under the name of the certifying practitioner or facility and shall be available for review.

[Statutory Authority: RCW 18.135.030, 92-02-018 (Order 224), § 246-826-080, filed 12/23/91, effective 1/23/92. 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 health, 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 34.05 RCW.

[Statutory Authority: RCW 18.135.030 and 34.05.220, 92-02-018 (Order 224), § 246-826-090, filed 12/23/91, effective 1/23/92. 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 246-826-230 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 health 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 (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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.

(4) Temporary emergency waiver of seven hours training requirement. The secretary may waive the minimum seven clock hour requirement of subsection (3)(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 18.135.030 and 70.24.270. 92-02-018 (Order 224), § 246-826-230, filed 12/23/91, effective 1/23/92. 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     |
|---------------------|---------|
| First certification | \$35.00 |
| Renewal             | 33.00   |
| Recertification     | 35.00   |
| Duplicate           | 15.00   |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-826-990, filed 6/6/91, effective 7/7/91. 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 246-828 WAC**

**HEARING AID FITTERS AND DISPENSERS**

**WAC**

- 246-828-020 Examinations.
- 246-828-030 Reexaminations.
- 246-828-040 Examination review and appeal procedures.
- 246-828-050 Refunds on examination fee.
- 246-828-060 Trainees.
- 246-828-070 Termination of trainee sponsorship.
- 246-828-080 Minimum standards of equipment.
- 246-828-090 Standards for equipment calibration.
- 246-828-100 Minimal standards of practice.
- 246-828-110 Bait advertising.
- 246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or material facts.
- 246-828-130 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Guarantees and warranties.

- 246-828-140 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Character of business, etc.
- 246-828-150 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of physician.
- 246-828-160 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use of words "prescription," "diagnosis," etc.
- 246-828-170 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to visibility, construction, etc.
- 246-828-180 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception as to batteries.
- 246-828-190 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Deception representing novelty of products.
- 246-828-200 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Advertising of parts, accessories or components.
- 246-828-210 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Endorsements, etc.
- 246-828-220 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Used or rebuilt products.
- 246-828-230 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Association with the state of Washington.
- 246-828-240 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Tests, acceptance or approval.
- 246-828-250 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Use, imitation or simulation of trademarks, etc.
- 246-828-260 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Defamation of competitors or false disparagement of their products.
- 246-828-270 Personal disclosure.
- 246-828-280 Documentation of referrals.
- 246-828-290 Purchaser rescission rights.
- 246-828-300 Renewal of license.
- 246-828-310 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or other material facts during telephone solicitations.
- 246-828-320 Minimum standards for fitting and dispensing locations.
- 246-828-330 Notice of availability and location of follow-up services.
- 246-828-340 Surety bonding—Security in lieu of bonding.
- 246-828-350 Reasonable cause for rescission.
- 246-828-360 Procedure for declaratory ruling.
- 246-828-370 AIDS prevention and information education requirements.
- 246-828-990 Hearing aid fitter/dispenser fees.

**WAC 246-828-020 Examinations.** (1) The examination required of applicants shall be in three parts: One written and two practical.

(2) The minimum passing grade shall be seventy percent for each part to pass the required examination for licensure.

(3) In addition to those subjects listed in RCW 18.35.070, the examination shall test the knowledge of the applicant in the basic act governing hearing aid fitter/dispensers and rules and regulations promulgated pursuant to this act.

(4) Applications for examination shall be received by the department at least sixty days prior to the date of the scheduled examination. If the application is received

less than sixty days before the next scheduled examination, the applicant will be scheduled for the second examination following receipt of the application.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-020, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 18.35.161(4). 89-08-096 (Order PM 828), § 308-50-010, filed 4/5/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-010, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-08-062 (Order PL 463), § 308-50-010, filed 4/4/84; Order PL 190, § 308-50-010, filed 5/23/75; Order PL 159, § 308-50-010, filed 2/8/74.]

**WAC 246-828-030 Reexaminations.** (1) Should an applicant fail any part of the examination, he/she may apply to the department to retake the failed part of the examination.

(2) All reexaminations shall be conducted at the next regularly rescheduled examination.

(3) Any person who fails to qualify for licensure after three consecutive regularly scheduled examinations shall be required to take the entire examination. A waiver may be granted upon a showing of emergency circumstances.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-030, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-020, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-020, filed 6/26/87. Statutory Authority: RCW 18.35.161. 84-19-019 (Order PL 479), § 308-50-020, filed 9/12/84; Order PL 222, § 308-50-020, filed 11/5/75; Order PL 159, § 308-50-020, filed 2/8/74.]

**WAC 246-828-040 Examination review and appeal procedures.** (1) Each applicant who is administered the examination for licensure and does not pass any part of the examination will be provided information indicating the area of the examination in which the applicant was deficient with the notice of the examination results.

(2) Any applicant who does not pass a part of the examination may request an informal review by the council 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 the notice of examination results.

(3) The procedure for the informal review is as follows:

(a) An applicant submitting a written request for an informal review by the deadline described in subsection (2) of this section will be contacted by the department to arrange an appointment to appear personally in the Olympia office to review the part or parts of the examination failed.

(b) The applicant will be provided a form to complete in the Olympia office in defense of examination answers and/or examination performance.

(c) The applicant will be identified only by applicant number for the purpose of this procedure. Letters of reference or requests for special consideration will not be read or considered by the council.

(d) That applicant may bring textbooks or published material for use in completing the informal review, but such material must be retained by the Olympia office until the council has completed the informal review request submitted by the applicant.

(e) The applicant will not be allowed to take any notes or materials from the office upon leaving.

(f) The information submitted to the council for its consideration in the informal review must state the specific reason or reasons why the results of the examination should be changed. The council will not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The council will not consider a challenge to the examination unless the total revised score including the questions or sections to be reviewed could result in a passing score in the examination.

(g) The council will schedule a closed session meeting to conduct the informal review of the material submitted by the applicant.

(h) The applicant will be notified in writing of the results of the informal review.

(4) Any applicant who is not satisfied with the result of the examination review may request that a formal hearing be held before the council pursuant to the Administrative Procedure Act. Such a hearing request must be received by the department within thirty days of postmark of the notification of the result of the council's informal review of the applicant's examination results. The request must be in writing and must state the specific reasons why the results of the examination should be changed. The council will not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The council will not consider a challenge to the examination unless the total revised score including the questions or sections to be reconsidered could result in a passing score in the examination.

(5) The hearing will not be scheduled until the applicant 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 the examination result modification;
- (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.

(6) The administrative law judge shall enter an order which recites the actions taken at the conference, the amendments allowed to the pleadings and the agreements made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(7) Applicants will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific reasons the applicant has

identified as the basis for a change in the examination score.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-040, filed 5/8/91, effective 6/8/91; 89-14-007 (Order PM 848), § 308-50-035, filed 6/22/89; 89-04-017 (Order PM 818), § 308-50-035, filed 1/23/89. Statutory Authority: RCW 18.35.161(3), 87-14-030 (Order PM 654), § 308-50-035, filed 6/26/87.]

**WAC 246-828-050 Refunds on examination fee.** (1) Applicants who notify the department at least sixty days prior to the next regularly scheduled examination that they are withdrawing their application will have their examination fee refunded.

(2) Applicants who have not notified the department within the required sixty days or who do not appear for their originally scheduled examination shall not be entitled to a refund.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-050, filed 5/8/91, effective 6/8/91; Order PL 159, § 308-50-040, filed 2/8/74.]

**WAC 246-828-060 Trainees.** (1) A trainee may not fit and dispense a hearing aid or be in physical contact with a client or patient unless the sponsor to whom the trainee is registered or a fitter/dispenser duly licensed under this act designated by the sponsor is physically present or on the premises with and supervising his/her actions at all times during the first ninety days the trainee is testing the hearing or fitting or dispensing hearing aids. The extent of direction and supervision of the trainee while on the premises after the first ninety days of a trainee licensure shall be at the discretion of the trainee sponsor.

(2) During the first ninety days of his or her licensure, a trainee shall wear an identification badge readily visible to the public which identifies him or her as a trainee.

(3) A trainee licensed less than ninety days shall not make housecalls and test the hearing or dispense hearing aids unless a licensed fitter/dispenser is physically present with and supervising his or her actions at all times.

(4) A trainee licensed more than ninety days may, at the discretion of the sponsor, make unsupervised housecalls: *Provided*, That effective February 1, 1985, no trainee shall make housecalls unless a licensed fitter/dispenser is physically present with and supervising his or her actions at all times.

(5) A trainee who loses his or her sponsor for any reason shall not continue his or her trainee status with a new sponsor until a new trainee application has been filed and payment of this license fee required by RCW 18.35.060 (1)(c) and as determined by the director as provided in RCW 43.24.086 as now or hereafter amended has been received by the department: *Provided*, That, if a trainee obtains a new sponsor and submits the required application within fifteen days of the withdrawal of his or her previous sponsor, the fee shall be that required of a transfer of sponsor.

(6) If a sponsor dies or withdraws from business, it shall be the responsibility of the trainee to report the loss

of such sponsorship to the department in writing within ten days of such occurrence.

(7) Trainees shall, if completing a sales contract, sign his or her name, "trainee," and license number on the contract.

(8) If trainees use business cards, the cards shall indicate "trainee."

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-060, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-090, filed 9/12/84; Order PL 159, § 308-50-090, filed 2/8/74.]

**WAC 246-828-070 Termination of trainee sponsorship.** (1) The sponsor of a trainee who desires to terminate the responsibilities of sponsorship shall provide the trainee written notice of such termination, giving reasons, and shall immediately notify the department by registered or certified mail, of the termination of such sponsorship.

(2) In the event the trainee quits or terminates for any reason, the sponsor shall notify the department immediately by registered or certified mail.

(3) The sponsor of such terminating trainee shall be responsible for the trainee until such time as the notification of such termination is deposited in the United States mail.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-070, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-100, filed 4/4/84; Order PL 159, § 308-50-100, filed 2/8/74.]

**WAC 246-828-080 Minimum standards of equipment.** Minimum equipment in the fitting and dispensing of hearing aids shall include:

(1) Access to a selection of hearing aid models, and hearing aid supplies and services sufficiently complete to accommodate the various user needs.

(2) Facilities for the personal comfort of customers.

(3) A test environment with background noise no greater than American National Standards Institute specifications (S3.1-1960 (R-1971)) plus 15 dB.

(4) Pure tone audiometer calibrated in accordance with WAC 308-50-120.

(5) Equipment appropriate for conducting speech audiometry (testing).

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-080, filed 5/8/91, effective 6/8/91; 84-19-019 (Order PL 479), § 308-50-110, filed 9/12/84; Order PL 159, § 308-50-110, filed 2/8/74.]

**WAC 246-828-090 Standards for equipment calibration.** All electronic equipment utilized by licensees for the determination of audiometric thresholds for pure tones and for speech shall conform to all current standards of the American National Standards Institute (at present, ANSI S3.6 - 1969). Licensees shall insure that all such audiometric equipment has been evaluated electrically and acoustically at least once each year, adjusted or repaired if necessary, and that conformity with such standards was determined at that time. Records of such calibration shall be permanently maintained by licensees and shall be available for inspection at any time by the



department. No licensee shall be permitted to certify as to the calibration of his own equipment unless authorized to do so by the department. In addition, all licensees shall utilize routine procedures for the daily inspection of audiometric equipment, or prior to use if used less often than on a daily basis, to generally determine that it is in normal working order.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-090, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-120, filed 4/4/84; Order PL 159, § 308-50-120, filed 2/8/74.]

**WAC 246-828-100 Minimal standards of practice.** Minimum procedures in the fitting and dispensing of hearing aids shall include:

(1) Obtain case history to include the following:

(a) As required by WAC 308-50-320, documentation of referrals, or as otherwise required by this chapter.

(b) Historical evaluation to include inquiry regarding hearing loss, onset of loss, and any associated symptoms including significant noise in the ears, vertigo, acute or chronic dizziness, nausea, earaches, or other such discomfort which may indicate the presence of medical illness. Specific inquiry should be made to determine if hearing loss has been sudden or rapidly progressive in the past ninety days, if there has been any active drainage or infection in ears during the past ninety days, and if there are any specific physical problems which may relate to the use of a hearing aid.

(2) Examination of the ears should be done to reasonably determine if any of the following conditions exist:

(a) Impacted ear wax.

(b) Foreign body within the ear canal.

(c) Discharge in the ear canal.

(d) Presence of inflammation or irritation of the ear canal.

(e) Perforation of the ear drum.

(f) Any other abnormality.

(3) Hearing testing shall be performed to include the following:

(a) Hearing loss, or residual hearing, shall be established for each ear using puretone threshold audiometry by air and bone conduction with effective masking as required.

(b) Appropriate live voice or recorded speech audiometry by ear phones to determine the following: Speech reception threshold, most comfortable level, uncomfortable level, and the speech discrimination percent.

(c) Hearing testing shall be conducted in the appropriate environment as required by WAC 308-50-110, minimum standards of equipment, or as otherwise required by this chapter.

(d) When puretone audiometry indicates an air-bone gap of 15db or more, 500, 1000, and 2000 Hz, the presence of unilateral hearing loss, or any inconsistent audiometric findings, the client shall be advised of the potential help available through medical treatment. Should the client decline to consider such methods, or if the client has previously been appropriately treated or has been advised against such procedures, an appropriate notation shall be made in the client's record.

(e) In the event a client is referred to a licensee by an M.A. audiologist, otologist, otolaryngologist, or by a fitter/dispenser duly licensed under chapter 18.35 RCW, and the audiometric results obtained within the previous six months are provided to the licensee as a part of this referral, the applicable provisions of WAC 308-50-130 shall not be required. However, a confirmatory audiometric examination is recommended.

(4) Medical evaluation requirements:

(a) If the prospective hearing aid user is eighteen years of age or older, the hearing aid dispenser may afford the prospective user an opportunity to waive the medical evaluation requirements of (b) of this subsection provided that the hearing aid dispenser:

(i) Informs the prospective user that the exercise of the waiver is not in the user's best health interest;

(ii) Does not in any way actively encourage the prospective user to waive such a medical evaluation;

(iii) Affords the prospective user the opportunity to sign the following statement:

I have been advised by (hearing aid fitter/dispenser name) that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation before purchasing a hearing aid; and

(iv) Provides the prospective user with a copy of the signed waiver statement.

(b) Except as provided in (a) of this subsection, a hearing aid dispenser shall not sell a hearing aid unless the prospective user has presented to the hearing aid dispenser a written statement signed by a licensed physician that states that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing aid. The medical evaluation must have taken place within the preceding six months.

(5) Selection and fitting of the hearing aid shall include the following:

(a) Provide information regarding the selection of the most appropriate method and model for amplification for the needs of the client.

(b) Provide the user with the cost of the recommended aids and services.

(c) Provide for or have available an appropriate custom made ear mold.

(d) Provide final fitting of the hearing aid to ensure physical and operational comfort.

(e) Provide adequate instructions and appropriate post-fitting adjustments to ensure the most successful use of the hearing aid.

(6) Keeping records on every client to whom the licensee renders service in connection with the dispensing of a hearing aid. Such records shall be preserved for at least three years after the dispensing of the first hearing aid to the client. If other hearing aids are subsequently dispensed to that client, cumulative records must be maintained for at least three years after the latest dispensing of an aid to that client. The records must be available for the department inspection and will include:

(a) Client's case history.

(b) Source of referral and appropriate documents.

(c) Medical clearance for the hearing aid user or the waiver set forth in subsection (4)(a)(iii) of this section which has been signed after being fully informed that it is in the best health interest to seek medical evaluation.

(d) Copies of any contracts and receipts executed in connection with the fitting and dispensing of each hearing aid provided.

(e) A complete record of tests, test results, and services provided except for minor services.

(f) All correspondence specifically related to the service given the client or the hearing aid or aids dispensed to the client.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), recodified as § 246-828-100, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-130, filed 1/23/89; 84-19-018 (Order PL 478), § 308-50-130, filed 9/12/84; Order PL 159, § 308-50-130, filed 2/8/74.]

**WAC 246-828-110 Bait advertising.** It shall be unethical to engage in bait advertising. In determining whether there has been a violation of this rule, consideration will be given to acts or practices indicating that the offer was not made in good faith for the purpose of selling the advertised product or service, but was made for the purpose of contacting prospective purchasers and selling them a product, service or products other than the product or service offered. In addition to the procedures outlined in chapter 18.35 RCW, other acts or practices which are considered bait advertising include:

(1) The creation, through the initial offer or advertisement, of a false impression of the product offered in any material respect;

(2) The refusal to show, demonstrate, or sell the product offered in accordance with the terms of the offer;

(3) The disparagement, by acts or words, of the product offered, or the disparagement of the guarantee, credit terms, availability of service, repairs or parts, or in any other respect, in connection with it;

(4) The showing, demonstrating, and in the event of sale, the delivery, of a product which is unusable or impractical for the purpose represented or implied in the offer;

(5) The refusal, in the event of sale of the product offered, to deliver such product to the buyer within a reasonable time thereafter; and

(6) The failure to have available a quantity of the advertised product at the advertised price sufficient to meet reasonably anticipated demands.

It is not necessary that each act or practice set forth above be present in order to establish that a particular offer is violative of this rule.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), recodified as § 246-828-110, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-140, filed 7/3/84; Order PL 159, § 308-50-140, filed 2/8/74.]

**WAC 246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition--Misrepresenting products, services, personnel or material**

**facts.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to misrepresent:

(1) The grade, quality, quantity, origin, novelty, price, cost, terms of sale, use, construction, size, composition, dimensions, type, design, development, visibility, durability, performance, fit, appearance, efficacy, benefits, cost of operation, resistance to climatic conditions, or physiological benefits of any hearing aid or the psychological well-being induced by a hearing aid;

(2) Any service or adjustment offered, promised, or to be supplied to purchasers of any hearing aid;

(3) Any material fact pertaining to the manufacture, distribution or marketing of any hearing aid; or

(4) The scientific or technical knowledge, training, experience or other qualifications of a licensee, or of his employees, relating to the selection, fitting, adjustment, maintenance or repair of industry products;

(5) Misrepresent shall mean making misleading, deceiving, improbable or untruthful representations or in any other material respect, the character, extent or type of his/her business except as provided in WAC 308-50-170.

(6) The reparability, including the cost thereof, or the adequacy of a prospective purchaser's own hearing aid(s) or ancillary equipment.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), recodified as § 246-828-120, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-150, filed 9/12/84; Order PL 159, § 308-50-150, filed 2/8/74.]

**WAC 246-828-130 Unfair or deceptive practices, unethical conduct and unfair methods of competition--Guarantees and warranties.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent in advertising or otherwise that a hearing aid is "guaranteed" without clear and conspicuous disclosure of:

(1) The nature and extent of the guarantee, and

(2) Any material conditions or limitations in the guarantee which are imposed by the guarantor, and

(3) The manner in which the guarantor will perform thereunder, and

(4) The identity of the guarantor. (The necessary disclosure requires that any guarantee made by the licensee which is not backed up by the manufacturer must clearly state that the guarantee is offered by the licensee only.)

Representations that a hearing aid is "guaranteed for life" or has a "lifetime guarantee," in addition to meeting the above requirements, shall contain a conspicuous disclosure of the meaning of "life" or "lifetime" as used (whether that of the purchaser, the product or otherwise).

Guarantees shall not be used which under normal conditions are impractical of fulfillment or which are for such a period of time or are otherwise of such nature as may have the tendency to mislead purchasers or prospective purchasers into the belief that the hearing aid so

guaranteed has a greater degree of serviceability, durability or performance capability in actual use than is true in fact.

This rule has application not only to "guarantees" but also to "warranties," to purported "guarantees" and "warranties," and to any promise or representation in the nature of a "guarantee" or "warranty."

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-130, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-160, filed 7/3/84; Order PL 159, § 308-50-160, filed 2/8/74.]

**WAC 246-828-140 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Character of business, etc.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent, unless it is true, directly or indirectly through the use of any word or term in his corporate or trade name, in his advertising or otherwise:

- (1) That he is a manufacturer of hearing aids or devices, or of batteries, parts, or accessories therefor;
- (2) That he is the owner or operator of a factory or producing company manufacturing such products; or
- (3) That he owns or maintains a laboratory devoted to hearing aid research, testing, experimentation, or development.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-140, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-170, filed 7/3/84; Order PL 159, § 308-50-170, filed 2/8/74.]

**WAC 246-828-150 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Use of physician.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to represent directly or by implication, unless it is true:

- (1) That the services or advice of a physician have been used in the designing or manufacturing of hearing aids or in the selection, fitting, adjustment, maintenance or repair of hearing aids.
- (2) The prohibitions of this rule are applicable to the use of the terms "doctor," "physician," "otologist" or "otolaryngologist"; to any abbreviations, variations or derivatives of such terms; and to the use of any symbol, depiction, or representation having a medical or osteopathic connotation.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-150, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-180, filed 7/3/84; Order PL 159, § 308-50-180, filed 2/8/74.]

**WAC 246-828-160 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Use of words "prescription," "diagnosis," etc.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to use, in advertising or otherwise, the words "prescribe," "prescription," "diagnose," "diagnosis," or "diagnostic" or any abbreviation, variation or derivative thereof or symbol therefor, in his business name or in referring to

or describing his service, business, business activity or any industry product, unless such licensee is a licensed physician or such licensee clearly reveals that the use of such term(s) refers to a function or action or activity which has been or will be performed only by a licensed physician.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-160, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-190, filed 7/3/84; Order PL 261, § 308-50-190, filed 12/21/76; Order PL 190, § 308-50-190, filed 5/23/75; Order PL 159, § 308-50-190, filed 2/8/74.]

**WAC 246-828-170 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Deception as to visibility, construction, etc.** A licensee shall not:

(1) Represent, directly or by implication, through the use of such words or expressions as "invisible," "hidden," "hidden hearing," "completely out of sight," "conceal your deafness," "hear in secret," "unnoticed even by your closest friends," "no one will know you are hard of hearing," "your hearing loss is your secret," "no one need know you are wearing a hearing aid," "hidden or out of sight when inserted in the ear canal," or by any other words or expressions of similar import, that any hearing aid, device, or part is hidden or cannot be seen unless such is the fact.

(2) Use in advertising the words or expressions "no cord," "cordless," "one hundred percent cordless," "no unsightly cord dangling from your ear," "no wires," "no tell-tale wires," or other words or expressions of similar import, unless such representations are true and unless, in close connection therewith and with equal prominence, a clear and adequate disclosure is made that a plastic tube (or similar device) runs from the instrument to the ear if such is the fact.

(3) Use in advertising the words or expressions, "no button," "no ear button," "no buttons or receivers in either ear," or other words or expressions of similar import, unless such representations are true and unless, in close connection therewith and with equal prominence, a clear and adequate disclosure is made that an earmold or plastic tip is inserted in the ear if such is the fact.

(4) Represent, directly or by implication, that a hearing aid utilizing bone conduction has certain specified features such as the absence of anything in the ear, or leading to the ear, or the like, without disclosing clearly and conspicuously that the instrument operates on the bone conduction principle and that in most cases of hearing loss this type of instrument is not suitable.

[Statutory Authority: RCW 18.35.161, 91-11-031 (Order 165B), re-codified as § 246-828-170, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-200, filed 7/3/84; Order PL 159, § 308-50-200, filed 2/8/74.]

**WAC 246-828-180 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Deception as to batteries.** Licensees shall not represent directly or by implication, that batteries sold only by such licensees, or bearing a specified brand, label, or other identifying mark, are the only ones suitable for use

in a particular type or make of hearing aid or device when such is not a true fact.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-180, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-210, filed 7/3/84; Order PL 159, § 308-50-210, filed 2/8/74.]

**WAC 246-828-190 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Deception representing novelty of products.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to advertise or otherwise represent to purchasers or prospective purchasers any statement or statements which have the capacity and tendency or effect of misleading or deceiving them into the belief that any hearing aid or device, or part or accessory thereof, is a new invention or involves a new mechanical or scientific principle, when such is not the fact.

Representations of the following or similar types, when not fully justified by the facts, are among those prohibited by this rule: "Amazing new discovery," "revolutionary new invention," "radically new and different," "sensational new laboratory development," "remarkable new electronic device," "brand-new invention," "marvelous new hearing invention," "new scientific aid," "miracle," "automatic noise suppression (ans)," "automatic," "word separator," "computer," "computerized," "computer circuitry," and "continuous adoptive tone (cat)."

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-190, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-220, filed 7/3/84; Order PL 159, § 308-50-220, filed 2/8/74.]

**WAC 246-828-200 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Advertising of parts, accessories or components.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to use or cause to be used, any type of advertising or promotional literature depicting or describing a part, accessory, or component of any hearing aid or device, such as a battery on a finger, a transistor held in the hand, etc., in such manner as to have the capacity and tendency to mislead or deceive purchasers or prospective purchasers into the erroneous belief that the said part, accessory or component is all that needs to be worn or carried.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-200, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-240, filed 7/3/84; Order PL 159, § 308-50-240, filed 2/8/74.]

**WAC 246-828-210 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Endorsements, etc.** It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to advertise or otherwise represent:

(1) That the particular individual, organization, or institution endorses, uses or recommends such licensee's hearing aids, devices, or other industry products when such is not the fact; or

(2) That a particular individual wears such licensee's hearing aids or devices when such is not the fact.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-210, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-250, filed 7/3/84; Order PL 159, § 308-50-250, filed 2/8/74.]

**WAC 246-828-220 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Used or rebuilt products.** (1) A licensee may not represent, directly or indirectly, that any industry product or part thereof is new, unused, or rebuilt, when such is not the fact.

(2) In the marketing of a hearing aid which has been used, or which contains used parts, a licensee shall make full and nondeceptive disclosure of such fact in all advertising and promotional literature relating to the product, on the container, box or package in which such product is packed or enclosed and, if the product has the appearance of being new, on the product itself. The required disclosure may be made by use of such words as "used," "secondhand," "repaired," or "rebuilt," whichever most accurately describes the product involved.

(3) A licensee shall not misrepresent the identity of the rebuilder of a hearing aid. If the rebuilding of a hearing aid was done by other than the original manufacturer, a licensee shall disclose such fact wherever the original manufacturer is identified.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-220, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-260, filed 7/3/84; Order PL 159, § 308-50-260, filed 2/8/74.]

**WAC 246-828-230 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Association with the state of Washington.** A licensee shall not represent in any manner that (s)he is endorsed by or associated with the state of Washington or any of its administrative bodies when such is not the case. Nothing in this rule is to preclude the licensee from verifying upon request that (s)he is licensed by the state to engage in the fitting and dispensing of hearing aids.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-230, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518) § 308-50-270, filed 2/13/85; 84-14-100 (Order PL 469), § 308-50-270, filed 7/3/84; Order PL 159, § 308-50-270, filed 2/8/74.]

**WAC 246-828-240 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Tests, acceptance or approval.** A licensee shall not:

(1) Represent or use any seals, emblems, shields or other insignia which represent, directly or by implication, in any manner that a hearing aid or device has been tested, accepted, or approved by any individual, concern, organization, group, or association, unless such is the fact and unless the hearing aid or device has been tested by such individual, concern, organization, group or association in such manner as reasonable to insure the quality and performance of the instrument in relation to its intended usage and the fulfillment of any material

claims made, implied or intended to be supported by such representation or insignia.

(2) Represent that a hearing aid or device tested, accepted, or approved by any individual, concern, organization, group or association has been subjected to tests based on more severe standards of performance, workmanship and quality than is in fact true.

(3) Make any other false, misleading or deceptive representation respecting and testing, acceptance or approval of a hearing aid or device by any individual, concern, organization, group or association.

(Note: Under this rule, it is not necessary for each individual hearing aid or device to be tested where the method employed is a sample testing and full and non-deceptive disclosure of this fact is given in all advertising and otherwise.)

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-240, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-280, filed 7/3/84; Order PL 159, § 308-50-280, filed 2/8/74.]

**WAC 246-828-250 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Use, imitation or simulation of trademarks, etc.** A licensee shall not:

(1) Imitate or simulate the trademarks, trade names, brands or labels of competitors with the capacity and tendency or effect of misleading or deceiving purchasers or prospective purchasers.

(2) Use in his advertising the name, model name or trademark of a particular manufacturer of hearing aids in such manner as to imply a relationship with the manufacturer that does not exist or otherwise to mislead or deceive purchasers or prospective purchasers.

(3) Use any trade name, corporate name, trademark or other trade designation, which has the capacity and tendency or effect of misleading or deceiving purchasers or prospective purchasers as to the name, nature or origin of any product of the industry or of any material used therein, or which is false, deceptive or misleading in any other material respect.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-250, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-290, filed 7/3/84; Order PL 159, § 308-50-290, filed 2/8/74.]

**WAC 246-828-260 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Defamation of competitors or false disparagement of their products.** (1) It is an unfair trade practice to defame competitors by falsely imputing to them dishonorable conduct, inability to perform contracts, questionable credit standing, or by other false representations, or falsely to disparage the products of competitors in any respect, or their testing procedures, testing equipment, business methods, selling prices, values, credit terms, policies, or services, or to knowingly intervene in any way with any contractual agreement between a competitor and his/her hearing aid purchaser, or to try to influence the purchaser to cancel the contract, or to attempt to induce the purchaser to cancel the contract by offering a lower price or by any other act of intervention.

(Note: The use of "bait" or "blind" advertisements as a means of accomplishing such defamation or false disparagement is deemed to be within the prohibitions of this rule.)

(2) Under this rule, it is an unfair trade practice for an industry member:

(a) To display competitive products in his show window, shop, or in his advertising in such manner as falsely to disparage them; or

(b) To represent falsely that competitors are unreliable but that the disparager is not; or

(c) To quote prices of competitive hearing aids or devices without disclosing that they are not the present current prices, or to shown, demonstrate, or represent competitive models as being the current models when such is not the fact.

[Statutory Authority: RCW 18.35.161. 91-11-032 (Order 166B), § 246-828-260, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-260, filed 5/8/91, effective 6/8/91; 84-14-100 (Order PL 469), § 308-50-295, filed 7/3/84; Order PL 190, § 308-50-295, filed 5/23/75.]

**WAC 246-828-270 Personal disclosure.** A licensee who contacts a prospective purchaser away from the licensee's place of business must:

(1) When the contact is in person, present the prospective purchaser with written notice of:

(a) His or her name, the name of his or her business firm, his or her business address and telephone number;

(b) The number of his or her license.

(2) Telephone contact with prospective purchasers must disclose the name of the licensee, name and location of his or her principal establishment and purpose of call.

(3) When the contact is through a direct mail piece or other advertising initiated by the licensee, clearly show on all promotional items the business/establishment name, the principal establishment address and telephone number, not just the address or telephone number where he/she will be on given days.

(4) A principal establishment is one which is bonded pursuant to RCW 18.35.240.

[Statutory Authority: RCW 18.35.161. 91-11-032 (Order 166B), § 246-828-270, filed 5/8/91, effective 6/8/91; 91-11-031 (Order 165B), recodified as § 246-828-270, filed 5/8/91, effective 6/8/91; 85-23-065 (Order PL 563), § 308-50-310, filed 11/19/85; Order PL 159, § 308-50-310, filed 2/8/74.]

**WAC 246-828-280 Documentation of referrals.** A licensee or trainee shall document the name of the referral source for all persons who are fit with a hearing aid. Documentation shall consist of a name and address of the referral source and the date of such referral. Should the referral source be the person being fit with the hearing aid, this information shall also be recorded as the referral source.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-280, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-320, filed 4/24/85; Order PL 159, § 308-50-320, filed 2/8/74.]

**WAC 246-828-290 Purchaser rescision rights.** In addition to the receipt and disclosure information required by RCW 18.35.030, 63.14.040 and 63.14.120,

every retail agreement for the sale of a hearing aid shall contain or have attached the following notice to buyer in ten point boldface type or larger on the front page in reasonable proximity to the purchaser signature line.

The notice of additional rights must be made known to the purchaser before the contract is executed. Such knowledge shall be demonstrated by the signature of the purchaser following a statement of those "additional rights" or following a statement on the face of the contract that the purchaser has been advised and is aware of the "additional rights." The "additional rights" must be provided in writing to the purchaser by the licensee and be in ten point boldface type or larger.

#### NOTICE TO BUYER

(1) Do not sign this agreement before you read it or if any spaces intended for the agreed terms, except as to unavailable information, are blank.

(2) You are entitled to a copy of this agreement at the time you sign it.

(3) You may cancel this agreement if it was solicited in person, and you sign it, at a place other than the seller's business address shown on the agreement, by sending notice of such cancellation by certified mail, return receipt requested, to the seller at his address shown on the agreement, which notice shall be posted not later than midnight of the third day (excluding Sundays and holidays) following your signing this agreement; you must return or make available to the seller at the place of delivery any merchandise, in its original condition, received by you under this agreement.

#### ADDITIONAL RIGHTS

In addition to the rights and remedies provided for under the above circumstances, you, the purchaser, have the right to rescind the transaction for other than the seller's breach if, for reasonable cause, you return the hearing aid or hold it at the seller's disposal and the hearing aid is in its original condition less normal wear and tear, and you send a notice to the licensee's regular place of business by certified mail, return receipt requested. The notice should state that the transaction is cancelled pursuant to RCW 18.35.190(3) and must be mailed not later than thirty days following the date of delivery. Reasonable cause does not include a mere change of mind or cosmetic concerns.

In the event of cancellation under RCW 18.35.190(3), or as otherwise provided by law, the licensee must, without further request, refund to you postmarked within ten days after such cancellation, all deposits, including down payment, less fifteen percent of the total purchase price or one hundred dollars per hearing aid, whichever is less. He must also return all goods traded in.

You, the buyer, shall incur no additional liability for such cancellation. If you have taken the steps described above to cancel the purchase and subsequently agree with the seller to extend the trial or rescission period, you remain entitled to receive the refund upon demand made within sixty days of the original date of delivery or such other time as agreed to in writing by both parties. Written notice of the last date for demanding a refund is to

be provided to you at the time the trial or rescission period is extended.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-290, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-330, filed 4/17/86; Order PL 190, § 308-50-330, filed 5/23/75; Order PL 159, § 308-50-330, filed 2/8/74.]

**WAC 246-828-300 Renewal of license.** The annual license renewal date for hearing aid fitters and dispensers is the licensee's birthdate. Individuals making application for examination and initial license, provided they meet all such requirements, will be issued a license to expire on their next birth anniversary date.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-300, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-350, filed 1/23/89. Statutory Authority: 1983 c 39 § 7. 83-23-056 (Order PL 447), § 308-50-350, filed 11/15/83.]

**WAC 246-828-310 Unfair or deceptive practices, unethical conduct and unfair methods of competition-- Misrepresenting products, services, personnel or other material facts during telephone solicitations.** It shall be an unfair or deceptive practice, unethical conduct or an unfair method of competition for a licensee to make, or cause to be made, any misrepresentations of products, services, personnel or material facts when using telephone solicitation. This shall include, but not be limited to, a licensee or agent of the licensee, indicating to a prospective purchaser that an anonymous person has referred the purchaser's name to the licensee when such is not the case.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-310, filed 5/8/91, effective 6/8/91; 85-05-020 (Order PL 518) § 308-50-380, filed 2/13/85.]

**WAC 246-828-320 Minimum standards for fitting and dispensing locations.** (1) The hours of business of each hearing aid establishment shall be prominently and continuously displayed and visible to the public at each regular place or places of business owned or operated by that establishment.

(2) All such regular place or places of business or any activities emanating therefrom shall meet the minimum standards for facilities and equipment essential for the testing of hearing and the fitting and dispensing of hearing aids as set forth in WAC 308-50-110.

(3) The term "place or places of business" means a location where a licensee engages or intends to engage in the fitting and dispensing of hearing aids at a permanent address(es) open to the public on a regular basis.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-320, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-390, filed 4/24/85.]

**WAC 246-828-330 Notice of availability and location of follow-up services.** Every licensee shall provide to a hearing aid purchaser, in writing prior to the signing of the contract, notice of availability of services. The notice shall include the specific location of the follow-up service, including date and time if applicable.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-330, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-400, filed 4/24/85.]

**WAC 246-828-340 Surety bonding--Security in lieu of bonding.** Every establishment shall file a bond or security in lieu of a bond as required by RCW 18.35-.240. An establishment means any facility engaged in the fitting and dispensing of hearing aids. For bonding purposes, a facility means any established place at a permanent address, open to the public on a regular basis, adapted primarily for housing and operating equipment which a fitter/dispenser uses to perform tests and procedures for selection and adaption of hearing aids, and attended by a licensed fitter/dispenser. Activities emanating from a bonded establishment which project fitting and dispensing services from the establishment to temporary locations for the convenience of the public shall be regarded as functions of that establishment and need not be bonded separately. Examples of such activities include mobile fitting and dispensing units, home visitations, community center visitations, and itinerant services provided at public places of commerce or accommodation.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-340, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-410, filed 4/24/85.]

**WAC 246-828-350 Reasonable cause for rescision.** The purchaser of the hearing aid(s) may rescind the purchase and recover moneys in accordance with RCW 18.35.190(2) for reasonable cause. The term "reasonable cause" is defined to include the following:

(1) Any material misstatement of fact or misrepresentation by the licensee regarding the hearing aid(s) or fitting and dispensing services to be provided which the purchaser relied on or which induced the purchaser into making the agreement;

(2) Failure by the licensee to provide the purchaser with the hearing aid(s) and fitting and dispensing services which conform to those specified in the purchase agreement between the parties;

(3) Diagnosis of a medical condition unknown to the purchaser at the time of purchase, which precludes the purchaser from using the hearing aid(s);

(4) Failure by the licensee to remedy a significant material defect of the hearing aid(s) within a reasonable period of time in accordance with RCW 18.35.190 (2)(c);

(5) The hearing aid(s) and/or fitting and dispensing services would not be in accordance with accepted practices of the industry; and

(6) The licensee fails to meet any standard of conduct prescribed in the laws regarding the fitting and dispensing of hearing aids and this failure adversely affects in any way the transaction which the purchaser seeks to rescind.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-350, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-420, filed 1/23/89; 86-09-064 (Order PL 586), § 308-50-420, filed 4/17/86.]

**WAC 246-828-360 Procedure for declaratory ruling.** (1) In accord with RCW 34.04.080, on petition of any interested person, the council may issue a declaratory ruling with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by it.

(2) Such interested person shall submit the petition for declaratory ruling in written form to the council's departmental staff.

(3) The petition shall set forth, at a minimum, the following:

(a) The name of the person(s) seeking the ruling,

(b) The person's or persons' interest in the subject matter of the petition,

(c) The rule or statute at issue,

(d) A concise statement of the facts at issue, and

(e) A statement by the petitioner that he or she understands that he or she waives any possible objections to the council's fitness to hear the same matter as a disciplinary case should the council decline to issue a declaratory ruling or should the council issue a ruling contrary to the petitioner(s) argument and the facts otherwise warrant prosecution.

(4) The council shall make the preliminary decision whether or not to accept the petition at the first meeting subsequent to the department's receipt of the request or as soon thereafter as reasonably possible.

(5) If the council accepts the petition, the matter may be referred to committee, but shall ultimately be decided by a quorum of the council.

(6) The party or parties to the petition may request leave to present argument which may or may not be heard at the discretion of the council.

(7) The ruling shall be binding, pursuant to RCW 34.04.080, if issued after argument and stated to be binding between the council and the petitioner.

[Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), re-codified as § 246-828-360, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-430, filed 4/17/86.]

**WAC 246-828-370 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 July 1, 1989 persons who submit an application for a license to fit/dispense hearing aids or who submit an application for a trainee permit shall submit, prior to being granted a license and in addition to the other requirements for licensure, evidence to show compliance with the educational requirements of subsection (4).

(3) Renewal of licenses. Effective with the renewal period beginning July 1, 1989 and ending June 30, 1990, all persons making application of licensure renewal shall submit, in addition to the other requirements, evidence

to show compliance with the education requirements of subsection (4).

(4) AIDS education and training.

(a) Acceptable education and training. The council will accept 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 four clock hours regarding the prevention, transmission and treatment of AIDS, and may 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 July 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 licensee or applicant for licensure 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 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-370, filed 5/8/91, effective 6/8/91. Statutory Authority: 1988 c 206 § 604. 88-23-106 (Order PM 797), § 308-50-500, filed 11/22/88.]

**WAC 246-828-990 Hearing aid fitter/dispenser fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                                    | Fee      |
|---|----------|
| <b>Trainee:</b>                                 |          |
| Initial application                             | \$350.00 |
| Trainee transfer of sponsor—Within fifteen days | 100.00   |
| Trainee transfer of sponsor—Over fifteen days   | 200.00   |
| Extension of trainee license                    | 200.00   |
| <b>Fitter/dispenser:</b>                        |          |
| Examination or reexamination (full)             | 500.00   |
| Partial reexamination                           | 300.00   |
| Initial license                                 | 300.00   |
| Renewal   | 500.00   |
| Late renewal penalty                            | 400.00   |
| Duplicate license                               | 15.00    |
| Certification                                   | 25.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-828-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-11-030 (Order 139), recodified as § 246-828-990, filed 5/8/91, effective 6/8/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-50-440, filed 2/7/90, effective

3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-50-440, filed 8/27/87.]

## Chapter 246-830 WAC MESSAGE PRACTITIONERS

### WAC

|             |   |
|-------------|---|
| 246-830-020 | Applications.   |
| 246-830-050 | AIDS prevention and information education requirements. |
| 246-830-230 | Frequency and location of examinations.                 |
| 246-830-270 | Reexamination for assurance of competency.              |
| 246-830-610 | Definitions.  |
| 246-830-690 | Cooperation with investigation.                         |
| 246-830-990 | Massage fees.   |

**WAC 246-830-020 Applications.** Application forms for licensure shall be prepared by the secretary and shall provide for the statement of all information required for the license in question. An applicant shall be required to furnish to the secretary 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 18.108.085. 92-02-018 (Order 224), § 246-830-020, filed 12/23/91, effective 1/23/92. 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 246-830-050 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 health 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) of this section.

(3) Requirements 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 (4) of this section.

(4) AIDS education and training.

The secretary 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.

(5) Documentation. The applicant shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(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 18.108.085 and 70.24.270. 92-02-018 (Order 224), § 246-830-050, filed 12/23/91, effective 1/23/92. 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.]

**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, the applicant 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 18.108.085. 92-02-018 (Order 224), § 246-830-230, filed 12/23/91, effective 1/23/92. 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 246-830-270 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 applicant's license has been revoked or suspended by reason of a disciplinary action by the secretary of the department of health.

(2) The secretary 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 246-830-990.

[Statutory Authority: RCW 18.108.085. 92-02-018 (Order 224), § 246-830-270, filed 12/23/91, effective 1/23/92. 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.]

**WAC 246-830-610 Definitions.** For the purposes of WAC 246-830-610 through 246-830-690, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health  
Professional Licensing Services  
P.O. Box 1099  
Olympia, Washington 98507-1099

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Massage practitioner" means an individual licensed under chapter 18.108 RCW.

(4) "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.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.108.085 and 18.130.050. 92-02-018 (Order 224), § 246-830-610, filed 12/23/91, effective 1/23/92. 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 246-830-690 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 secretary of the department of health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.108.085, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-830-690, filed 12/23/91, effective 1/23/92. 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.]

**WAC 246-830-990 Massage fees.** The following fees shall be charged by the professional licensing services of the department of health:

| Title of Fee                            | Fee      |
|---|----------|
| 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 18.108.085 and 43.70.250. 92-02-018 (Order 224), § 246-830-990, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-834 WAC MIDWIVES

#### WAC

|             |  |
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| 246-834-080 | Failures.  |
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| 246-834-140 | Curriculum.  |
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| 246-834-220 | Credit toward educational requirements for licensure.  |
| 246-834-230 | Preceptor for midwife-in-training program.   |

|             |   |
|-------------|---|
| 246-834-240 | Trainee permit for midwife-in-training program.         |
| 246-834-260 | General provisions.                                     |
| 246-834-350 | Cooperation with investigation.                         |
| 246-834-500 | AIDS prevention and information education requirements. |
| 246-834-990 | Midwifery fees.   |

**WAC 246-834-010 Definitions.** (1) 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.

(2) Health care provider as used in RCW 18.50.108 means any licensed physician who is engaged in active clinical obstetrical practice.

(3) 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.

(4) 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.

(5) 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.

(6) 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.

(7) 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.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-010, filed 12/23/91, effective 1/23/92. 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 246-834-990, 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 health, professional licensing services.

(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 246-834-990 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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-060, filed 12/23/91, effective 1/23/92. 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 246-834-080 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 246-834-990.

(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 secretary for examinations taken after the first reexamination.

(3) Applicants who fail the second retest shall be required to submit evidence to the secretary of completion of an individualized program of study prior to being permitted to be reexamined.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-080, filed 12/23/91, effective 1/23/92. 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 secretary 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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-090, filed 12/23/91, effective 1/23/92. 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 246-834-130 Staffing and teacher qualifications.** At the time of application for accreditation pursuant to WAC 246-834-180, 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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-130, filed 12/23/91, effective 1/23/92. 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 246-834-010(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 246-834-010(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, intrapartum 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 secretary at least three months prior to implementation.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-140, filed 12/23/91, effective 1/23/92. 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 246-834-010(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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-150, filed 12/23/91, effective 1/23/92. 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 246-834-990.

(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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-160, filed 12/23/91, effective 1/23/92. 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 health shall include the reason for the proposed change.

(3) The secretary may require submission of additional reports.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-170, filed 12/23/91, effective 1/23/92. 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 secretary.

(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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-180, filed 12/23/91, effective 1/23/92. 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 secretary'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 secretary.

(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 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-190, filed 12/23/91, effective 1/23/92. 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 34.05 RCW.

[Statutory Authority: RCW 18.50.135, 18.50.045 and 34.05.220. 92-02-018 (Order 224), § 246-834-200, filed 12/23/91, effective 1/23/92. 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 secretary concerning the matter.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-210, filed 12/23/91, effective 1/23/92. 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 246-834-060 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 (2)(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 (2)(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 (2)(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 (a) of this subsection. 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 (b) of this subsection. 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 subsections (1)(a) through (4)(c) of this section, the trainee is eligible to apply for the examination.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-220, filed 12/23/91, effective 1/23/92. 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 246-834-220 (4)(b).

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-230, filed 12/23/91, effective 1/23/92. 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 246-834-220 (4)(b).

(3) Permits will be issued yearly for the duration of the trainee's midwife-in-training program.

[Statutory Authority: RCW 18.50.135 and 18.50.045. 92-02-018 (Order 224), § 246-834-240, filed 12/23/91, effective 1/23/92. 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 246-834-260 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 health, whose address is:

Department of Health  
Professional Licensing Services  
1300 S.E. Quince St.  
P.O. Box 1099  
Olympia, Washington 98504

(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 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-260, filed 12/23/91, effective 1/23/92. 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 246-834-350 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 secretary of the department of health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.50.135, 18.50.045, 18.130.050 and 18.130.070. 92-02-018 (Order 224), § 246-834-350, filed 12/23/91, effective 1/23/92. 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 (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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. 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 (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.

[Statutory Authority: RCW 18.50.135, 18.50.045 and 70.24.270. 92-02-018 (Order 224), § 246-834-500, filed 12/23/91, effective 1/23/92. 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 nonrefundable           | \$375.00 |
| Examination                                 | 375.00   |
| Reexamination (second subsequent or more)   | 375.00   |
| Renewal                                     | 325.00   |
| Late renewal penalty                        | 325.00   |
| Duplicate license                           | 15.00    |
| Certification                               | 25.00    |
| Application fee—Midwife-in-training program | 75.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-834-990, filed 6/6/91, effective 7/7/91. 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

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| 246-836-170 | Appeal of secretary's decisions.   |
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| 246-836-200 | Site review procedures for approval of college of naturopathic medicine. |
| 246-836-320 | Repealed.  |
| 246-836-400 | Cooperation with investigation.  |
| 246-836-410 | AIDS prevention and information education requirements.                  |

### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

|             |  |
|-------------|--|
| 246-836-320 | General provisions. [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.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.36A.060. |
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**WAC 246-836-010 Definitions.** For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Department" means the department of health, whose address is:

Department of Health  
Professional Licensing Service  
P.O. Box 1099  
Olympia, Washington 98507

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "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.

(4) "Naturopath" means a person licensed pursuant to chapter 18.36A RCW.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-010, filed 12/23/91, effective 1/23/92.]

**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 health 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 18.36A.060. 92-02-018 (Order 224), § 246-836-020, filed 12/23/91, effective 1/23/92. 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 246-836-050 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 246-836-030(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 18.36A.060. 92-02-018 (Order 224), § 246-836-050, filed 12/23/91, effective 1/23/92. 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 health 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 health 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 health 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 18.36A.060. 92-02-018 (Order 224), § 246-836-060, filed 12/23/91, effective 1/23/92. 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 secretary 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 18.36A.060. 92-02-018 (Order 224), § 246-836-070, filed 12/23/91, effective 1/23/92. 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) Naturopathic physicians licensed under these rules shall complete 20 hours of continuing education each year in courses approved by the secretary. Prior approval of courses shall be available by application to the secretary. Only courses in diagnosis and therapeutics as listed in RCW 18.36A.040 shall be eligible for credit.

(2) In addition to the license renewal form and fee, the licensee shall submit an affidavit of compliance with the twenty hour continuing education requirement on a form provided by the department. 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 18.36A.060. 92-02-018 (Order 224), § 246-836-080, filed 12/23/91, effective 1/23/92. 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 secretary, 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 18.36A.060. 92-02-018 (Order 224), § 246-836-090, filed 12/23/91, effective 1/23/92. 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 246-836-030: *Provided*, That those persons meeting the requirements of WAC 246-836-110, (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 18.36A.060, 92-02-018 (Order 224), § 246-836-100, filed 12/23/91, effective 1/23/92. 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 secretary 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 18.36A.060, 92-02-018 (Order 224), § 246-836-110, filed 12/23/91, effective 1/23/92. 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 246-836-030. Reciprocity or waiver shall be in accordance with the reciprocal agreement in place with that state or jurisdiction.

[Statutory Authority: RCW 18.36A.060, 92-02-018 (Order 224), § 246-836-120, filed 12/23/91, effective 1/23/92. 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 secretary 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 secretary in order that graduates of those schools may be permitted to take examinations for license.

[Statutory Authority: RCW 18.36A.060, 92-02-018 (Order 224), § 246-836-130, filed 12/23/91, effective 1/23/92. 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 secretary 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 18.36A.060, 92-02-018 (Order 224), § 246-836-140, filed 12/23/91, effective 1/23/92. 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 secretary on a form and in a manner prescribed by the secretary.

(2) The secretary 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 secretary, 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 secretary for renewal of approval. The secretary 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 secretary may revoke or suspend approval. The secretary 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 secretary 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 18.36A.060. 92-02-018 (Order 224), § 246-836-150, filed 12/23/91, effective 1/23/92. 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 secretary'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 secretary.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-160, filed 12/23/91, effective 1/23/92. 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 secretary's decisions.** A college of naturopathic medicine deeming itself aggrieved by a decision of the secretary affecting its approval status shall have the right to appeal the secretary's decision in accordance with the provisions of the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.36A.060 and 34.05.220. 92-02-018 (Order 224), § 246-836-170, filed 12/23/91, effective 1/23/92. 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 secretary 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 secretary.

(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 secretary'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

Materia 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 secretary 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 secretary.

[Statutory Authority: RCW 18.36A.060. 92-02-018 (Order 224), § 246-836-180, filed 12/23/91, effective 1/23/92. 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 246-836-200 Site review procedures for approval of college of naturopathic medicine.** The secretary 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 secretary'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 18.36A.060. 92-02-018 (Order 224), § 246-836-200, filed 12/23/91, effective 1/23/92. 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 Repealed.** See Disposition Table at beginning of this chapter.

**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 secretary of the department of health 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 secretary or the secretary'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 for failure to cooperate pursuant to RCW 18.130.180(8). 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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.36A.060, 18.130.050 and 18.130.070, 92-02-018 (Order 224), § 246-836-400, filed 12/23/91, effective 1/23/92. 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 health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

**(3) AIDS education and training.**

(a) Acceptable education and training. The secretary 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) The requirements 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 (a) of this subsection.

**(c) Documentation. The applicant shall:**

(i) Certify, on forms provided, that the minimum education and training has been completed;

(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 18.36A.060 and 70.24.270, 92-02-018 (Order 224), § 246-836-410, filed 12/23/91, effective 1/23/92. 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.]

**Chapter 246-838 WAC  
PRACTICAL NURSES**

**WAC**

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**WAC 246-838-010 Definitions. (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.**

(2) "Beginning practitioner" means a newly licensed practical nurse beginning to function in the practical nurse role.

(3) "Behavioral objectives" means the measurable outcomes of specific content.

(4) "Client" means the person who receives the services of the practical nurse.

(5) "Client advocate" means a supporter of client rights and choices.

(6) "Competencies" means the tasks necessary to perform the standards.

(7) "Conceptual framework" means the theoretical base around which the curriculum is developed.

(8) "Minimum standards of competency" means the functions that are expected of the beginning level licensed practical nurse.

(9) "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.

(10) "Philosophy" means the beliefs and principles upon which the curriculum is based.

(11) "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.

(12) "Standards" means the overall behavior which is the desired outcome.

(13) "Terminal objectives" means the statements of goals which reflect the philosophy and are the measurable outcomes of the total curriculum.

[Statutory Authority: RCW 18.78.050 and 18.130.050, 92-02-046 (Order 231B), § 246-838-010, filed 12/27/91, effective 1/27/92.]

Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), re-codified 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 246-838-026 Mandatory reporting.** The board of practical nursing does not intend to cause every nursing error to be reported or that mandatory reporting take away the disciplinary ability and responsibility from the employer of the practical nurse.

(1) Any person, including health care facilities and agencies and state or local government, who is aware of a conviction or has made a determination or finding that a practical nurse has committed an act constituting unprofessional conduct as defined in RCW 18.130.180, including violation of chapter 246-838 WAC, shall report such conviction, determination or finding to the board.

(2) Any person, including health care facilities and agencies and state or local government, who has information that a practical nurse may not be able to practice with reasonable skill and safety as a result of a mental or physical condition, shall report such information to the board.

[Statutory Authority: RCW 18.78.054 and 18.130.070, 91-13-023 (Order 175B), § 246-838-026, filed 6/11/91, effective 7/12/91.]

**WAC 246-838-030 Standards of conduct for discipline.** 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 and 18.130.050, 92-02-046 (Order 231B), § 246-838-030, filed 12/27/91, effective 1/27/92.]



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 246-838-240, or its equivalent as determined by the board. 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 246-838-110) 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 and 18.130.050, 91-13-023 (Order 175B), § 246-838-040, filed 6/11/91, effective 7/12/91. 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 246-838-060 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 services, department of health.

[Statutory Authority: RCW 18.78.050 and 18.130.050, 91-13-023 (Order 175B), § 246-838-060, filed 6/11/91, effective 7/12/91. 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 licensure examination.** (1) All applicants shall file with the Washington state board of practical nursing a completed 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) Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-838-250.

[Statutory Authority: RCW 18.78.050 and 18.130.050, 91-13-023 (Order 175B), § 246-838-070, filed 6/11/91, effective 7/12/91. 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 246-838-090 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). 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 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 and 18.130.050, 91-13-023 (Order 175B), § 246-838-090, filed 6/11/91, effective 7/12/91. 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) A state board approved program preparing candidates for licensure as a practical nurse; or

(b) Its equivalent as determined by the board, which program must fulfill the minimum requirement for state board approved practical nursing programs in Washington at the time of graduation.

(2) Applicants shall have passed a state board constructed test, the SBTPE, or NCLEX in their original state of licensure.

(3) The applicant held or currently holds a license to practice as a practical nurse in another state or territory. If the license is lapsed or inactive for three years or more, the applicant must successfully complete a board approved refresher course before an active Washington license is issued.

(4) That grounds do not exist for denial under chapter 18.130 RCW.

(5) The applicant shall:

(a) Submit a completed application with the required fee. The fee is not refundable.

(b) Submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-838-250.

[Statutory Authority: RCW 18.78.050 and 18.130.050, 91-13-023 (Order 175B), § 246-838-100, filed 6/11/91, effective 7/12/91. 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.** 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. The holder of an interim permit must practice under the direct supervision of a health professional as defined in RCW 18.78.010, cannot work as a charge nurse, and cannot work for employment agencies or nursing pools.

(d) 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 246-838-130).

(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 and 18.130.050, 92-02-046 (Order 231B), § 246-838-110, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050, 91-13-023 (Order 175B), § 246-838-110, filed 6/11/91, effective 7/12/91; 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 246-838-130.

(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) It is the licensee's responsibility to inform the board of changes of address.

[Statutory Authority: RCW 18.78.050 and 18.130.050, 91-13-023 (Order 175B), § 246-838-120, filed 6/11/91, effective 7/12/91. 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 (2) 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.** 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, 91-13-023 (Order 175B), § 246-838-130, filed 6/11/91, effective 7/12/91; 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 246-838-210 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 objectives 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, 91-13-023 (Order 175B), § 246-838-210, filed 6/11/91, effective 7/12/91; 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 246-838-230 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 246-838-260.

(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 and 18.130.050. 92-02-046 (Order 231B), § 246-838-230, filed 12/27/91, effective 1/27/92.]

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 246-838-250 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. The requirement for licensure application 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;

(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 70.24.270. 91-13-023 (Order 175B), § 246-838-250, filed 6/11/91, effective 7/12/91. 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.

(iii) Administers medications safely and accurately, within institutional policies and procedures, and with knowledge of the medication being administered.

(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:

Applies beginning skills in verbal, nonverbal and written communication, recognizing and respecting cultural diversity and respecting the spiritual beliefs of individual clients.

(a) Uses common medical terminology and abbreviations.

(b) Interprets common medical terminology and abbreviations.

(c) Reports pertinent client communications regarding his/her physical and psycho-social welfare.

(d) Develops a working relationship with the client, family, and health team members.

(e) Interviews clients to collect specific data with or without a structured tool.

(f) Identifies possible communication blocks.

(g) Recognizes that communication can be facilitated by certain responses.

(h) Interacts appropriately in a one-to-one relationship and in a group setting.

(i) Modifies own communication pattern.

(j) Documents observations and actions correctly in the chart.

(k) Demonstrates the ability to communicate effectively in the work setting.

(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 contributors 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:

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.

(a) Recognizes problems and the need for change in current nursing practice.

(b) Communicates needs for further change through appropriate channels.

(c) Identifies personal factors which influence response to change. Adapts own behavior.

(d) Accepts potential risks with instituting change.

[Statutory Authority: [RCW 18.78.050]. 91-13-023 (Order 175B), § 246-838-260, filed 6/11/91, effective 7/12/91; 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.

(c) Any person holding an inactive or lapsed practical nurse license in another state may apply for a limited

educational license provided that the applicant meets the requirements of WAC 246-838-100.

(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, 91-13-023 (Order 175B), § 246-838-270, filed 6/11/91, effective 7/12/91; 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 246-838-290 Terms used in WAC 246-838-290 through 246-838-310.** (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 246-838-300, 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 and 18.130.050, 92-02-046 (Order 231B), § 246-838-290, filed 12/27/91, effective 1/27/92. 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 246-838-310 Participation in approved 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 and 18.130.050. 92-02-046 (Order 231B), § 246-838-310, filed 12/27/91, effective 1/27/92. 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) | \$65.00 |
| License renewal                             | 35.00   |
| Late renewal penalty                        | 35.00   |
| Inactive renewal                            | 20.00   |
| Inactive late renewal penalty               | 20.00   |
| Endorsement - reciprocity                   | 65.00   |
| Duplicate license                           | 20.00   |
| Certification                               | 40.00   |
| Interim permits                             | 15.00   |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-838-990, filed 6/6/91, effective 7/7/91. 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 246-839 WAC REGISTERED NURSES

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| 246-839-570 | Faculty in approved nursing education programs.                              |
| 246-839-575 | Curriculum for approved nursing education programs.                          |
| 246-839-700 | Standards of nursing conduct or practice.                                    |
| 246-839-710 | Violations of standards of nursing conduct or practice.                      |
| 246-839-720 | Mitigating circumstances.  |
| 246-839-730 | Mandatory reporting defined.   |
| 246-839-740 | Violations considered for disciplinary purposes only.                        |
| 246-839-750 | Philosophy governing voluntary substance abuse monitoring programs.          |
| 246-839-760 | Terms used in WAC 246-839-750 through 246-839-780.                           |
| 246-839-770 | Approval of substance abuse monitoring programs.                             |
| 246-839-780 | Participation in approved substance abuse monitoring program.                |
| 246-839-800 | Scope of practice—Advisory opinions.   |
| 246-839-810 | Provision for continuity of drug therapy for residents.                      |
| 246-839-820 | Provision for clean, intermittent catheterization in schools.                |
| 246-839-830 | Determination and pronouncement of death.                                    |
| 246-839-840 | Nursing technician.  |
| 246-839-850 | Use of nomenclature.   |
| 246-839-860 | Nursing technician criteria.   |
| 246-839-870 | Functions of the nursing technician.   |
| 246-839-880 | Functions of the registered nurse supervising the nursing technician.        |
| 246-839-890 | Responsibilities of the employing facility.                                  |
| 246-839-900 | Responsibilities of the nurse administrator.                                 |
| 246-839-990 | Registered nurse fees.   |

**WAC 246-839-010 Definitions.** (1) "Board" means the Washington state board of nursing.

(2) "School" means an educational unit charged with the responsibility of preparing persons to practice as registered nurses. Three types of basic schools of nursing are distinguished by the certificate awarded to the graduate. Schools of nursing within colleges and universities award the associate degree or baccalaureate degree.

Schools of nursing sponsored by a hospital award a diploma.

(3) "Provisional approval" of schools of nursing is the approval given a new school of nursing based on its proposed program prior to the admission of its first class.

(4) "Full approval" of a school of nursing is the approval given a school of nursing that meets the requirements of the law and the rules and regulations of the board.

(5) "Conditional approval" of a school of nursing is the approval given a school of nursing that has failed to meet the requirements of the law and the rules and regulations of the board, and it specifies conditions that must be met within a designated time to rectify the failure.

(6) An "unapproved school of nursing" is a school of nursing that has been removed from the list of approved schools for failure to meet the requirements of the law and the rules and regulations of the board or a school that has never been approved by the board.

(7) "Extended learning sites" refers to any area external to the parent organization selected by faculty for student learning experiences.

(8) "Faculty" means persons who are responsible for the educational program of the school of nursing and who hold faculty appointment in the school.

(9) "Nursing student" is a person currently enrolled in an approved school of nursing.

(10) The phrase "nursing aide" used in RCW 18.88.280(3) shall mean a "nursing technician." "Nursing technician" is a nursing student currently enrolled in a state board of nursing approved nursing education program and employed for the purpose of giving help, assistance and support in the performance of those services which constitute the practice of registered nursing. The nursing student shall use the title "nursing technician" while employed.

(11) "Registered nurse" as used in these rules shall mean a nurse as defined by RCW 18.88.170.

(12) "Nurse administrator" is an individual who meets the qualifications contained in WAC 246-839-555 and who has been designated as the person primarily responsible for the direction of the program in nursing. Titles for this position may include, among others, dean, director, coordinator or chairperson.

(13) "Definition of terms appearing in RCW 18.88-.280" — the terms "direction and supervision," "auxiliary services," and "minor nursing services" are defined as follows:

(a) "Minor nursing services." The techniques and procedures used by the nursing profession are extremely difficult to categorize as major or minor nursing services. The important factor with which this law is concerned is the determination of which nursing person and at what level of preparation that person may perform said technique or procedure in relation to the condition of a given patient, and this kind of determination rests with the registered nurse.

(b) "Auxiliary services" are all those nursing services provided to patients by persons other than the registered

nurse, the licensed practical nurse and the nursing student.

(c) "Supervision" of licensed or unlicensed nursing personnel means the provision of guidance and evaluation by a qualified registered nurse for the accomplishment of a nursing task or activity with the initial direction of the task or activity; periodic inspection of the actual act of accomplishing the task or activity; and the authority to require corrective action.

(i) "Immediate supervision" shall mean the licensed registered nurse is on the premises and is within audible and visual range of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver.

(ii) "Direct supervision" shall mean the licensed registered nurse is on the premises, is quickly and easily available and the patient has been assessed by the licensed registered nurse prior to the delegation of the duties to any care giver.

(iii) "Indirect supervision" shall mean the licensed registered nurse is not on the premises but has given either written or oral instructions for the care and treatment of the patient and the patient has been assessed by the licensed registered nurse prior to the delegation of duties to any care giver.

(iv) "Consulting capacity" shall mean the recommendations to a professional entity, employed at that facility, which may be accepted, rejected, or modified. These recommendations shall not be held out as providing nursing services by the consulting nurse to the patient or public.

(14) "Delegation" means the licensed registered nurse transfers the performance of selected nursing tasks to competent individuals in selected situations. The licensed registered nurse delegating the task retains the responsibility and accountability for the nursing care of the client.

(a) Nursing acts delegated by the licensed registered nurse shall:

(i) Be within the area of responsibility of the nurse delegating the act;

(ii) Be such that, in the opinion of the nurse, it can be properly and safely performed by the person without jeopardizing the patient welfare;

(iii) Be acts that a reasonable and prudent nurse would find are within the scope of sound nursing judgment.

(b) Nursing acts delegated by the licensed registered nurse shall not require the unlicensed person to exercise nursing judgment nor perform acts which must only be performed by a licensed nurse, except in an emergency situation (RCW 18.88.280(2)).

(c) When delegating a nursing act to an unlicensed individual, the nurse shall:

(i) Make an assessment of the patient's nursing care need before delegating the task;

(ii) Instruct the unlicensed person in the delegated task or verify competency to perform or be assured that the person is competent to perform the nursing task as a result of the systems in place by the health care agency;

(iii) Supervise and evaluate the performance of the unlicensed person;

(iv) Retain responsibility and accountability for the nursing care of the patient, including nursing assessment, evaluation, and assuring documentation;

(v) Recognize that some nursing interventions require nursing knowledge, judgment, and skill and therefore may not lawfully be delegated to unlicensed persons.

(15) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illnesses as defined by the board of health by rule.

(16) "Office on AIDS" means a 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 18.88.080. 92-02-023 (Order 230B), § 246-839-010, filed 12/23/91, effective 1/23/92; 91-07-067 (Order 152B), § 246-839-010, filed 3/20/91, effective 4/20/91; 91-07-049 (Order 116B), recodified as § 246-839-010, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-100, filed 11/9/88. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-100, filed 7/28/88. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-100, filed 1/27/81; 80-04-072 (Order PL 339), § 308-120-100, filed 3/27/80; Order PL-124, § 308-120-100, filed 5/26/72.]

**WAC 246-839-020 Documents which indicate authorization to practice registered nursing in Washington.** The following documents are the only documents that indicate legal authorization to practice as a registered nurse in Washington.

(1) Active license. A license is issued upon completion of all requirements for licensure - confers the right to use the title registered nurse and the use of its abbreviation, R.N. and to practice as a registered nurse in the state of Washington.

(2) Inactive license. A license issued to a person previously holding an active license in this state who desires to retire temporarily from the practice of nursing in this state.

(3) Interim permit. An interim permit may be issued to a graduate from an approved nursing school 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, when the candidate receives first notice of failure, or within one year from the date of issuance, 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 to the division of professional licensing.

(c) The interim permit authorizes the holder to perform functions of registered nursing as described in chapter 18.88 RCW. It is in violation of the law regulating the practice of registered nursing to use the title "registered nurse." The title "interim permit nurse" or "graduate nurse" may be used.

(4) Limited educational license. A limited educational license may be issued to a person who has been on non-practicing status for three years or more and who wishes to return to active status (see WAC 246-839-120).

(5) Advanced registered nurse practitioner (ARNP) recognition document. An ARNP recognition document may be issued to any person who meets the requirements of the board as contained in WAC 246-839-300. Only persons holding this recognition document shall have the right to use the title "advanced registered nurse practitioner" or the abbreviation "ARNP" or any title or abbreviation which may indicate that the person is entitled to practice at an advanced and specialized level as a nurse practitioner, a specialized nurse practitioner, a nurse midwife, or a nurse anesthetist. This document authorizes the ARNP to engage in the scope of practice allowed for his or her specialty area and is valid only with a current registered nurse license.

(6) ARNP interim permit. An interim permit may be issued following satisfactory completion of an advanced formal education program, registration for the first certification examination of an approved program following completion of the education and filing of an application, fee and requested documentation. If the applicant passes the examination the department shall grant advanced registered nurse practitioner status. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(7) ARNP prescriptive authorization. A notation of prescriptive authorization may be placed on the ARNP recognition document issued to any person who meets the requirements of the board as contained in WAC 246-839-410. This authorizes the ARNP to prescribe legend drugs within his or her scope of practice and is valid only with a current registered nurse license.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-020, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-020, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050. 89-12-033 (Order PM 847), § 308-120-170, filed 6/1/89. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88-140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-170, filed 7/28/88. Statutory Authority: RCW 18.88.080. 85-24-027 (Order PL 569), § 308-120-170, filed 11/26/85; 81-10-026 (Order PL 377), § 308-120-170, filed 4/28/81; Order PL 196, § 308-120-170, filed 7/25/75; Order PL-124, § 308-120-170, filed 5/26/72.]

**WAC 246-839-030 Qualification/eligibility to write the licensing examination.** (1) Graduates from Washington state board approved schools of nursing holding a degree/diploma from such a school shall be eligible to write the examination provided all other requirements are met.

(2) Graduates from a nursing school approved by a board of nursing in another U.S. jurisdiction shall be eligible to write the examination provided that:

(a) The nursing school meets the minimum standards approved for state board school of nursing in Washington at the time of the applicant's graduation;

(b) Graduate holds a degree/diploma from the approved school of nursing;

(c) All other requirements of the statute and regulations shall be met.

(3) An interim permit (WAC 246-839-020(3)) and a notice of eligibility for admission to the licensing examination may be issued to all new graduates from board approved schools of nursing after filing of a completed application, payment of the application fee, and official notification from the school certifying that the individual has successfully completed all requirements for the diploma/degree. The results of the licensing examination will not be released until the candidate's official transcript is on file with the board.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-030, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-030, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70-24.270. 88-23-035 (Order PM 795), § 308-120-161, filed 11/9/88. Statutory Authority: RCW 18.88.080. 82-01-012 (Order PL 387), § 308-120-161, filed 12/7/81; 81-04-007 (Order PL 370), § 308-120-161, filed 1/27/81.]

**WAC 246-839-040 Filing of application for licensing examination.** (1) All applicants shall file with the Washington state board of nursing a completed notarized application, with the required fee prior to May 1, for the July examination and December 1 for the February examination.

(2) Applicants shall request the school of nursing to send an official transcript directly to the board of nursing.

(3) Applicants shall also file an examination application, along with the required fee directly with the testing service.

(4) 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.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-040, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-162, filed 11/18/87. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-162, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-162, filed 1/27/81.]

**WAC 246-839-050 Licensing examination.** (1) The current series of the National Council of the State Board of Nursing Registered Nurse Examination (NCLEX) shall be the official examination for registered nurse license.

(2) The NCLEX will consist of four ninety minute tests with the overall score for the examination reported as either pass or fail.

(3) Examinations shall be conducted twice a year, in February and July.

(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 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-050, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120,

18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-163, filed 7/28/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-163, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-163, filed 1/27/81.]

**WAC 246-839-060 Release of results of examination.** (1) Candidates shall be notified regarding the examination results by mail only.

(2) Candidates who pass shall receive a license to practice as a registered nurse provided all other requirements are met.

(3) Candidates who fail shall receive a letter of notification regarding their eligibility to rewrite the examination.

(4) In addition to a listing of the names of graduates indicating whether each passed or failed the examination, each school of nursing in Washington shall receive a statistical report of the examination results of candidates from that school.

(5) The candidate's examination results will be maintained in his/her application file in the division of professional licensing services, department of health.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-060, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-060, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-164, filed 7/28/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-164, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-164, filed 1/27/81.]

**WAC 246-839-070 Failures--Repeat examination.**

(1) The application forms to rewrite the examination and fees shall be filed on or before May 1 for the July examination and December 1 for the February examination.

(2) Candidates who fail the examination will be permitted to rewrite the examination three times within the two-year period from the month of first writing.

(3) Candidates who fail to pass the examination within the time period specified in subsection (2) of this section shall be required to complete a program of study approved by the board. Upon successful completion of the approved program, the candidate shall be required to write the entire examination.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-070, filed 3/18/91, effective 4/18/91; 90-04-059, § 308-120-165, filed 2/2/90, effective 3/5/90. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-165, filed 11/18/87. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-165, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-165, filed 1/27/81.]

**WAC 246-839-080 Applicants previously licensed in a foreign 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 nursing education program approved in the country of original licensure.

(i) The nursing education program shall be equivalent to the minimum standards prevailing for state board approved schools of nursing in Washington at the time of graduation.

(ii) Any deficiencies in the nursing program (theory and clinical practice in medical, psychiatric, obstetric, surgical and pediatric nursing) shall be satisfactorily completed in a state board approved school of nursing.

(b) Satisfactory passage of the screening examination for foreign nurses. As of May 1, 1981, all applicants from countries outside the United States, and never before licensed in one of the United States jurisdictions shall have passed the commission on graduates of foreign nursing schools (CGFNS) qualifying examination.

(c) Applicants licensed under the laws of a country outside the United States or its territories shall be required to take the current series of the National Council of State Boards of Nursing Registered Nurse Examination (NCLEX) as provided in WAC 246-839-050: *Provided*, That those persons meeting the requirements of WAC 246-839-090(2) are exempt from this requirement.

(d) All other requirements of the statute and regulation shall be met.

(2) Applicants for examination shall:

(a) File with the board of nursing a completed notarized license application with the required fee prior to May 1 for the July examination and prior to December 1 for the February examination.

(b) Request the school of nursing to submit an official transcript directly to the division of professional licensing.

(c) Applicants shall also file an examination application, along with the required fee directly with the testing service.

(d) Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 246-839-100.

(e) Request the licensing agency in the country of original license to submit evidence of licensure.

(f) Submit a notarized copy of the certificate issued by the CGFNS.

(g) If the applicant's original documents (education and licensing) are on file in another state or with the CGFNS, the applicant may request that the state board or the CGFNS send notarized copies in lieu of the originals.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-080, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-080, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70-24.270. 88-23-035 (Order PM 795), § 308-120-166, filed 11/9/88. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-166, filed 11/3/82. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-166, filed 1/27/81.]

**WAC 246-839-090 Licensure by interstate endorsement.** (1) A license to practice as a registered nurse in Washington may be issued without examination provided the applicant meets all of the following requirements:

(a) The applicant has graduated and holds a degree/diploma from a state board approved school of nursing preparing candidates for licensure as a registered nurse provided such nursing program is equivalent to the minimum nursing educational standards prevailing for state board approved schools of nursing in Washington at the time of the applicant's graduation.

(i) Applicants who were licensed prior to January 1, 1953, shall have scored at least 75% on the state board examination in the state of original licensure.

(ii) Applicants licensed after January 1, 1953, but before June 1, 1982, shall have passed the state board test pool examination for registered nurse licensure with a minimum standard score of 350 in each test.

(iii) Applicants licensed after July 1, 1982, shall have passed with a minimum standard score of 1600 for the total examination.

(b) The applicant holds a valid current license to practice as a registered nurse in another state or territory.

(c) The applicant complies with the education requirements of WAC 246-839-100.

(d) The application shall be completed and notarized, the fee must be filed with the application. The fee is not refundable. A notarized copy of a valid current license shall be filed with the application.

(e) Verification of licensure by examination shall be obtained from the state or territory of original licensure. Any fee for verification required by the state or territory of original license shall be paid by the applicant.

(2) Applicants from countries outside the United States who were granted a license in another United States jurisdiction or territory prior to December 31, 1971, and who were not required to pass the state board test pool examination shall meet the following requirements:

(a) The nursing education program shall meet the minimum approved standards prevailing for schools of nursing in Washington at the time of the applicant's graduation.

(b) The applicant holds a valid current license to practice as a registered nurse in another United States jurisdiction or territory.

(c) The applicant shall submit to the board:

(i) A complete notarized application. The nonrefundable fee must be filed with the application.

(ii) Verification of original licensure obtained in the United States jurisdiction or territory.

(iii) Notarized copies of educational preparation and licensure by examination submitted directly from the country of original licensure or from the state board or territory of original United States licensure.

(iv) Verification of current nursing practice for three years prior to application for Washington licensure.

(v) Evidence to show compliance with the education requirements of WAC 246-839-100.

(d) The applicant shall meet all requirements of chapter 18.88 RCW and regulations of the board.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-090, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-090, filed 3/18/91, effective 4/18/91; 91-07-032 (Order 151B), § 308-120-168, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].130, [18.88].140, [18.88].150, 18.130.050 and 70.24.270. 89-12-032 (Order PM 846), § 308-120-168, filed 6/1/89. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-168, filed 11/9/88. Statutory Authority: RCW 18.88.080. 81-04-007 (Order PL 370), § 308-120-168, filed 1/27/81.]

**WAC 246-839-100 AIDS education and training.**

(1) Acceptable education and training. 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;

(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 18.88.080 and 70.24.270. 91-23-077 (Order 214B), § 246-839-100, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 70.24.270. 91-07-049 (Order 116B), recodified as § 246-839-100, filed 3/18/91, effective 4/18/91; 91-07-032 (Order 151B), § 308-120-610, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-610, filed 11/9/88.]

**WAC 246-839-105 Brief adjudicative proceedings-- Denials based on failure to meet education, experience, or examination prerequisites for licensure.** The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapter 18.88 RCW or chapter 246-839 WAC for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: RCW 18.88.080. 91-19-102 (Order 198B), § 246-839-105, filed 9/18/91, effective 10/19/91.]

**WAC 246-839-110 Renewal of licenses.** (1) The license renewal date shall coincide with the licensee's birthdate.

(a) Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their birth anniversary date.

(b) Individuals making application for initial license with the state of Washington and under the reciprocity regulations, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(2) Licensees may renew their licenses, at the current renewal fee rate.

(3) The late payment penalty provision will be applied as follows:

Before the expiration date of the individual's license, the secretary shall mail a notice for renewal of license 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. Failure of any licensee to receive such notice shall not relieve or exempt such licensee from the requirements of this section. Should the licensee fail to renew his or her license prior to the expiration date, then the individual is subject to the penalty fee. If the licensee fails to renew his or her license within one year from expiration thereof, such individual must apply for licensing under the statutory conditions then in force. If the licensee fails to renew the license within three years from the expiration date, the individual must also meet the requirements of WAC 246-839-120.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-110, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70-24.270, 88-23-035 (Order PM 795), § 308-120-180, filed 11/9/88. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-180, filed 7/28/88. Statutory Authority: RCW 18.88.080, 83-24-048 (Order PL 449), § 308-120-180, filed 12/2/83; Order PL 216, § 308-120-180, filed 11/5/75; Order PL-134, § 308-120-180, filed 10/13/72.]

**WAC 246-839-120 Return to active status from inactive or lapsed status.** Persons on inactive status for three years or more and persons on 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 18.88.080, 91-23-077 (Order 214B), § 246-839-120, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-185, filed 7/28/88. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-185, filed 1/27/81; 78-05-085 (Order PL 288, Resolution 78-143); § 308-120-185, filed 5/2/78; Order PL 258, § 308-120-185, filed 12/7/76. Formerly WAC 308-120-18001.]

**WAC 246-839-130 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 nursing as outlined in RCW 18.88.030.

(b) Objectives reflecting the philosophy shall be stated in behavioral terms and describe the capabilities and competencies of the graduate.

(2) Faculty.

(a) All nurse faculty shall hold a current license to practice as a registered nurse in the state of Washington.

(b) All faculty shall be qualified academically and professionally for their respective areas of responsibility.

(c) All faculty shall be qualified to develop and implement the program of study.

(d) Faculty shall be sufficient in number to achieve the stated program objectives.

(e) The maximum faculty to student ratio in the clinical area shall be 1 to 12. Exceptions shall be justified to and approved by the board.

(3) Course content.

(a) The course content shall consist of a minimum of forty hours core course content, forty hours of specialty course content, and one hundred sixty hours of clinical practice in the specialty area.

(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 core course content shall include, but not be limited to, a minimum of forty hours of theory in current basic concepts of:

(i) Nursing process;

(ii) Pharmacology;

(iii) Review of the concepts in the areas of:

(A) Professional 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 basic nursing knowledge.

(d) The specialty course content shall include, but not be limited to, a minimum of forty hours of theory in current specialty nursing practice concepts of basic nursing related to the special area of interest such as surgical; pediatrics; obstetrics; psychiatric; acute, intensive, or extended care nursing; or community health nursing.

(e) The clinical course content shall include a minimum of one hundred sixty hours of clinical practice in the specialty area(s) listed in (c), (d), and (e) 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 RN license or a limited educational license approved by the Washington state board of nursing.

(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 Washington state board of nursing office.

(7) Refresher courses taken outside of the state of Washington shall be reviewed individually for approval by the board prior to starting the course.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086 and 18.130.050, 88-05-010 (Order PM 704), § 308-120-186, filed 2/9/88. Statutory Authority: RCW 18.88.080, 79-06-025 (Order PL-305), § 308-120-186, filed 5/15/79.]

**WAC 246-839-300 Advanced registered nurse practitioner.** An advanced registered nurse practitioner is a registered nurse prepared in a formal educational program to assume an expanded role in providing health care services. This practice builds on previous knowledge and skill and utilizes indepth knowledge of physical assessment and management of illnesses or conditions within the advanced registered nurse practitioner's scope of practice. Advanced registered nurse practice includes collaboration with other licensed health professionals such as physicians, pharmacists, podiatrists, dentists, and nurses. An advanced registered nurse practitioner shall:

(1) Hold a current license to practice as a registered nurse in Washington; and

(2) Have completed an advanced formal education program in the area of specialty; and

(3) Have been granted a certification credential for specialized and advanced nursing practice granted by a national certifying body whose certification program is approved by the board.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-300, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-300, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-300, filed 11/3/82; Order PL 270, § 308-120-300, filed 6/16/77.]

**WAC 246-839-310 Use of nomenclature.** Any person who qualifies under WAC 246-839-300 and whose application for advanced registered nurse practitioner designation has been approved by the board shall be designated as an advanced registered nurse practitioner and shall have the right to use the title "advanced registered nurse practitioner" and the abbreviation following the nurse's name shall read "ARNP" and the title or abbreviation designated by the approved national certifying body. No other initials or abbreviations shall legally denote advanced nursing practice. No other person

shall assume such title or use such abbreviation. No other person shall use any other title, words, letters, signs or figures to indicate that the person using same is recognized as an advanced registered nurse practitioner and:

(1) Family nurse practitioner, FNP; or

(2) Women's health care nurse practitioner; or

(3) Pediatric nurse practitioner/associate, PNP/PNA;

or

(4) Adult nurse practitioner, ANP; or

(5) Geriatric nurse practitioner, GNP; or

(6) Certified nurse midwife/nurse midwife, CNM; or

(7) Nurse anesthetist, CRNA; or

(8) School nurse practitioner, SNP.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-310, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-310, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050, 89-12-033 (Order PM 847), § 308-120-305, filed 6/1/89. Statutory Authority: RCW 18.88.080, 85-24-027 (Order PL 569), § 308-120-305, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88-080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-305, filed 11/3/82; Order PL 270, § 308-120-305, filed 6/16/77.]

**WAC 246-839-320 Certification and certification program.** (1) Certification is a voluntary form of credentialing, under sponsorship of a national certifying body that recognizes specialized and advanced nursing practice.

(2) A certification program is used by a national certifying body to grant the certification credential. A certification program shall be based on:

(a) A scope of practice statement as identified in WAC 246-839-300 shall denote the dimension and boundary, the focus, and the standards of specialized and advanced nursing practice in the area of certification.

(b) A formal program of study requirement in the area of certification which shall:

(i) Be based on measurable objectives that relate directly to the scope of practice;

(ii) Include theoretical and clinical content directed to the objectives; and

(iii) Be equivalent to at least one academic year. A preceptorship which is part of the formal program shall be included as part of the academic year. Current practice in the area of certification will not be accepted as a substitute for the formal program of study.

(c) An examination in the area of certification which shall:

(i) Measure the theoretical and clinical content denoted in the scope of practice;

(ii) Be developed in accordance with generally accepted standards of validity and reliability; and

(iii) Be open only to registered nurses who have successfully completed the program of study referred to in (b) of this subsection.

(3) A licensee credentialed by a national certifying body which meets the requirements of subsection (2)(a) and (c) of this section but not subsection (2)(b) of this section may petition the board for individual recognition

as an ARNP by submitting documentation that the licensee's advanced formal education program in the area of specialty meets the requirements of subsection (2)(b) of this section.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-320, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-320, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-315, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-315, filed 11/3/82.]

**WAC 246-839-330 Board approval of certification programs.** (1) A licensee or certifying program may request that a certification program be considered for approval and shall submit documentation showing that the program meets the requirements of WAC 246-839-320(2).

(2) The board shall periodically review each certification program and may discontinue approval in the event that a certification program no longer meets the requirements of WAC 246-839-320(2).

(3) The board shall notify the certification program of pending review and may request that the program submit further information regarding its continued compliance with the provisions of WAC 246-839-320(2).

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-330, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-330, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-325, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-325, filed 11/3/82.]

**WAC 246-839-340 Application requirements for ARNP.** A registered nurse applicant for designation as an ARNP shall:

(1) After January 1, 1995 show evidence of a master's degree in the nursing or health care field from an accredited college or university, except for those applicants who provide documentation as requested by the board that the applicant was:

(a) Certified by a board approved national certification program prior to December 31, 1994; and

(b) Recognized by another state board of nursing for advanced practice prior to December 31, 1994.

(2) Meet the requirements of WAC 246-839-300.

(3) Submit a completed application on a form furnished by the board.

(4) Submit evidence of certification by a certification program approved by the board.

(5) Submit a nonrefundable fee as specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-340, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-340, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.030(2), 18.88.080, 18.88.086, 18.88.140 and 18.130.050, 88-07-049 (Order PM 717), § 308-120-335, filed 3/14/88. Statutory Authority: RCW 18.88.080, 85-24-027 (Order PL 569), § 308-120-335, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-335, filed 11/3/82.]

**WAC 246-839-350 Application requirements for ARNP interim permit.** A registered nurse who has completed advanced formal education and registered for a

board approved national certification examination may be issued an interim permit to practice specialized and advanced nursing pending notification of the results of the first certification examination.

(1) An applicant for ARNP interim permit shall:

(a) Submit a completed application on a form provided by the board accompanied by a nonrefundable fee as specified in WAC 246-839-990; and

(b) Submit documentation of completion of advanced formal education in the area of specialty; and

(c) Submit documentation of registration for the first certification examination administered by an approved certification program following completion of advanced formal education; and

(d) Hold a current license to practice as a registered nurse in Washington.

(2) The permit expires when advanced registered nurse practitioner status is granted. If the applicant fails the examination, the interim permit shall expire upon notification and is not renewable.

(3) An applicant who does not write the examination on the date scheduled shall immediately return the permit to the department of health.

(4) The interim permit authorizes the holder to perform function of advanced and specialized nursing practice as described in this section.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-350, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-350, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-338, filed 7/28/88.]

**WAC 246-839-360 Renewal of ARNP designation.** ARNP designation shall be renewed every two years on the ARNP's birthday. The applicant shall:

(1) Maintain a current registered nurse license in Washington.

(2) Submit evidence of current certification by her/his certifying body.

(3) Provide documentation of thirty contact hours (a contact hour is fifty minutes) of continuing education during the renewal period in the area of certification derived from any combination of the following approved by the board:

(a) Formal academic study;

(b) Continuing education offerings.

(4) Attest, on forms provided by the board, to having a minimum of two hundred fifty hours of specialized and advanced nursing practice within the preceding biennium providing direct patient care services.

(5) Submit a nonrefundable fee as specified. If the licensee fails to renew his or her ARNP designation prior to the expiration date, then the individual is subject to the late renewal fee specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-360, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-360, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-345, filed 11/26/85. Statutory Authority: RCW 18.88.030 and 18.88.080, 83-04-051 (Order PL 424), § 308-120-345, filed 2/1/83.]



**WAC 246-839-370 Termination of ARNP designation by the board.** ARNP designation may be terminated by the board when the ARNP has:

- (1) Practiced outside the scope of practice denoted for the area of certification, or
- (2) Been found in violation of any provision of RCW 18.88.175 or 18.130.180.

[Statutory Authority: RCW 18.88.080 and 18.130.050, 91-23-077 (Order 214B), § 246-839-370, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-370, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086 and 18.130.050, 88-18-082 (Order PM 760), § 308-120-360, filed 9/6/88. Statutory Authority: RCW 18.88.080, 85-24-027 (Order PL 569), § 308-120-360, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-360, filed 11/3/82.]

**WAC 246-839-400 ARNP with prescriptive authorization.** A registered nurse licensed under chapter 18.88 RCW when authorized by the board of nursing may prescribe drugs pursuant to applicable state and federal laws.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-400, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-400, filed 11/26/85; 83-16-065 (Order PL 441), § 308-120-400, filed 8/2/83. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-400, filed 11/3/82. Statutory Authority: RCW 18.88.080, 79-09-038 (Order PL-310), § 308-120-400, filed 8/17/79.]

**WAC 246-839-410 Application requirements for ARNP with prescriptive authority.** A registered nurse who applies for authorization to prescribe drugs shall:

- (1) Be currently designated as an advanced registered nurse practitioner in Washington.
- (2) Be designated by their national certifying body as a:

- (a) Family nurse practitioner; or
- (b) Women's health care nurse practitioner; or
- (c) Pediatric nurse practitioner/associate; or
- (d) Adult nurse practitioner; or
- (e) Geriatric nurse practitioner; or
- (f) Nurse midwife; or
- (g) Nurse anesthetist; or
- (h) School nurse practitioner; or
- (i) Clinical specialist in psychiatric and mental health nursing.

(3) Provide evidence of completion of thirty contact hours of education in pharmacotherapeutics related to the applicant's scope of specialized and advanced practice and:

(a) Include pharmacokinetic principles and their clinical application and the use of pharmacological agents in the prevention of illness, restoration, and maintenance of health.

(b) Are obtained within a two-year time period immediately prior to the date of application for prescriptive authority.

- (c) Are obtained from the following:
- (i) Study within the advanced formal educational program; and/or
  - (ii) Continuing education programs.

Exceptions shall be justified to and approved by the board of nursing.

(4) Submit a completed, notarized application on a form provided by the board accompanied by a nonrefundable fee as specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-410, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-410, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-410, filed 11/3/82. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-410, filed 1/27/81; 79-09-038 (Order PL-310), § 308-120-410, filed 8/17/79.]

**WAC 246-839-420 Authorized prescriptions by the ARNP with prescriptive authority.** (1) Prescriptions for drugs shall comply with all applicable state and federal laws.

(2) Prescriptions shall be signed by the prescriber with the initials ARNP and the prescriber's identification number assigned by the board.

(3) Prescriptions for controlled substances in Schedules I through IV are prohibited by RCW 18.88.280(16).

(4) Any ARNP with prescriptive authorization who prescribes Schedule V controlled substances shall register with the drug enforcement administration and the pharmacy board.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-420, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-420, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-420, filed 11/3/82. Statutory Authority: RCW 18.88.080, 81-04-007 (Order PL 370), § 308-120-420, filed 1/27/81; 79-09-038 (Order PL-310), § 308-120-420, filed 8/17/79.]

**WAC 246-839-430 Termination of ARNP prescriptive authorization.** Prescriptive authorization may be terminated by the board when the ARNP with prescriptive authority has:

- (1) Not maintained current designation as an ARNP in the area of certification; or
- (2) Prescribed outside the ARNP scope of practice or for other than therapeutic purposes; or
- (3) Violated provisions of RCW 18.88.175;
- (4) Violated any state or federal law or regulations applicable to prescriptions.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-430, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-430, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140, 82-22-091 (Order PL 410), § 308-120-430, filed 11/3/82. Statutory Authority: RCW 18.88.080, 79-09-038 (Order PL-310), § 308-120-430, filed 8/17/79.]

**WAC 246-839-440 Prescriptive authorization period.** (1) Prescriptive authorization shall be for a period of two years.

(2) Initial authorization shall expire on the applicant's renewal date for ARNP designation.

(3) Authorization shall be renewed after the applicant meets the requirements of WAC 246-839-450.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-440, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-440, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-440, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-440, filed 8/17/79.]

**WAC 246-839-450 Renewal.** ARNP with prescriptive authorization shall be renewed every two years. For renewal of ARNP with prescriptive authorization, the licensee shall:

(1) Meet the requirements of WAC 246-839-360 (1), (2), and (3).

(2) Provide documentation of fifteen additional contact hours of continuing education during the renewal period in pharmacotherapeutics related to licensee's scope of practice. This continuing education shall meet the requirements of WAC 246-839-410 (3)(a).

(3) Submit a completed and notarized renewal application with nonrefundable fee as specified in WAC 246-839-990. If the licensee fails to renew his or her prescriptive authorization prior to the expiration date, then the individual is subject to the late renewal fee specified in WAC 246-839-990.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-450, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-450, filed 3/18/91, effective 4/18/91; 85-24-027 (Order PL 569), § 308-120-450, filed 11/26/85. Statutory Authority: RCW 18.88.030(2), 18.88.080 and 18.88.140. 82-22-091 (Order PL 410), § 308-120-450, filed 11/3/82. Statutory Authority: RCW 18.88.080. 79-09-038 (Order PL-310), § 308-120-450, filed 8/17/79.]

**WAC 246-839-505 Philosophy governing approval of nursing education programs.** While the board herein has established minimum standards for approved schools of nursing, it believes that each school of nursing should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved schools of nursing, but also upon sound educational and professional principles for the preparation of registered nurses to meet current and future nursing needs of the public. The board believes that there must be congruence between the total program activities of the school of nursing and its stated philosophy, purpose and objectives.

The board further believes that the minimum standards for approved schools of nursing can be useful to schools of nursing by promoting self-evaluation which may lead to program development and improvement.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-505, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-505, filed 7/28/88. Statutory Authority: RCW 18.88.080. 80-04-072 (Order PL 339), § 308-120-505, filed 3/27/80.]

**WAC 246-839-506 Purposes of board approval of nursing education programs.** The board approves nursing education programs for the following purposes:

(1) To assure preparation for the safe practice of nursing by setting minimum standards for nursing education programs preparing persons for licensure as registered nurses;

(2) To provide guidance for the development of new nursing education programs;

(3) To foster continued improvement of established nursing education programs;

(4) To provide criteria for the board to evaluate new or established nursing education programs;

(5) To assure the student adequate educational preparation;

(6) To assure eligibility for admission to the licensing examination for registered nurses, and to facilitate interstate endorsement of graduates of board approved schools of nursing.

[Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-506, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-506, filed 7/28/88. Statutory Authority: RCW 18.88.080. 80-04-072 (Order PL 339), § 308-120-506, filed 3/27/80.]

**WAC 246-839-525 Approval of nursing education programs.** (1) Application for program development.

(a) An educational institution wishing to establish a program in nursing shall:

(i) Submit to the board at least eighteen months in advance of expected opening date a statement of intent to establish a nursing education program.

(ii) Submit to the board, along with the statement of intent, a feasibility study to include at least the following information:

(A) Nursing studies documenting the need for the program in this state.

(B) Purposes and classification of the program.

(C) Availability of qualified faculty.

(D) Budgeted faculty positions.

(E) Availability of adequate clinical facilities for the program.

(F) Availability of adequate academic facilities for the program.

(G) Evidence of financial resources adequate for the planning, implementation, and continuation of the program.

(H) Anticipated student population.

(I) Tentative time schedule for planning and initiating the program.

(iii) Respond to the board's request(s) for additional information.

(b) The board shall either grant or withhold approval for program development.

(2) Program development.

(a) At least twelve months in advance of the anticipated admission of students, the organization shall appoint a qualified nurse administrator to develop a proposed nursing education program. The proposed program plan shall include:

(i) Purpose, philosophy, and objectives.

(ii) Organization and administration.

(iii) Budget.

- (iv) Resources, facilities, and services.
- (v) Provisions for faculty, including qualifications, responsibilities, organization, and faculty/student ratio.
- (vi) Curriculum, including course descriptions and course outlines.
- (vii) Policies and procedures for student selection, admission, progression, withdrawal and graduation, and record system.
- (viii) Projected plans for the orderly expansion of the program.
- (b) The nurse administrator shall submit to the board a written report of the proposed program plan at least five weeks prior to a scheduled board meeting at which time the plan is to be reviewed. This review shall take place six months prior to the scheduled opening date of the program.
- (c) The nurse administrator of the program and other administrative officers of the organization shall attend the board meeting to present the formal application and clarify and amplify materials included in the written report of the proposed program plan.
- (d) The board shall either grant or withhold provisional approval of the proposed nursing program.
- (3) Provisional approval.
  - (a) The school shall submit course outlines to the board for review and approval at least three months prior to offering the course; and
  - (b) The school shall submit progress reports as requested by the board;
  - (c) Survey visits shall be scheduled as deemed necessary by the board during the period of provisional approval.
  - (4) Full approval.
    - (a) Within six months following graduation of the first class, a self-evaluation report of compliance with the standards for nursing education shall as identified in WAC 246-839-550 through 246-839-575 be submitted and a survey visit shall be made for consideration of full approval of the program.
    - (b) The board will review the self-evaluation report, survey reports and added materials for full approval of the nursing education program only at scheduled board meetings.
    - (c) The self-evaluation report, added materials and survey reports shall be in the board office at least five weeks prior to the board meeting.
  - (5) Satellite nursing education programs. An approved nursing education program wishing to initiate an off-campus, extended or satellite nursing program must submit a plan to the board demonstrating that:
    - (a) Faculty on-site meet all the requirements and qualifications of the parent nursing education program.
    - (b) Adequate clinical facilities are available and meet the requirements of the parent program.
    - (c) Academic facilities and resources are comparable to those of the parent program.
    - (6) Periodic evaluation of approved programs.
      - (a) To ensure continuing compliance with the plan and standards of nursing education all nursing education programs will be surveyed and reevaluated for continued

approval every eight years. More frequent visits may occur as deemed necessary by the board or at the request of the nursing education program.

(i) The survey visit will be made by representative(s) of the board on dates mutually agreeable to the board and the nursing education program.

(ii) Announcement of a survey visit will be sent to programs at least eighteen months in advance of the visit.

(iii) Prior to the survey a program shall submit a self-evaluation report which provides evidence of compliance with the standards of nursing education as identified in WAC 246-839-550 through 246-839-575.

(iv) The self-evaluation report prepared for the national nursing accreditation body may be substituted in lieu of the board's survey report for that year if a national accreditation survey is scheduled for that year. Where appropriate the survey will be made in conjunction with a national accreditation visit.

(v) A draft of the survey visit report will be made available to the school for review and corrections in statistical data and for response to issues raised.

(vi) Following the board's review and decision, written notification regarding approval of the program and the board comments and recommendations will be sent to the administrator of the nursing education program.

(b) Any proposed 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 presented to the board for approval at least three months prior to implementation.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-525, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-525, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-525, filed 7/28/88.]

**WAC 246-839-530 Denial, conditional approval or withdrawal of approval.** (1) The board may deny approval to new programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-839-550 through 246-839-575. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) Conditional approval shall be granted a nursing education program that has failed to meet the minimum standards contained in the law and the rules and regulations of the board.

(a) Conditions that must be met within a designated time period shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period. Such review shall result in one of the following actions:

- (i) Restoration of full approval;
- (ii) Continuation of conditional approval for a specified period of time; or
- (iii) Withdrawal of approval.

(3) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-839-550 through 246-839-575. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-530, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-530, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-530, filed 7/28/88.]

**WAC 246-839-535 Reinstatement of approval.** The board may consider reinstatement of withdrawn approval of a nursing education program upon submission of satisfactory evidence that the program meets the standards of nursing education, WAC 246-839-550 through 246-839-575.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-535, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-535, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-535, filed 7/28/88.]

**WAC 246-839-540 Appeal of board decisions.** A nursing education program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-540, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-540, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-540, filed 7/28/88.]

**WAC 246-839-545 Closing of an approved nursing education program.** (1) Voluntary closing. When a governing institution decides to close a program it shall notify the board in writing, stating the reason, plan, and date of intended closing. The governing institution may choose one of the following closing procedures:

(a) The program shall continue until the last class enrolled is graduated.

(i) The program shall continue to meet the standards for approval WAC 246-839-550 through 246-839-575 until all of the enrolled students have graduated.

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate.

(iii) The board shall be notified by the governing institution of the closing date.

(b) The program shall close after assisting in the transfer of students to other approved programs.

(i) The program shall continue to meet the standard required for approval, WAC 246-839-550 through 246-839-575 until all students are transferred.

(ii) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

(iii) The date on which the last student was transferred shall be the closing date of the program.

(c) Custody of records.

(i) If the program closes but the governing institution continues to function, it shall assume responsibility for the records of the students and graduates. The board shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the board for safekeeping.

(iii) The board shall be consulted about the disposition of all other records.

(2) Closing as a result of withdrawal of approval. When the board withdraws approval of a nursing education program, the governing institution shall comply with the following procedures:

(a) Students of the program shall be notified in writing of their status and options for transfer to an approved program.

(b) The program shall close after assisting in the transfer of students to other approved programs. A time frame for the transfer process will be established by the board.

(c) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the board by the governing institution.

(d) Custody of records.

(i) If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The board shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the board for safekeeping.

(iii) The board shall be consulted about the disposition of all other records.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-545, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-545, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88-120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130-.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-545, filed 7/28/88.]

**WAC 246-839-550 Purpose, philosophy, and objectives for approved nursing education programs.** (1) The purpose, philosophy, and objectives of the program shall be stated clearly and shall be available in written form. They shall be consistent with the definition of nursing practice as outlined in RCW 18.88.030.

(2) The nursing education program shall have a statement of philosophy that is consistent with the philosophy of the governing institution.

(3) The objectives shall be consistent with the philosophy and shall describe the cognitive, affective, and psychomotor capabilities of the graduate.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), re-codified as § 246-839-550, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-550, filed 7/28/88.]

**WAC 246-839-555 Organization and administration for approved nursing education programs.** (1) The nursing education program shall be an integral part of the accredited governing institution. The governing institution accreditation must be by an approved accrediting body.

(2) The relationship of the nursing education program to other units within the governing institution shall be clearly delineated.

(3) The nursing education program shall be organized with clearly defined authority, responsibility, and channels of communication.

(4) The nursing education faculty shall be involved in determining academic policies and procedures of the nursing program.

(5) The nursing education program shall allow student participation in committees in the determination of program policies and procedures, curriculum planning and evaluation.

(6) The nursing education program shall be administered by a registered nurse currently licensed in this state with the following qualifications:

(a) In a program offering the associate degree, a minimum of a masters with a major in nursing, preparation in education and administration, and at least five years of professional experience as a registered nurse including two years of experience in nursing education.

(b) In a program offering the baccalaureate degree in nursing, a masters degree with a major in nursing, a doctoral degree in nursing and/or a related field, preparation in education and administration, and at least five years of experience as a registered nurse including two years of experience in nursing education.

(7) The administrator of the nursing education program shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation and evaluation of the curriculum.

(b) Liaison with central administration and other units of the governing institution.

(c) Facilitation of faculty development and performance review consistent with the policies of institution.

(d) Facilitation of faculty recruitment and appointment.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules and regulations of the state board of nursing are effectively implemented.

(i) Notifying the board of any major changes in the program or its administration.

(8) The administrator of the nursing education program shall have designated time provided to conduct relevant administrative duties and responsibilities.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), re-codified as § 246-839-555, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-555, filed 7/28/88.]

**WAC 246-839-560 Resources, facilities, and services for approved nursing education programs.** (1) Classrooms, laboratories, and conference rooms shall be available and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(2) Offices shall be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for the conferences with students. Adequate space shall be provided for clerical staff, records, files, and other equipment.

(3) Clinical facilities.

(a) A variety of sites shall be utilized for learning experiences. These may include, but need not be limited to, hospitals, clinics, offices of health professionals, health centers, nursery schools, elementary and secondary schools, rehabilitation centers, mental health clinics, public health departments, and extended care resources.

(b) Clinical facilities shall be selected to provide learning experience of sufficient number and kind for student achievement of the course/curriculum objectives.

(c) Clinical facilities shall be approved by the appropriate accreditation or licensing evaluation bodies, if such exist.

(4) Library facilities shall be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students.

(5) Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, and/or students.

(6) Adequate financial support for faculty, support personnel, equipment, supplies, and services shall be demonstrated.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), re-codified as § 246-839-560, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-560, filed 7/28/88.]

**WAC 246-839-565 Students in approved nursing education programs.** (1) The approved nursing education program shall:

(a) Provide in writing policies and procedures for selection, admission, progression, graduation, withdrawal, and dismissal. These policies shall be consistent with the policies of the governing institution. Where necessary, policies specific to nursing students may be adopted if

justified by the nature and purposes of the nursing program.

(b) Maintain a system of student records.

(c) Provide a written statement of student rights and responsibilities.

(d) Require that students who seek admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

(2) The nursing education program shall provide the student with information on the legal definition and parameters of the nursing technician role, as in WAC 246-839-010(10) and 246-839-840. Such information shall be provided prior to the time of completion of the first clinical course and shall clearly advise the student of their responsibilities, should they choose to be employed as a nursing technician.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-565, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-565, filed 3/20/91, effective 4/20/91; 91-07-049 (Order 116B), recodified as § 246-839-565, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-565, filed 7/28/88.]

**WAC 246-839-570 Faculty in approved nursing education programs.** (1) There shall be a sufficient number of qualified faculty with adequate diversity of expertise in nursing to meet the purposes and objectives of the nursing education program.

(2) The maximum ratio of faculty to students in clinical areas involving direct care of patients or clients shall be one faculty member to twelve students. A lower ratio may be required by the board of nursing for students in initial or highly complex learning situations. Factors to be considered in determining the ratio are:

(a) The preparation and expertise of the faculty member;

(b) The objectives to be achieved;

(c) The level of students;

(d) The number, type, and conditions of patients;

(e) The number, type, location, and physical layout of clinical facilities being used for a particular course(s).

(3) Nursing faculty, including those in career ladder programs, shall have the following qualifications:

(a) A current license to practice as a registered nurse in Washington.

(b) A masters degree with a major in nursing from an accredited college or university shall be the minimum requirement for faculty appointment.

(i) Exceptions allowed without prior board approval:

(A) Current tenured faculty.

(B) Ongoing reappointment of faculty.

(C) Temporary faculty replacement for less than one academic term.

(ii) Exceptions allowed with prior board approval:

(A) Temporary short-term faculty appointment of one academic term or more.

(B) Faculty specializing in a highly selected clinical area such as operating room.

(c) Clinical experience as a registered nurse relevant to area(s) of responsibility.

(4) Nonnurse faculty must have academic and professional education and experience in their field of specialization.

(5) Faculty shall be responsible for:

(a) Developing, implementing, and evaluating the purpose, philosophy, and objectives of the nursing education program.

(b) Designing, implementing, and evaluating the curriculum.

(c) Developing and evaluating student admission, progression, retention, and graduation policies within the framework of the policies of the governing institution.

(d) Participating in or providing for academic advising and guidance of students.

(e) Evaluating student achievement, in terms of curricular objectives as related to both nursing knowledge and practice.

(f) Selecting, guiding, and evaluating student learning.

(g) Participating in activities to improve their own nursing competency in area(s) of responsibility.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-570, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-570, filed 7/28/88.]

**WAC 246-839-575 Curriculum for approved nursing education programs.** (1) The basic curriculum shall not be less than two academic years.

(2) The length, organization, content, methods of instruction, and placement of courses shall be consistent with the philosophy of the program.

(3) The curriculum shall include:

(a) Instruction in the physical and biological sciences and shall include content drawn from the areas of anatomy and physiology, physics, chemistry, microbiology, pharmacology and nutrition, which may be integrated, combined, or presented as separate courses.

(b) Instruction in the social and behavioral sciences and shall include content drawn from the areas of communications, psychology, sociology and anthropology, which may be integrated, combined, or presented as separate courses.

(c) Theory and clinical experiences in the areas of medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing, which may be integrated, combined, or presented as separate courses. Baccalaureate programs also shall include theory and clinical experiences in community health nursing.

(d) History, trends, and legal and ethical issues pertaining to the nursing profession, which may be integrated, combined, or presented as separate courses. Baccalaureate programs shall include study of research principles.

(e) Opportunities for the student to learn assessment of needs, planning, implementation, and evaluation of

nursing care for diverse individuals and groups. Baccalaureate programs shall include the study and practice of leadership.

(f) Clinical 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 have direct involvement in, responsibility and accountability for nursing care in the areas of acute and chronic illnesses, promotion and maintenance of wellness. 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.

(g) Opportunities for the student to participate in multidisciplinary health care.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-575, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211, 88-16-034 (Order PM 751), § 308-120-575, filed 7/28/88.]

**WAC 246-839-700 Standards of nursing conduct or practice.** The purpose of defining standards of nursing conduct or practice through WAC 246-839-700 and 246-839-710 is to identify responsibilities of the nurse in health care settings and as provided in the Nursing Practice Act chapter 18.88 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. Each individual, upon entering the practice of nursing, assumes a measure of responsibility and public trust and the corresponding obligation to adhere to the standards of nursing practice. The nurse shall be responsible and accountable for the quality of nursing care given to clients. This responsibility cannot be avoided by accepting the orders or directions of another person. The standards of nursing conduct or practice include, but are not limited to the following:

(1) Nursing process:

(a) The nurse shall collect pertinent objective and subjective data regarding the health status of the client.

(b) The nurse shall plan and implement nursing care which will assist the client to maintain or return to a state of health or will support a dignified death.

(c) The nurse shall communicate significant changes in the client's status to appropriate members of the health care team. This communication shall take place in a time period consistent with the client's need for care.

(d) The nurse shall document, on essential client records, the nursing care given and the client's response to that care.

(2) Delegation and supervision: The nurse shall be accountable for the safety of clients receiving nursing service by:

(a) Delegating selected nursing functions to others in accordance with their education, credentials, and demonstrated competence.

(b) Supervising others to whom he/she has delegated nursing functions.

(3) Other responsibilities:

(a) The nurse shall have knowledge and understanding of the laws and rules regulating nursing and shall function within the legal scope of nursing practice.

(b) The nurse shall be responsible and accountable for practice based on and limited to the scope of her/his education, demonstrated competence, and nursing experience.

(c) The nurse shall obtain instruction, supervision, and consultation as necessary before implementing new or unfamiliar techniques or practices.

(d) The nurse shall be responsible for maintaining current knowledge in his/her field of practice.

(e) The nurse shall conduct nursing practice without discrimination.

(f) The nurse shall respect the client's right to privacy by protecting confidential information.

(g) The nurse shall report unsafe nursing acts and practices, and illegal acts as defined in WAC 246-839-730.

[Statutory Authority: RCW 18.88.080 and 18.130.050, 91-23-077 (Order 214B), § 246-839-700, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-700, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180, 87-23-050 (Order PM 691), § 308-120-700, filed 11/18/87.]

**WAC 246-839-710 Violations of standards of nursing conduct or practice.** The following will serve as a guideline for the nurse as to the acts, practices, or omissions that are inconsistent with generally accepted standards of nursing conduct or practice. Such conduct or practice may be grounds for action with regard to the license to practice nursing pursuant to chapter 18.88 RCW and the Uniform Disciplinary Act, chapter 18.130 RCW. Such conduct or practice includes, but is not limited to the following:

(1) Failure to adhere to the standards enumerated in WAC 246-839-700(1) which may include:

(a) Failing to assess and evaluate a client's status or failing to institute nursing intervention as required by the client's condition.

(b) Willfully or repeatedly failing to report or document a client's symptoms, responses, progress, medication, or other nursing care accurately and/or intelligibly.

(c) Willfully or repeatedly failing to make entries, altering entries, destroying entries, making incorrect or illegible entries and/or making false entries in records pertaining to the giving of medication, treatments, or other nursing care.

(d) Willfully or repeatedly failing to administer medications and/or treatments in accordance with policy and procedure.

(e) Willfully or repeatedly failing to follow the policy and procedure for the wastage of medications where the nurse is employed or working.

(f) Willfully causing or contributing to physical or emotional abuse to the client.

(2) Failure to adhere to the standards enumerated in WAC 246-839-700(2) which may include:

(a) Delegating nursing care function or responsibilities to a person who the nurse knows or has reason to know lacks the ability or knowledge to perform the

function or responsibility, or delegating to unlicensed persons those functions or responsibilities the nurse knows or has reason to know are to be performed only by licensed persons. This section should not be construed as prohibiting delegation to family members and other care givers exempted by RCW 18.88.030 or 18.88.280.

(b) Failure to supervise those to whom nursing activities have been delegated. Such supervision shall be adequate to prevent an unreasonable risk of harm to clients.

(3) Failure to adhere to the standards enumerated in WAC 246-839-700(3) which may include:

(a) Performing or attempting to perform nursing techniques and/or procedures for which the nurse lacks the appropriate knowledge, experience, and education and/or failing to obtain instruction, supervision and/or consultation for client safety.

(b) Violating the confidentiality of information or knowledge concerning the client, except where required by law or for the protection of the client.

(c) Writing prescriptions for drugs unless authorized to do so by the board.

(4) Other violations:

(a) Appropriating for personal use medication, supplies, equipment, or personal items of the client, agency, or institution.

(b) Practicing nursing while impaired by any mental, physical and/or emotional condition to the extent that the person may be unable to practice with reasonable skill and safety.

(c) Willfully abandoning clients by leaving a nursing assignment without transferring responsibilities to appropriate personnel or care giver when continued nursing care is required by the condition of the client(s).

(d) Practicing nursing while impaired by alcohol and/or drugs.

(e) Conviction of a crime involving physical abuse or sexual abuse relating to the practice of nursing.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-710, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-710, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-710, filed 11/18/87.]

**WAC 246-839-720 Mitigating circumstances.** The board recognizes that there may be circumstances inherent to various practice settings that may affect the board's decision whether to issue a statement of charges, to make a finding of unprofessional conduct, or to determine a sanction.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-720, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-720, filed 11/18/87.]

**WAC 246-839-730 Mandatory reporting defined.** It is not the intent of the board of nursing that each and every nursing error be reported or that mandatory reporting take away the disciplinary ability and responsibility from the employer of the nurse. Anyone, including nurses, health care facilities and agencies, and state or

local government agencies, knowing of a nurse whose behavior or nursing practice fails to meet accepted standards for the level at which the nurse is licensed, should report the nurse to the person in the work setting who has authority to institute corrective action. Failure of any nurse to comply with the reporting requirements may in itself constitute a violation of nursing standards.

(1) Anyone, including nurses, health care facilities and agencies, and state or local government agencies, who has knowledge or concern that a nurse has committed an act which constitutes unprofessional conduct as provided in RCW 18.130.180, including violations of chapter 246-839 WAC, or is unable to practice with reasonable skill or safety as the result of a physical or mental condition shall report or cause a report to be made to the board of nursing.

(2) The decision to report a suspected violation of chapters 18.130 or 18.88 RCW or the rules adopted thereunder shall be based on, but not limited to the following:

(a) The past history of the nurse's performance.

(b) A demonstrated pattern of unsafe practice or conduct in violation of the standards of nursing.

(c) The magnitude of any single occurrence for actual or potential harm to the public health and safety.

(3) The following shall always be reported to the board of nursing:

(a) A nurse imposter. As used here "nurse imposter" means an individual who is ineligible for nursing licensure or advanced registered nurse practitioner licensure and who practices or offers to practice nursing or advanced nursing or uses any title, abbreviation, card, or device to indicate that the individual is licensed to practice in Washington.

(b) A person who is practicing nursing when the license has become void due to nonpayment of fees.

(c) A person who is practicing nursing as defined in chapter 18.88 RCW unless licensed as a registered nurse, or a person who is practicing as a nurse practitioner as defined in WAC 246-839-300 while not licensed as an advanced registered nurse practitioner.

(d) A nurse who has been convicted of a crime which relates to the practice of nursing.

(e) A nurse who has been dismissed from employment due to unsafe practice or conduct in violation of the standards of nursing.

(f) Client abuse by a nurse.

(g) A demonstrated pattern of conduct in violation of the standards of nursing as defined by the rules of the board or a single occurrence that creates serious harm or risk to the client.

(h) Any violation of a disciplinary sanction imposed on a nurse's license by the board.

(i) Substance abuse as defined in RCW 18.130.180 (6) and (23). Nursing professionals counseling impaired nurses for substance abuse are exempt from the reporting requirements except as provided in chapter 5.62 RCW.

(j) Any other cause for discipline as defined in RCW 18.130.170 and 18.130.180.



[Statutory Authority: RCW 18.88.080, 18.130.050 and 18.130.070. 91-23-077 (Order 214B), § 246-839-730, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88.080 and 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-730, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-730, filed 11/18/87.]

**WAC 246-839-740 Violations considered for disciplinary purposes only.** The consideration of violations of chapter 246-839 WAC are intended only for the purpose of disciplinary action by the board pursuant to chapters 18.88 and 18.130 RCW.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-740, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-740, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.130.050, 18.130.070 and 18.130.180. 87-23-050 (Order PM 691), § 308-120-740, filed 11/18/87.]

**WAC 246-839-750 Philosophy governing voluntary substance abuse monitoring programs.** The board recognizes the need to establish a means of proactively providing early recognition and treatment options for nurses whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such nurses be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer nurses impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-750, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-750, filed 11/9/88.]

**WAC 246-839-760 Terms used in WAC 246-839-750 through 246-839-780.** (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 246-839-770 which enters into a contract with nurses who have substance abuse problems regarding the required components of the nurse's recovery activity and oversees the nurse's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating nurses.

(2) "Contract" is a comprehensive, structured agreement between the recovering nurse and the approved monitoring program stipulating the nurse's consent to comply with the monitoring program and its required components of the 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 according to chapter 70.96A RCW to provide concentrated alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state must be equivalent to the standards required for approval under chapter 70.96A RCW.

(4) "Substance abuse" means the impairment, as determined by the board, of a 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 nurse and the 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 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 body fluids which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.88.080 and 18.130.050. 91-23-077 (Order 214B), § 246-839-760, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.130.050. 91-07-049 (Order 116B), recodified as § 246-839-760, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-760, filed 11/9/88.]

**WAC 246-839-770 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. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating nurses.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of nursing as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Nurses' support groups;
- (e) The nursing work environment; and
- (f) The ability of the nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the nurse and the board to oversee the nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a nurse will be

prohibited from engaging in the practice of nursing for a period of time and restrictions, if any, on the 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 nurse as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any 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 nursing for those participating in the program.

[Statutory Authority: RCW 18.130.050, 91-07-049 (Order 116B), recodified as § 246-839-770, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270. 88-23-035 (Order PM 795), § 308-120-770, filed 11/9/88.]

**WAC 246-839-780 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the nurse may accept board referral into the approved substance abuse monitoring program.

(a) The nurse 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. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The 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:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The 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 nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The 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 nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The nurse will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The 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 nurse is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The nurse may be subject to disciplinary action under RCW 18.130.160 if the 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 nurse who is not being investigated by the board or subject to current disciplinary action or 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 nurse 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. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The 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:

(i) The nurse will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The 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 nurse must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The 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 nurse will submit to random drug screening as specified by the approved monitoring program.

(vi) The nurse will attend nurses' support groups facilitated by a nurse and/or twelve step group meetings as specified by the contract.

(vii) The nurse will comply with employment conditions and restrictions as defined by the contract.

(viii) The 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 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 18.130.050, 91-07-049 (Order 116B), recodified as § 246-839-780, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.140, 18.130.175 and 70.24.270, 88-23-035 (Order PM 795), § 308-120-780, filed 11/9/88.]

**WAC 246-839-800 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 authority of various categories of nursing practitioners to perform particular acts. Such questions must be presented in writing to the department staff.

(2) Questions may be referred to a committee of the board to be denominated the practice committee. 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 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-800, filed 3/18/91, effective 4/18/91; 85-17-031 (Order PL 548), § 308-120-800, filed 8/14/85.]

**WAC 246-839-810 Provision for continuity of drug therapy for residents.** When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) Assurance that the RN informs the resident or responsible person of:

(a) The name, strength and quantity of drug provided,

(b) The proper administration of the drug,

(c) Potential adverse responses to the drug, and

(d) What actions to take should adverse responses occur.

(5) Provision for documenting by the RN in the resident's health record:

(a) Date and time of unscheduled leave,

(b) Name, strength and quantity of drug provided,

(c) Name of person to whom the drug was given and by whom it was given, and

(d) Confirmation that information described in (2) above was provided.

See WAC 360-13-100 for related regulations regarding this practice.

[Statutory Authority: RCW 18.88.080, 91-07-049 (Order 116B), recodified as § 246-839-810, filed 3/18/91, effective 4/18/91; 83-12-026 (Order PL 436), § 308-120-270, filed 5/25/83.]

**WAC 246-839-820 Provision for clean, intermittent catheterization in schools.** Public school districts and private schools that offer classes for any of the grades kindergarten through twelve may provide for clean, intermittent catheterization of students or assisted self-catheterization of students who are in the custody of the school district at the time in accordance with the following rules:

(1) The student's file shall contain a written request from the parent(s) or guardian for the clean, intermittent catheterization of the student.

(2) The student's file shall contain written permission from the parent(s) or guardian for the performance of the clean, intermittent catheterize procedure by the non-licensed school employee.

(3) The student's file shall contain a current written order for clean, intermittent catheterization from the student's physician and shall include written instructions for the procedure. The order shall be reviewed and/or revised each school year.

(4) The student's file shall contain written, current, and unexpired instructions from a registered nurse licensed under chapter 18.88 RCW regarding catheterization which include (a) a designation of the school district or private school employee or employees who may provide for the catheterization, and (b) a description of the nature and extent of any required supervision.

(5) The service shall be offered to all handicapped students and may be offered to the nonhandicapped students, at the discretion of the school board.

(6) The licensed registered nurse shall develop instructions specific to the needs of the student. These shall be made available to the nonlicensed school employee and shall be updated each school year.

(7) The supervision of the self-catheterizing student shall be based on the needs of the student and the skill of the nonlicensed school employee.

(8) The licensed registered nurse, designated by the school board, shall be responsible for the training of the nonlicensed school employees who are assigned to perform clean, intermittent catheterization of the students.

(9) The training of the nonlicensed school employee shall include but not be limited to:

(a) An initial inservice training, length determined by the licensed registered nurse.

(b) An update of the instructions and a review of the procedure each school year.

(c) Anatomy, physiology, and pathophysiology of the urinary system including common anomalies for the appropriate age group served.

(d) Techniques common to the urinary catheterization procedure.

(e) Identification and care of the required equipment.

(f) Common signs and symptoms of infection and recommended procedures to prevent the development of infections.

(g) Identification of the psychosocial needs of the parent/guardian and the students with emphasis on the needs for privacy and confidentiality.

(h) Documentation requirements.

(i) Communication skills including the requirements for reporting to the registered nurse or the physician.

(j) Medications commonly prescribed for the clean, intermittent catheterization patient and their side effects.

(k) Contraindications for clean, intermittent catheterization and the procedure to be followed if the nonlicensed school employee is unable to catheterize the student.

(l) Training in catheterization specific to the student's needs.

(m) Developmental growth patterns of the appropriate age group served.

(n) Utilization of a teaching model to demonstrate catheterization techniques with return demonstration performed by the nonlicensed school employee, if a model is available.

(10) The training of the nonlicensed school employee shall be documented in the employee's permanent file.

[Statutory Authority: RCW 18.88.080, 92-01-023 (Order 222B), § 246-839-820, filed 12/6/91, effective 1/6/92; 91-07-049 (Order 116B), recodified as § 246-839-820, filed 3/18/91, effective 4/18/91; 90-04-059, § 308-120-620, filed 2/2/90, effective 3/5/90.]

**WAC 246-839-830 Determination and pronouncement of death.** A nurse may determine and pronounce death, but shall not certify death as defined in RCW

70.58.160 unless the nurse is an ARNP-certified nurse midwife as defined in WAC 246-839-300.

(1) A nurse may assume responsibility for the determination and pronouncement of death only if there are written policies and procedures relating to the determination and pronouncement of death in the organization with which the nurse is associated as an employee or by contract, provided:

(a) The decedent was under the care of a health care practitioner qualified to certify cause of death; and

(b) The decedent was a patient of the organization with which the nurse is associated; and

(c) There is a "do not resuscitate order" in the patient's record when the decedent was assisted by mechanical life support systems at the time of determination and pronouncement of death.

(2) A nurse who assumes responsibility for the determination and pronouncement of death shall be knowledgeable of the laws and regulations regarding death and human remains which affect the nurse's practice of this responsibility.

(3) A nurse who assumes responsibility for the determination and pronouncement of death shall:

(a) Perform a physical assessment of the patient's condition;

(b) Insure that family and physician and other care givers are notified of the death; and

(c) Document the findings of the assessment and notification in all appropriate records.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-830, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-830, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, [18.88].086, [18.88].110, [18.88].130, [18.88].140, [18.88].175, [18.88].280 and 18.130.050, 89-12-033 (Order PM 847), § 308-120-810, filed 6/1/89.]

**WAC 246-839-840 Nursing technician.** The purpose of the role of nursing technician is to provide opportunity for student nurses to gain work experience within the limits of their education, but not limited to the scope of functions of nursing assistant - certified.

(1) The nursing technician is as defined in WAC 246-839-010(10).

(2) The nursing technician shall have knowledge and understanding of the laws and rules regulating the nursing technician and shall function within the legal scope of nursing practice.

(3) The nursing technician shall be responsible and accountable for practicing within the scope and guidelines of policies defined by the employing agency.

(4) The nursing technician shall not be employed by a temporary agency.

[Statutory Authority: RCW 18.88.080, 91-23-077 (Order 214B), § 246-839-840, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-840, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-850 Use of nomenclature.** (1) Any person who meets the qualifications under WAC 246-839-010(10) and 246-839-860 shall use the title nursing technician and this title shall not be abbreviated.

(2) No other person shall assume such title.

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-850, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-850, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-860 Nursing technician criteria.** To be eligible for employment as a nursing technician a student must meet the following criteria:

(1) Satisfactory completion of at least one academic term (quarter or semester) of a nursing program approved by a state board of nursing (ADN, diploma, or BSN). The term must have included a clinical component.

(2) Currently enrolled in a state board of nursing approved program will be considered to include:

All periods of regularly planned educational programs and all school scheduled vacations and holidays.

(3) The period of time of notification to the board of completion of nursing education, following graduation and application for examination, not to exceed thirty days from the date of graduation.

(4) Current enrollment will not be construed to include:

(a) Leaves of absence or withdrawal, temporary or permanent, from the nursing educational program.

(b) Students enrolled in nursing department classes who are solely enrolled in academic nonnursing supporting course-work, whether or not those courses are required for the nursing degree.

(c) Students who are awaiting the opportunity to re-enroll in nursing courses.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-860, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-870 Functions of the nursing technician.** The nursing technician:

(1) Shall function only under the supervision of the licensed registered nurse.

(2) May gather information about patients and administer care to patients.

(3) Shall not be responsible for performing the ongoing assessment, planning, implementation, and evaluation of the care of patients.

(4) Shall never function as an independent practitioner, as a team leader, charge nurse, or in a supervisory capacity.

(5) May administer medications only under the direct supervision of a registered nurse and within the limits described in this section. "Direct supervision" means that the licensed registered nurse is on the premises, is quickly and easily available, and that the patients have been assessed by the licensed registered nurse prior to the delegation of the medication duties to the nursing technician. The nursing technician shall not administer chemotherapy, blood or blood products, intravenous medications, scheduled drugs, nor carry out procedures on central lines.

There shall be written documentation from the nursing education program attesting to the nursing technician's preparation in the procedures of medication administration.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-870, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-880 Functions of the registered nurse supervising the nursing technician.** The licensed registered nurse:

(1) Is accountable at all times for the client's safety and well-being.

(2) Is responsible at all times for the nursing process as delineated in WAC 246-839-700 and this responsibility cannot be delegated.

(3) Shall maintain at all times an awareness of the care activities of the nursing technician and of the current assessment of the patient.

(4) Shall be available at all times to the nursing technician and shall be physically present within the health care facility.

[Statutory Authority: RCW 18.88.080. 91-07-067 (Order 152B), § 246-839-880, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-890 Responsibilities of the employing facility.** The employer of the nursing technician shall:

(1) Verify the nursing technician's enrollment in a nursing education program approved by the state board of nursing in the state in which the program is located.

(2) Verify satisfactory completion of each academic term (semester or quarter) within two weeks of completion date.

(3) Obtain written documentation from the approved nursing education program of the nursing technician's current level of education preparation and his/her knowledge and skills.

(4) Assign the nursing technician to perform only to the level identified in subsection (3) of this section.

(5) Provide the nursing technician from an educational program approved by a state board of nursing other than the Washington state board of nursing with board authorized information on the legal definition and parameters of the nursing technician role, as in WAC 246-839-010(10) and 246-839-840 through 246-839-870. Such information shall be provided prior to the commencement of patient care activities by the nursing technician. The facility shall obtain written verification from the nursing technician of receipt and review of this information and the facility shall retain the written verification for a minimum of three years from the last date of employment.

(6) Advise the board of the names and addresses of the nursing technician and the name and address of the nursing education program for any and all nursing technicians employed at the facility.

(7) Identify the student nurse as a "nursing technician."

[Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-890, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-890, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-900 Responsibilities of the nurse administrator.** The nursing administrator or designee shall:

(1) Ensure that the nursing technician has been thoroughly oriented to the facility.

(2) Ensure that WAC 246-839-890 (3), (4), (5), (6), and (7) are accomplished prior to patient care assignments.

(3) Observe, evaluate, and document the skill level of the nursing technician in the administration of oral, IM, and subcutaneous medication and nursing care skills.

(4) Convey in writing to all facility departments the scope within which the nursing technician may practice.

(5) Provide the supervising licensed registered nurse a written job description for the nursing technician.

[Statutory Authority: RCW 18.88.080, 91-07-067 (Order 152B), § 246-839-900, filed 3/20/91, effective 4/20/91.]

**WAC 246-839-990 Registered nurse fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                                     | Fee     |
|--|---------|
| Application - examination                        | \$40.00 |
| License renewal                                  | 20.00   |
| Late renewal penalty                             | 20.00   |
| Inactive license renewal                         | 10.00   |
| Inactive late renewal penalty                    | 5.00    |
| Endorsement                                      | 25.00   |
| Duplicate license                                | 15.00   |
| Examination retake                               | 40.00   |
| Verification of licensure/education              | 15.00   |
| ARNP application                                 | 25.00   |
| ARNP renewal                                     | 20.00   |
| ARNP late renewal penalty                        | 15.00   |
| ARNP with prescriptive authorization application | 30.00   |
| ARNP with prescriptive authorization renewal     | 40.00   |
| ARNP with prescriptive late renewal penalty      | 15.00   |

[Statutory Authority: RCW 43.70.040, 91-07-048 (Order 132), recodified as § 246-839-990, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 43.70.250, 90-04-094 (Order 029), § 308-120-275, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43-24.086, 88-20-075 (Order 783), § 308-120-275, filed 10/5/88; 87-10-028 (Order PM 650), § 308-120-275, filed 5/1/87. Statutory Authority: 1983 c 168 § 12, 83-17-031 (Order PL 442), § 308-120-275, filed 8/10/83. Formerly WAC 308-120-260.]

**Chapter 246-841 WAC  
NURSING ASSISTANTS**

| WAC         | Description   |
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**WAC 246-841-400 Standards of practice and competencies of nursing assistants.** The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed, as per RCW 18.88A.030, under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

- (a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).
- (b) Takes and records vital signs.
- (c) Measures and records height and weight.
- (d) Measures and records fluid and food intake and output of client.
- (e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

- (a) Assists client with bathing, mouth care, and skin care.
- (b) Assists client with grooming and dressing.
- (c) Provides toileting assistance to client.
- (d) Assists client with eating and hydration.
- (e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

- (a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the health care facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-400, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-400, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-210, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-410 Purpose of review and approval of certified nursing assistant training programs.** The board of nursing approves curriculum in nursing assistant education programs qualifying for admission to examination for certification for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To facilitate the career mobility of nursing assistants—certified in articulating into nursing educational programs in other levels of nursing.

(4) To identify training standards and achieved competencies of nursing assistants—certified in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-410, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-410, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-220, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-420 Requirements for nursing assistant education and training program approval.** Those institutions or facilities seeking approval to offer a program of training which qualifies graduates to apply for certification, in addition to other agency program approval requirements, must:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

- (a) Program objectives.
- (b) Curriculum content outline.
- (c) Qualifications of program director and additional instructional staff.
- (d) Agency agreements as appropriate.
- (e) A sample lesson plan for one unit.
- (f) A sample skills checklist.
- (g) Description of physical resources.
- (h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this code, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the code for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board. This on-site visit will be coordinated with other on-site review requirements when possible.

(5) Provide review and update of program information every year, or as requested by the board or educational agency.

(6) Comply with any future changes in education standards and guidelines in order to maintain approved status.

(7) Notify the board and education agency of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board and education agency of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-420, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-230, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-430 Denial of approval or withdrawal of approval for programs for which the board is the approving authority.** (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-841-470 through 246-841-510. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-841-470 through 246-841-510. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-430, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-430, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-240, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-440 Reinstatement of approval.** The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-841-470 through 246-841-510.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-440, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-440, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-245, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-450 Appeal of board decisions.** A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-450, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-250, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-460 Closing of an approved nursing assistant training program.** When a governing institution decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-460, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-255, filed 9/21/90, effective 10/22/90.]



**WAC 246-841-470 Program directors and instructors in approved training programs.** (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will meet the minimum qualifications for instructors as required by the superintendent of public instruction in chapter 180-77 WAC or the state board for community college education in chapter 131-16 WAC.

(3) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(4) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(5) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-841-490.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-841-480 through 246-841-510.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(6) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(c) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(d) Instructional staff may assist the program director in development of curriculum, teaching modalities, and evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-470, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-470, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-260, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-480 Students (trainees) in approved training programs.** (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-480, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-265, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-490 Core curriculum in approved training programs.** (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies CNAs must hold, as per WAC 246-841-400.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of no less than thirty-five hours of classroom training and no less than fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

(a) An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: RCW 18.88A.060. 91-23-077 (Order 214B), § 246-841-490, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-841-490, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-270, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-500 Physical resources for approved education programs.** (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-500, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-275, filed 9/21/90, effective 10/22/90.]

**WAC 246-841-510 Administrative procedures for approved nursing assistant training programs.** (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) For those programs based in a health care facility: Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Programs which are not sponsored by a health care facility, must submit with their application for approval an affiliation agreement between the educational institution and the health care facility which will provide the program access to the experience needed for clinical teaching. This agreement must specify the rights and responsibilities of both parties, students and clients.

(5) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-841-510, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-20-018 (Order 091), § 308-173-280, filed 9/21/90, effective 10/22/90.]

**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 or certification. Effective January 1, 1989 persons applying for registration or certification 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, certification, 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 18.88A.050, 18.130.050, 18.130.080 and 70.24.270. 92-02-018 (Order 224), § 246-841-610, filed 12/23/91, effective 1/23/92. 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.]

**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 health, whose address is:

Department of Health  
Board of Nursing  
1300 SE Quince St., P.O. Box 47864  
Olympia, WA 98504-7864

(5) "Nursing assistant" means a person registered or certified pursuant to chapter 18.88A RCW.

(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 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-710, filed 12/23/91, effective 1/23/92. 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 health 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 health when any person practices, or offers to practice as a nursing assistant in the state of Washington when the person is not registered or certified in the state; or when a person uses any title, abbreviation, card, or device to indicate the person is registered or certified when the person is not.

(7) The department of health 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 or certified 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 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-720, filed 12/23/91, effective 1/23/92. 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 246-841-750 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 secretary of the department of health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.88A.050, 18.130.050 and 18.130.080. 92-02-018 (Order 224), § 246-841-750, filed 12/23/91, effective 1/23/92. 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.]

### Chapter 246-842 WAC

#### NURSING ASSISTANTS--NURSING HOMES-- NURSING ASSISTANTS TRAINING PROGRAM

##### WAC

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| 246-842-100 | Standards of practice and competencies of nursing assistants.   |
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**WAC 246-842-100 Standards of practice and competencies of nursing assistants.** The following standards are supported by statements of the competencies that a nursing assistant must hold to meet the standard to be certified to practice in the state of Washington. The competencies are statements of skills and knowledge, and are written as descriptions of behaviors which can be observed and measured. All competencies are performed under the direction and supervision of a licensed (registered) nurse or licensed practical nurse. The level or depth of accomplishment of any given competency is as appropriate to the "assisting" role of basic nursing care under supervision of the licensed nurse.

(1) Basic technical skills. The nursing assistant demonstrates basic technical skills which facilitates an optimal level of functioning for the client, recognizing individual, cultural, and religious diversity. Competencies:

(a) Demonstrates proficiency in cardiopulmonary resuscitation (CPR).

(b) Takes and records vital signs.

(c) Measures and records height and weight.

(d) Measures and records fluid and food intake and output of client.

(e) Recognizes and reports abnormal signs and symptoms of common diseases and conditions.

(f) Demonstrates sensitivity to client's emotional, social, and mental health needs.

(g) Makes observations of client's environment to ensure safety and comfort of client.

(h) Participates in care planning and nursing reporting process.

(2) Personal care skills. The nursing assistant demonstrates basic personal care skills. Competencies:

(a) Assists client with bathing, mouth care, and skin care.

(b) Assists client with grooming and dressing.

(c) Provides toileting assistance to client.

(d) Assists client with eating and hydration.

(e) Utilizes proper feeding techniques.

(3) Mental health and social service needs. The nursing assistant demonstrates the ability to identify the psychosocial characteristics of all clients including persons with mental retardation, mental illness, dementia, Alzheimer's disease, and related disorders. Competencies:

(a) Modifies his/her own behavior in response to the client's behavior.

(b) Identifies adaptations necessary to accommodate the aging process.

(c) Provides training in, and the opportunity for, self care according to clients' capabilities.

(d) Demonstrates skills supporting client's personal choices.

(e) Identifies ways to use the client's family as a source of emotional support for the patient.

(4) Basic restorative services. The nursing assistant incorporates principles and skills of restorative nursing in providing nursing care. Competencies:

(a) Demonstrates knowledge and skill in using assistive devices in ambulation, eating, and dressing.

(b) Demonstrates knowledge and skill in the maintenance of range of motion.

(c) Demonstrates proper techniques for turning/positioning client in bed and chair.

(d) Demonstrates proper techniques for transferring client.

(e) Demonstrates knowledge about methods for meeting the elimination needs of clients.

(f) Demonstrates knowledge and skill for the care and use of prosthetic devices.

(5) Clients' rights and promotion of clients' independence. The nursing assistant demonstrates behavior which maintains and respects clients' rights and promotes clients' independence, regardless of race, religion, life-style, sexual preference, disease process, or ability to pay. Competencies:

(a) Recognizes that the client has the right to participate in decisions about his/her care.

(b) Recognizes and respects the clients' need for privacy and maintenance of confidentiality.

(c) Promotes and respects the client's right to make personal choices to accommodate their needs.

(d) Reports client's concerns.

(e) Provides assistance in getting to and participating in activities.

(f) Provides care of client's personal possessions.

(g) Provides care which maintains the client free from abuse, mistreatment or neglect; and reports any instances to appropriate facility staff.

(h) Maintains the client's environment and care through appropriate nursing assistant behavior so as to minimize the need for physical and chemical restraints.

(6) Communication and interpersonal skills. The nursing assistant uses communication skills effectively in order to function as a member of the nursing team. Competencies:

(a) Reads, writes, speaks, and understands English at the level necessary for performing duties of the nursing assistant.

(b) Listens and responds to verbal and nonverbal communication in an appropriate manner.

(c) Recognizes how one's own behavior influences client's behavior and know resources for obtaining assistance in understanding client's behavior.

(d) Makes adjustments for client's physical or mental limitations.

(e) Uses terminology accepted in the nursing facility to record and report observations and pertinent information.

(f) Records and reports observations, actions, and information accurately and timely.

(g) Demonstrates ability to explain policies and procedures before and during care of the client.

(7) Infection control. The nursing assistant uses procedures and techniques to prevent the spread of microorganisms. Competencies:

(a) Uses principles of medical asepsis and demonstrates infection control techniques and universal precautions.

(b) Explains how disease causing microorganisms are spread; lists ways that HIV and Hepatitis B can spread from one person to another.

(c) Demonstrates knowledge of cleaning agents and methods which destroy microorganisms on surfaces.

(8) Safety/emergency procedures. The nursing assistant demonstrates the ability to identify and implement safety/emergency procedures. Competencies:

(a) Provides adequate ventilation, warmth, light, and quiet measures.

(b) Uses measures that promote comfort, rest, and sleep.

(c) Promotes clean, orderly, and safe environment and equipment for the client.

(d) Identifies and utilizes measures for accident prevention.

(e) Identifies and demonstrates principles of body mechanics.

(f) Demonstrates proper use of protective devices in care of clients.

(g) Demonstrates knowledge of fire and disaster procedures.

(h) Identifies and demonstrates principles of health and sanitation in the service of food.

(i) Demonstrates the proper use and storage of cleaning agents and other potentially hazardous materials.

(9) Rules and regulations knowledge. The nursing assistant demonstrates knowledge of and is responsive to the laws and regulations which affect his/her practice including but not limited to: Client abuse and neglect, client complaint procedures, workers right to know, and the Uniform Disciplinary Act.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-100, filed 11/19/91, effective 12/20/91. Statutory

Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-100, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-110, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-110 Purpose of review and approval of nursing assistant training programs.** The board of nursing approves nursing assistant education programs in health care facilities qualifying graduates for admission to the federally mandated examination for the following purposes:

(1) To assure preparation for safe practice as a nursing assistant by setting minimum standards for education programs.

(2) To provide guidance for the development of new training programs.

(3) To comply with federal and state laws and regulations affecting nursing assistant practice in nursing homes.

(4) To identify training standards and achieved competencies of nursing assistants in nursing homes in the state of Washington for the purpose of interstate communications and endorsements.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-110, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-120, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-120 Requirements for nursing assistant training program approval.** Those institutions or facilities seeking approval to offer a program of training for nursing assistants in nursing homes which qualifies graduates for the certification examination shall:

(1) Request an application/guidelines packet from department of health, professional licensing. The packet will include forms and instructions for the program to submit:

(a) Program objectives.

(b) Program content outline.

(c) Qualifications of program director and additional instructional staff.

(d) Agency agreements as appropriate.

(e) A sample lesson plan for one unit.

(f) A sample skills checklist.

(g) Description of physical resources.

(h) Statement of assurance of compliance with administrative guidelines.

(2) If a program currently in existence as an approved program on the date of implementation of this regulation, submit the completed application, including all forms, fees, and assurances as specified, within sixty days of the effective date of the regulation for review for reapproval of the program.

(3) If a program not currently holding approval status, submit the completed application packet and fees as instructed, with all forms and assurances as specified, sixty days prior to the anticipated start date of the first class offered by the institution.

(4) Agree to on-site survey of the training program, as requested by the board, on a date mutually agreed upon by the institution and the board.

(5) Provide review and update of program information every year, or as requested by the board.

(6) Comply with any future changes in training standards and guidelines in order to maintain approved status.

(7) Notify the board of any changes in overall curriculum plan or major curriculum content changes prior to implementation.

(8) Notify the board of changes in program director or instructors.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-120, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-130, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-130 Denial of approval or withdrawal of approval for programs for which the board is the approving authority.** (1) The board may deny approval to new programs when it determines that a nursing assistant training program fails substantially to meet the standards for training as contained in WAC 246-842-170 through 246-842-210. All such board actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the board.

(2) The board may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing assistant training as contained in WAC 246-842-170 through 246-842-210. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the board.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-130, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-130, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-140, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-140 Reinstatement of approval.** The board may consider reinstatement of withdrawn approval of a nursing assistant training program upon submission of satisfactory evidence that the program meets the standards of nursing assistant training, WAC 246-842-170 through 246-842-210.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-140, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-140, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-145, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-150 Appeal of board decisions.** A nursing assistant training program deeming itself aggrieved by a decision of the board affecting its approval status shall have the right to appeal the board's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-150, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-150, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-160 Closing of an approved nursing assistant training program.** When a facility decides to close a program it shall notify the board in writing, stating the reason and the date of intended closing.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-160, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-155, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-170 Program directors and instructors in approved training programs.** (1) The program director will be a registered nurse licensed in the state of Washington.

(2) The program director will complete a "train-the-trainer" program approved by the state or have demonstrated competence to teach adults as defined by the state.

(3) The program director will have a minimum of three years of experience as an RN, of which at least one year will be in direct patient care.

(4) Program director responsibilities:

(a) Develop and implement a curriculum which meets as a minimum the requirements of WAC 246-842-190.

(b) Assure compliance with and assume responsibility for all regulations as stipulated in WAC 246-842-180 through 246-842-210.

(c) Directly supervise each course offering.

(d) Create and maintain an environment conducive to teaching and learning.

(e) Select and supervise all other instructors involved in the course, to include clinical instructors.

(f) Assure that students are not asked to, nor allowed to, perform any clinical skill with patients or clients until first demonstrating the skill satisfactorily to an instructor in a practice setting.

(g) Assure evaluation of competency of knowledge and skills of students before issuance of verification of completion of the course.

(h) Assure that students receive a verification of completion when requirements of the course have been satisfactorily met.

(5) Additional instructional staff:

(a) The program director may select instructional staff to assist in the teaching of the course, teaching in their area of expertise.

(b) All instructional staff must have a minimum of one year experience within the past three years in caring for the elderly and/or chronically ill of any age.

(c) A guest lecturer, or individual with expertise in a specific course unit may be utilized for the teaching of that unit, following the program director's review of the currency of the content.

(d) All instructional staff must be, where applicable, currently licensed, registered, and/or certified in their field in the state of Washington.

(e) Instructional staff may assist the program director in development of curriculum, teaching modalities, and

evaluation but will in all cases be under the supervision of the program director.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-170, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-170, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-160, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-180 Students (trainees) in approved training programs.** (1) Students shall register with the department within three days of hire at a health care facility.

(2) Students shall wear name tags which clearly identify them as students or trainees at all times in interactions with patients, clients, and families.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-180, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-165, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-190 Core curriculum in approved training programs.** (1) Curriculum will be competency based; that is composed of learning objectives and activities that will lead to the attainment of knowledge and skills required for the graduate to demonstrate mastery of the core competencies nursing assistants-certified must hold, as per WAC 246-842-100.

(2) The program director will determine the amount of time required in the curriculum to achieve the objectives as above. The time designated will be expected to vary with characteristics of the learners and teaching/learning variables. In no case will the hours be less than eighty-five hours total, comprised of thirty-five hours of classroom training and fifty hours of clinical training.

(a) Of the thirty-five hours of classroom training, no less than seven hours must be in AIDS education and training, in the subject areas of: Epidemiology, pathophysiology, infection control guidelines, testing and counseling, legal and ethical issues, medical records, clinical manifestations and diagnosis, treatment and disease management, and psychosocial and special group issues.

(b) Training to orient the student to the health care facility and facility policies and procedures are not to be included in the minimum hours above.

(3) Each unit of the core curriculum will have:

(a) Behavioral objectives, that is statements of specific observable actions and behaviors that the learner is to perform or exhibit.

(b) An outline of information the learner will need to know in order to meet the objectives.

(c) Learning activities (that is, lecture, discussion, readings, film, clinical practice, etc.,) that are designed to enable the student to achieve the stated objectives.

(4) Clinical teaching in a given competency area will be closely correlated with classroom teaching, to facilitate the integration of knowledge with manual skills.

An identified instructor(s) will supervise clinical teaching/learning at all times. At no time will the ratio

of students to instructor exceed ten students to one instructor in the clinical setting.

(5) The curriculum will include evaluation processes to assure mastery of competencies. Written and oral tests and clinical practical demonstrations are common methods. Students will not be asked to, nor allowed to, perform any clinical skill on patients or clients until first demonstrating the skill satisfactorily to an instructor in the practice setting.

[Statutory Authority: Chapter 18.52A RCW. 91-23-077 (Order 214B), § 246-842-190, filed 11/19/91, effective 12/20/91. Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-190, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-170, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-200 Physical resources for approved education programs.** (1) Classroom facilities must provide adequate space, lighting, comfort, and privacy for effective teaching and learning.

(2) Adequate classroom resources, such as chalkboard, AV materials, written materials, etc., with which to accomplish program objectives must be available.

(3) Adequate resources must also be provided for teaching and practice of clinical skills and procedures, before implementation of such skills with patients or residents.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-200, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-175, filed 8/10/90, effective 9/10/90.]

**WAC 246-842-210 Administrative procedures for approved nursing assistant training programs.** (1) A student file will be established and maintained for each student enrolled which includes dates attended, evaluation (test) results, a skills evaluation checklist with dates of skills testing and signature of evaluator, and documentation of successful completion of the course, or other outcome.

Each student file will be maintained by the institution for a period of thirty-five years, and copies of documents made available to students who request them.

(2) Verification of successful completion of the course of training will be provided to the board of nursing on forms provided by the board.

(3) Training evaluation and verification of successful completion of the course, including mastery of the required knowledge and skills, will be determined by the program director separately from other employee/employer issues. Verification of completion will not be withheld from a student who has successfully met the requirements of the course.

(4) Failure to adhere to administrative requirements for programs may result in withdrawal of approval status by the board.

[Statutory Authority: RCW 18.88A.060. 91-07-049 (Order 116B), recodified as § 246-842-210, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080. 90-17-042 (Order 079), § 308-121-180, filed 8/10/90, effective 9/10/90.]

**Chapter 246-843 WAC**  
**NURSING HOME ADMINISTRATORS**

## WAC

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**WAC 246-843-001 Source of authority—Title.** The rules and regulations herein contained constitute and shall be known as the rules and regulations of the board of examiners for the licensing of nursing home administrators of the state of Washington, and are hereby promulgated pursuant to the authority granted to said board pursuant to RCW 18.52.100 (11).

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-001, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-001, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-010, filed 1/6/78; Order PL 107, § 308-54-010, filed 3/3/71.]

**WAC 246-843-010 General definitions.** Whenever used in these rules and regulations, unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the following meanings:

(1) "Board" means the state board of examiners for the licensing of nursing home administrators representative of the professions and institutions concerned with the care of the chronically ill and infirm aged patients.

(2) "Nursing home" means any facility or portion thereof licensed under state law as a nursing home.

(3) "Nursing home administrator" means an individual in active administrative charge of nursing homes as defined herein, whether or not having an ownership interest in such homes, and although functions and duties may be shared with or delegated to other persons.

(4) "Nursing home administrator-in-training" means an individual registered as such with the board, under and pursuant to these rules and regulations.

(5) "Person" or "individual" means an individual and does not include the terms firm, institution, public body, joint stock association or any other group of individuals.

(6) "Secretary" means the secretary of the department of health.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-010, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-010, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-020, filed 12/29/86; Order PL 107, § 308-54-020, filed 3/3/71.]

**WAC 246-843-030 Board of examiners—Meetings.**

(1) The board shall meet at the discretion of the board.

(2) The chairman, or other presiding officer of the board, or four members by signed written request, may call special meetings thereof when, in their judgment, circumstances or functioning of the board require it.

(3) The rules of parliamentary procedure, as laid down in *Roberts' Rules of Order, Revised*, shall govern any disputes involved in meetings of the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-030, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-030, filed 3/3/71.]

**WAC 246-843-040 Board of examiners—General powers and responsibilities.** The board, with the assistance of the secretary for administrative matters, shall have the duties and responsibilities, within the limits of the Nursing Home Administrator Licensing Act and the rules and regulations herein, to:

(1) Develop standards which shall be met by individuals in order to receive a license as a nursing home administrator.

(2) Develop appropriate techniques, including examinations and investigations to the extent necessary to determine whether an individual meets such standards for licensing:

(3) Order the secretary to issue licenses, provisional licenses or permits to individuals meeting the requirements applicable to them.

(4) Order the secretary, after such notice and hearing, as may be required by law, to deny, reprimand, revoke, suspend or refuse to reregister a license of any holder or applicant who fails to meet the requirements of chapter 18.52 RCW.

(5) Investigate, and take appropriate action with respect to any charge or complaint filed with the board or secretary to the effect that any individual licensed as a nursing home administrator has failed to comply with the requirements of chapter 18.52 RCW.

(6) Issue rules and regulations which are necessary to carry out the functions of the Nursing Home Administrator License Act.



(7) Implement and carry out the requirements of the Nursing Home Administrator Licensing Act and rules and regulations, with the assistance of the secretary for administrative matters, to include such functions as:

- (a) Recommending the hiring of consultants to advise on matters requiring expert advice;
- (b) The delegating of work responsibilities to committees of the board;
- (c) Implement and supervise the administrator-in-training program.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-040, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-040, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 78-02-009 (Order PL 282), § 308-54-040, filed 1/6/78; Order PL 107, § 308-54-040, filed 3/3/71.]

**WAC 246-843-050 Board of examiners--Officers and duties.** (1) The board shall elect annually from its membership a chairman, vice chairman and secretary-treasurer.

(2) The chairman shall preside at all meetings of the board and shall sign appropriate official documents related to the licensing of nursing home administrators.

(3) In the absence of the chairman, the vice chairman shall preside at meetings, and perform all duties usually performed by the chairman.

(4) The secretary-treasurer shall be responsible for the official minutes and to advise on matters of finance and budget relative to the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-050, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-050, filed 3/3/71.]

**WAC 246-843-060 Program manager--Hiring and duties.** A full or part-time program manager for the board may be employed by the secretary. The program manager shall be recommended by the board with his duties to include:

- (1) Attendance at all meeting of the board;
- (2) Maintaining a full and complete record of minutes of the said meetings;
- (3) Notifying the members of the board of the time and place fixed for meetings of the board;
- (4) Maintaining, under the supervision of the secretary, the records pertaining to licensees and registrants and the rules and regulations;
- (5) Countersigning the original certificate of licensure for nursing home administrators;
- (6) Conducting all routine correspondence of the board;
- (7) Issuing of appropriate notices of meetings and hearings;
- (8) Having the responsibility for all books, records, and other state property as may be assigned or under the control of the board;
- (9) Receiving all monies and shall pay the same to the treasurer of the state as provided by law;
- (10) Keeping such financial records as are considered necessary by the board over and above those required by the department of health or other fiscal authorities of the state; and

(11) Performing any other duties pertaining to the position of program manager as may be determined by the board or secretary.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-060, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-060, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-060, filed 12/29/86; Order PL 126, § 308-54-060, filed 6/1/72; Order PL 107, § 308-54-060, filed 3/3/71.]

**WAC 246-843-070 Scheduling of examinations and reexaminations.** (1) The board shall determine the subjects of examination of applicants for license as a nursing home administrator, and the scope, content, form, and character of such examinations which in any examination shall be the same for all candidates.

(2) Examination shall be held not less than semiannually and at such times and places as shall be designated by the board.

(3) Following the close of every examination, a permanent record stating in detail the result of the examination for each candidate shall be kept by the board.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-070, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-070, filed 3/3/71.]

**WAC 246-843-080 Application for examination.**

(1) An applicant for examination and qualification for a license as a nursing home administrator shall make application therefore in writing, on forms approved by the board and provided by the secretary. All applications shall be completed in every respect.

(2) An applicant, otherwise qualified, who has not administered or does not continue to administer a nursing home, may obtain and maintain a license.

(3) Completed applications shall be on file sixty days prior to the examination date.

(4) The application fee shall be submitted with the form.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-080, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-080, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-080, filed 12/29/86; Order PL 107, § 308-54-080, filed 3/3/71.]

**WAC 246-843-090 Preexamination requirements.** No person shall be admitted to or permitted to take an examination for licensure as a nursing home administrator without having first submitted evidence satisfactory to the board that the applicant meets the following requirements:

(1) All applicants shall be at least twenty-one years of age, and in addition, shall otherwise meet the requirements of suitability and character set forth in WAC 246-843-200.

(2) All applicants shall complete an application for licensure provided by the division of professional licensing, department of health, and shall include all information requested in said application.

(3)(a) All applicants shall submit documentation demonstrating that they meet the minimum requirements set forth in RCW 18.52.070(2) relative to training and experience in nursing home or health facility

administration. Applicants who, when graded according to the criteria set forth in (c) of this subsection, accumulate a total of eight points, including at least three points in each management and health care, shall be deemed to have satisfied the statutory requirements.

(b) For the purposes of applying the evaluation criteria set forth below, the following definitions apply:

**HEALTH CARE EXPERIENCE**

Experience in health care can include employment in any job position which would permit the person to become acquainted with the typical duties, functions of health care personnel and to otherwise become familiar with the terms and language unique to the field of health care. This may include employment as a nurse, physician, pharmacist, orderly, corpsman, etc.

**MANAGEMENT EXPERIENCE**

Management is considered to be an upper level of supervision which includes directing and guiding the operations of the organization towards established goals.

(c) The following criteria shall be utilized to determine if an individual applicant's prior training and/or experience meets the qualification requirement set forth in RCW 18.52.070(2). Training or experience acquired more than seven years prior to the date of application shall accumulate points at one-half the value listed.

I. **TRAINING:** (NOTE: Courses which incorporate principles of both management and health—such as hospital or health care administration—accumulate points only in one field.)

**A. MANAGEMENT**

College Credit related to management College courses in management, including business administration, finance, public administration, etc. Four points shall be allowed for a bachelor's degree, with a major in this area. Undergraduate courses specifically related to this area not leading to a degree shall receive one point for each 45 quarter hours or the equivalent. Graduate courses specifically related to this area shall be allowed one point for each academic year or the equivalent up to a maximum of two points for a graduate degree

Noncredit courses related to management Noncredit courses specifically related to management such as courses offered by the military or industry. Points allowed shall be one-half for each 100 classroom and/or correspondence hours with a maximum of one point (1/2-1)

Board approved courses related to management One-half point shall be allowed for each fifty classroom hours of instruction with a maximum of one point (1/2-1)

Management Health Care

Management Health Care

**B. HEALTH CARE**

College Credit related to health care College courses in the field of health care such as nursing, medicine, public health, social services, etc. Four points shall be allowed for a bachelor's degree, with a major in this area. Undergraduate courses specifically related to this area not leading to a degree shall receive one point for each 45 quarter hours or the equivalent. Graduate courses specifically related to this area shall be allowed one point for each academic year or the equivalent up to a maximum of two points for a graduate degree

Noncredit courses related to health care Noncredit courses specifically related to health. Points allowed would be one-half for each 100 classroom and/or correspondence hours with a maximum of one point

Board approved courses related to health care One-half point would be allowed for each 50 classroom hours of instruction with a maximum of one point (1/2-1)

**C. UNRELATED TO HEALTH CARE OR MANAGEMENT**

College Credit not related to management or health care College courses not specifically related to either management or health care, such as education, science, etc. shall receive a maximum of two points for baccalaureate degree, or one-half point for each 45 quarter hours or the equivalent, whether at the undergraduate or graduate level. Points shall accumulate toward satisfaction of the management requirement (1/2-2 1/2)

**II. EXPERIENCE:**

**A. HEALTH CARE MANAGEMENT**

One point for each six months of experience in a management position requiring expertise in the health care field. Examples include, but are not limited to, the following: Nursing home administrator, hospital administrator, assistant administrator of a large health care facility, executive in health care-related industry, director of nursing service in a health care facility. Points accumulate in management and health care

**B. NONHEALTH CARE MANAGEMENT**

One point for each six months of experience in management not involving health care as an essential element

|            |                |
|------------|----------------|
| Management | Health<br>Care |
|------------|----------------|

### C. RELATED HEALTH CARE

One point for each six months of experience in the field of health care not involving substantial managerial responsibility -----

(4) Applicants not meeting the minimum requirements set forth in subsection (3) of this section may apply to the board for permission to undertake an administrator-in-training program as a substitute for said criteria. Such a program shall be on such terms as the board feels necessary to assure that the applicant meets the minimum statutory requirements for licensure set forth in RCW 18.52.070, and shall include, without limitations, the following:

(a) The program shall be under the guidance and supervision of a licensed nursing home administrator, as preceptor, and shall be conducted for a period of not less than six months and not more than two years;

(b) The program shall be designed to provide for individual learning experiences and instruction based upon the person's academic backgrounds, training, and experience;

(c) The prospectus for the program shall be signed by the preceptor, submitted and approved by the board prior to its commencement. Any changes in the program shall be immediately reported in writing to the board, and the board may withdraw the approval given, or alter the conditions under which approval was given, if the board finds that the program as originally submitted and approved has not been or is not being followed;

(d) The program shall include the following components:

(i) A planned systematic rotation through each department of a nursing home;

(ii) Planned reading and written assignments;

(iii) Project assignment including at least one problem-solving assignment to be submitted in writing to the board or a designated board member. Problem-solving project should indicate the definition of an acknowledged problem, the method of approach to the problem such as data gathering, the listing of possible alternatives, the conclusions, and final recommendations to improve the facility or procedure.

(iv) Other planned learning experiences including acquisition of knowledge about other health and welfare agencies in the community; and

(v) A quarterly written report to the board by the applicant including a detailed outline of activities and learning experiences of the reporting period.

(e) The program shall provide for a broad range of experience with a close working relationship between preceptor and trainee. Toward that end, as a general rule, no program shall be approved which would result in an individual preceptor supervising more than two trainees, or if the facility in which the program is to be implemented has a capacity of fewer than 50 beds. Exceptions to this general rule may be granted by the board in unusual circumstances.

(f) In addition, the board may in an individual case, require up to 150 contact hours of board-approved education, based upon the individual applicant's background, experience, and training.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-090, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-090, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-090, filed 12/29/86; Order PL 260, § 308-54-090, filed 12/10/76; Order PL 164, § 308-54-090, filed 3/27/74, effective 1/1/75; Order PL 107, § 308-54-090, filed 3/3/71.]

**WAC 246-843-095 Preceptors for administrator-in-training programs.** In reviewing proposed administrator-in-training programs, the board shall utilize the following criteria in determining the qualifications and duties of the preceptor for such program:

(1) Qualifications of preceptor:

(a) The preceptor shall be employed as a licensed nursing home administrator for at least three years.

(b) The preceptor shall be employed full time as the nursing home administrator in the facility where the administrator-in-training is trained.

(c) The preceptor shall have demonstrated the ability and skills to provide quality care.

(d) The preceptor shall have demonstrated his or her continued interest in the broadening of his or her professional horizons beyond the requirements of licensure.

(e) The preceptor shall submit, in writing, the preceptor's qualifications as described in subsection (1)(a) through (d) of this section and an agreement to perform the duties in subsection (2)(a) and (b) of this section with the administrator-in-training's application.

(f) The preceptor shall participate in and successfully complete any preceptor workshop or other training deemed necessary by the board.

(2) Duties of the preceptor:

(a) The preceptor shall take the time necessary and have at least a weekly supervisory conference between himself or herself and the trainee in the facility to adequately monitor the education and activities of the administrator-in-training relative to the training program and the facility.

(b) The preceptor shall evaluate and report to the board on a quarterly basis as to the progress of the administrator-in-training.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-095, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-095, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-095, filed 12/29/86. Statutory Authority: RCW 18.52.100 (2) and (14). 78-02-009 (Order PL 282), § 308-54-095, filed 1/6/78.]

**WAC 246-843-100 Disqualification--Reexamination.** (1) An applicant for examination who has been disqualified shall be given written notification by the secretary, based upon the board's findings, of the applicant's disqualification and the reasons therefore.

(2) An applicant for examination who has been disqualified may petition the board in writing within thirty days of notification of disqualification for a hearing and a review of the applicant's application.

(3) Where an applicant for examination has been disqualified, the applicant may submit a new application for qualification for examination, provided, however, that the applicant shall be required to meet the requirements for licensing as shall be in force at the time of such reapplication.

(4) Applicants who fail to obtain a passing score may update their application and retake the examination, for a reexamination fee, until they obtain a passing score.

(5) If there are two examinations involved, and the applicant fails to receive a passing score in one of the examinations, the applicant shall be required to repeat only that examination in which the applicant received a below-passing grade.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-100, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-100, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-100, filed 12/29/86; Order PL 215, § 308-54-100, filed 11/5/75; Order PL 107, § 308-54-100, filed 3/3/71.]

**WAC 246-843-110 Subjects for examination.** Every applicant for a license as a nursing home administrator, after meeting the requirements for qualification for examination as set forth in WAC 246-843-090, shall successfully pass an examination. The board may choose to include, but need not be limited to, the following subjects:

- (1) Applicable standards of environmental health and safety
- (2) Washington state nursing home law and regulations
- (3) General administration
- (4) Psychology of patient care
- (5) Principles of medical care
- (6) Personal and social care
- (7) Therapeutic and supportive care and services in long-term care
- (8) Departmental organization and management
- (9) Community interrelationships.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-110, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-110, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-110, filed 12/29/86; Order PL 107, § 308-54-110, filed 3/3/71.]

**WAC 246-843-115 Examination procedures.** (1) The examination consists of two parts: The National Association of Boards of Examiners for Nursing Home Administrators examination and the Washington state rules and regulations examination.

(a) Applicants who are certified by the American College of Health Care Administrators (ACHCA) will be required to pass only the state approved examination.

(b) Applicants who are licensed as a nursing home administrator in another state and who have previously passed the national examination will be required to pass only the state approved examination.

(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 disqualification from the examination.

(3) Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination will be expelled from the examination and not allowed to complete it.

[Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-115, filed 11/25/91, effective 12/26/91.]

**WAC 246-843-120 Grading examinations.** (1) Every candidate for a nursing home administrator's license shall be required to pass the examination for such license at a grade of at least seventy-five percent.

(2) The board shall determine a method of grading each examination separately, and shall apply such method uniformly to all candidates taking that examination.

(3) The board or the department shall not disclose the individual's score to anyone other than the applicant, unless requested to do so, in writing, by the applicant.

(4) The applicant shall be notified, in writing, of scores received on the applicant's examination.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-120, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-120, filed 3/1/91, effective 4/1/91; 81-14-037 (Order PL 381), § 308-54-120, filed 6/29/81; Order PL 107, § 308-54-120, filed 3/3/71.]

**WAC 246-843-122 Examination review procedures.**

(1) Each individual who 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 postmarked to 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 of the potentially 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) In addition to the written request required in subsection (1) of this section, 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.

(a) 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.

(b) For this review session the candidate will be allowed one-half the time originally allotted to take the examination.

(c) The candidate may not bring in any resource material for use while completing the informal review form.

(d) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(e) The candidate will be notified in writing of the board's decision.

(3) 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 request for hearing must be made and postmarked within twenty days of the receipt of the board's informal 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.

(a) The written request must specifically identify the challenged portions of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(b) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(c) 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.

(d) The candidate will be notified in writing of the board's decision.

[Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-122, filed 11/25/91, effective 12/26/91.]

**WAC 246-843-125 Continuing education credit for preceptors for administrators-in-training programs.** Any licensed nursing home administrator serving as a preceptor for an administrator in training pursuant to WAC 246-843-090(4) may be granted continuing education credit at a rate of one hour per month provided that no licensed nursing home administrator shall be granted more than 24 hours of continuing education in any three-year period with regard to the preceptorship.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-125, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-125, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-125, filed 12/20/79.]

**WAC 246-843-130 Courses of study.** A course of study provided to satisfy the continuing education requirement of licensed nursing home administrators shall meet the following conditions before approval by the board will be considered:

(1) Such course of study shall be registered before being offered;

(2) Such course of study shall consist of a minimum of one hour of organized instruction with the exception of board-approved correspondence courses of study;

(3) Such course of study may include the following general subject areas or their equivalents, and shall be

oriented to the nursing home administrator and reasonably related to the administrator of nursing homes:

(a) Applicable standards of environmental health and safety

(b) Local health and safety regulations

(c) General administration

(d) Psychology of patient care

(e) Principles of medical care

(f) Personal and social care

(g) Therapeutic and supportive care and services in long-term care

(h) Departmental organization and management

(i) Community inter-relationships;

(4) Such course of study shall issue certificates of attendance or other evidence satisfactory to the board; and

(5) All courses of study for continuing education are subject to board approval.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-130, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-130, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-130, filed 11/9/88. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 82-20-092 (Order PL 407), § 308-54-130, filed 10/6/82. Statutory Authority: RCW 18.52.100(14) and 18.52.110. 80-01-057 (Order PL 328), § 308-54-130, filed 12/20/79; Order PL 265, § 308-54-130, filed 3/21/77; Order PL 260, § 308-54-130, filed 12/10/76; Order PL 107, § 308-54-130, filed 3/3/71.]

**WAC 246-843-150 Continuing education requirements to meet the conditions of reregistration for license.**

(1) A condition of reregistration for license shall be the requirement that the applicant has attended board-approved courses in continuing education.

(2) The licensee shall present proof that fifty-four classroom hours in approved continuing education courses have been completed during each three-year period of licensed tenure. The first three year period shall begin on the date of first renewal of the license, and shall conclude the day before the third anniversary of such renewal. Successive three year periods shall be computed in a similar fashion.

(3) There shall be no carry over of continuing education classroom hours from any three year period to the next three year period.

(4) Applicants for renewal practicing only out of the state of Washington may petition the board for full recognition of the continuing education requirement through fulfillment of their state of practice's licensing and continuing education requirements with the condition that their state has equal hours of continuing education requirements.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-150, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-150, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110(2). 84-07-051 (Order PL 461), § 308-54-150, filed 3/21/84. Statutory Authority: RCW 18.52.110. 80-04-069 (Order 338), § 308-54-150, filed 3/26/80; Order PL 260, § 308-54-150, filed 12/10/76; Order PL 107, § 308-54-150, filed 3/3/71.]

**WAC 246-843-155 Certification of compliance.** (1) In conjunction with the application for renewal of license, a licensee shall submit an affidavit of compliance

with the fifty-four hour continuing 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 fifty-four hour continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

[Statutory Authority: RCW 18.52.100, 91-06-060 (Order 141B), § 246-843-155, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.110, 80-01-057 (Order PL 328), § 308-54-155, filed 12/20/79.]

**WAC 246-843-160 Licenses.** (1) Upon the secretary's receipt of the annual registration fee and the application fee and completed application forms provided by the secretary, a nursing home administrator's license shall be issued to any person who has successfully complied with the requirements of the licensing law and standards provided herein. Such licenses shall be issued on a form certifying that the applicant has met the requirements of the laws, rules and regulations entitling the applicant to serve, act, or practice as a duly licensed nursing home administrator.

(2) Application, registration, or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.52.100, 91-24-050 (Order 217B) § 246-843-160, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-160, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348), § 308-54-160, filed 7/1/80. Statutory Authority: RCW 18.52.070, 18.52.080 and 18.52.100(14), 78-02-009 (Order PL 282), § 308-54-160, filed 1/6/78; Order PL 107, § 308-54-160, filed 3/3/71.]

**WAC 246-843-162 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 health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary shall 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.

(b) The requirements 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 (a) of this subsection.

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed;

(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 18.52.100 and 70.24.270, 91-24-050 (Order 217B) § 246-843-162, filed 11/27/91, effective 12/28/91. Statutory Authority: RCW 18.52.100, 91-06-060 (Order 141B), § 246-843-162, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11), 88-23-038 (Order PM 791), § 308-54-162, filed 11/9/88.]

**WAC 246-843-170 Temporary permits.** (1) Upon the secretary's receipt of the application and temporary permit fees, a temporary permit may be issued by the secretary under the criteria, circumstances, and requirements, stated in this section, and without examination, for a period up to six months. Such permits shall be subject to confirmation, rescission, or modification by order of the board upon review at the next board meeting. A person holding a temporary permit shall work closely with the representative of the board. A permit holder shall not be eligible for a subsequent permit and such permit shall terminate upon the holder being advised of the licensure examination results. A temporary permit shall be valid only for the specific facility for which it is issued and shall terminate upon the permit holder's departure from the facility unless otherwise approved by the board. An applicant shall meet all of the following criteria:

(a) Be currently licensed and in good standing as a nursing home administrator in another state.

(b) Have passed the national examination with an equivalent score of 75% or better. Applicants licensed prior to the existence of the national examination shall be individually reviewed.

(c) The applicant is otherwise eligible for the licensure examination in this state and has met the requirements and applied for the next scheduled examination.

(d) Have a written agreement for consultation with a Washington state licensed nursing home administrator, which is subject to review by the board at its next regularly scheduled meeting.

(e) The foregoing provisions of (a) and (b) of this subsection shall not apply in the case of an administrator of a religious care facility described in RCW 18.51.170 and acting under a limited license described in RCW 18.52.070(3).

(2) The following circumstances shall be considered for the issuance of a temporary permit:

(a) There is a specific vacancy due to the departure of the nursing home administrator from a facility which creates an undue hardship.

(b) Illness of the current nursing home administrator of the facility which prevents such person from performing administrator duties.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-170, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-170, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(11). 88-23-038 (Order PM 791), § 308-54-170, filed 11/9/88. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-170, filed 7/1/80. Statutory Authority: RCW 18.52.100 (10) and (14). 78-02-009 (Order PL 282), § 308-54-170, filed 1/6/78; Order PL 107, § 308-54-170, filed 3/3/71.]

**WAC 246-843-180 Registration of licenses.** (1) Every person who holds a valid nursing home administrator's license, active or inactive, shall reregister it annually with the secretary on dates specified by the secretary by making application for reregistration on forms provided by the secretary. Such reregistration shall be granted automatically upon receipt of the annual fee, provided, however, that the requirement of continuing education as described in WAC 246-843-150 is fully met.

(2) Any active or inactive license holder not reregistered within thirty days after the date for reregistration specified by the secretary, will be charged a penalty fee as set forth in WAC 246-843-990 annually in addition to the annual registration fee and all delinquent fees that are in arrears. In the event that the license of an individual is not reregistered within two years from the most recent date for reregistration, such license shall lapse and the individual must again apply for licensing and meet all the requirements for a new applicant.

[Statutory Authority: RCW 18.52.100. 91-24-022 (Order 216B), § 246-843-180, filed 11/25/91, effective 12/26/91; 91-06-060 (Order 141B), § 246-843-180, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 86-01-086 (Order PL 576), § 308-54-180, filed 12/18/85. Statutory Authority: RCW 18.52.100. 80-08-066 (Order 348), § 308-54-180, filed 7/1/80; Order PL 260, § 308-54-180, filed 12/10/76; Order PL 107, § 308-54-180, filed 3/3/71.]

**WAC 246-843-200 Standards of suitability and character.** To establish suitability and character to qualify an individual for a license as a nursing home administrator, and prior to being permitted to take the examination for license as a nursing home administrator, the applicant shall furnish evidence satisfactory to the board of:

(1) Absence of physical or mental impairment which would prevent the applicant from performing the duties of a nursing home administrator.

(2) Two letters of recommendation shall be submitted certifying to the good moral character of the applicant.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-200, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-200, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-200, filed 12/29/86. Statutory Authority: RCW 18.52.100 (1) and (14). 78-02-009 (Order PL 282), § 308-54-200, filed 1/6/78; Order PL 107, § 308-54-200, filed 3/3/71.]

**WAC 246-843-205 Standards of conduct.** Licensed nursing home administrators shall be in active administrative charge of the nursing home or homes in which they have consented to serve as administrator.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-205, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-205, filed 3/1/91, effective 4/1/91; Order PL 164, § 308-54-205, filed 3/27/74.]

**WAC 246-843-220 Complaints and hearing procedures.** (1) All proceedings of the secretary and board for rule making, for contested cases and for appeals shall be conducted in conformity with the Administrative Procedure Act of this state.

(2) Complaints regarding any licensed administrator shall be considered only if submitted to the secretary in writing. In any case, the complaint shall be fully investigated by the secretary, and referred to the board to determine whether any board action should be initiated.

(3) The secretary, on his or her own initiative may, or upon order of the board, shall initiate an investigation of possible violations of this chapter. The secretary shall advise the board of all complaints received and action taken.

(4) The board, with the advice of the secretary, shall determine the most appropriate method of hearing from among the following choices:

(a) Conducted by the board; or

(b) Conducted by a committee of the board, the majority of which shall be administrator members; or

(c) Conducted by a hearing examiner engaged by the board who shall be a licensed administrator; or

(d) Conducted by a hearing examiner of the state.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-220, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-220, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.090(2), 18.52.150, 18.52.100 (4), (5), (6) and (14). 78-02-009 (Order PL 282), § 308-54-220, filed 1/6/78; Order PL 107, § 308-54-220, filed 3/3/71.]

**WAC 246-843-225 Issuance of subpoenas--Administering oaths and affirmations--Ruling when board or hearing panel not in session.** (1) In any investigation or proceeding conducted by the board, the following persons are authorized to subpoena witnesses, issue subpoenas duces tecum, and institute discovery proceedings:

(a) The chairman of the board;

(b) The chairman of the hearing panel designated to hear the case;

(c) The hearing examiner designated to hear the case;

(d) The attorney of record for a party in a contested case may issue subpoenas, including subpoenas duces tecum, to witnesses called to testify or produce evidence on behalf of such party, and such subpoenas, when subscribed by the attorney, shall have the same effect as if issued by the board.

(2) When testimony in any hearing is to be taken under oath or affirmation, the person chairing the hearing shall have authority to administer such oath or affirmation.

(3) Whenever a contested case has been set down for hearing before the entire board or a three member panel, the chairman of the board or panel shall have authority to rule on matters raised by any party at such time as the board or panel is not in session. Any party may, upon notice to all parties, request reconsideration of such rulings by the entire board or panel, as applicable, at its next scheduled meeting.

[Statutory Authority: RCW 18.52.100. 91-06-060 (Order 141B), § 246-843-225, filed 3/1/91, effective 4/1/91; 80-08-066 (Order 348),

§ 308-54-225, filed 7/1/80. Statutory Authority: RCW 18.52.155. 78-02-009 (Order PL 282), § 308-54-225, filed 1/6/78.]

**WAC 246-843-230 Reciprocity.** (1) The board, at its discretion, and otherwise subject to the law pertaining to the licensing of nursing home administrators prescribing the qualifications for a nursing home administrator license may endorse a nursing home administrator license issued by the proper authorities of any other state, upon payment of the original license fee and the application fee, and upon submission of evidence satisfactory to the board:

(a) That such other state maintains a system and standard of qualification and examination for a nursing home administrator license, which are substantially equivalent to those required in this state;

(b) That such applicant for endorsement is examined and successfully passes the test related to Washington state local health and safety nursing home regulations; and

(c) That such applicant has not had a nursing home administrator license revoked or suspended in any state.

(2) After meeting the preceding requirements, the applicant shall submit the original license fee and is subject to annual renewals and late renewal penalty fees.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-230, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-230, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-230, filed 12/29/86; Order PL 107, § 308-54-230, filed 3/3/71.]

**WAC 246-843-240 Restoration and reinstatement of licenses.** (1) Suspended licenses are automatically in force at the expiration of the period of suspension set forth in the board's order, but shall be reregistered in the normal course if they expire during the period of suspension.

(2) Persons whose licenses have been revoked, or to whom reregistration has been refused, may, upon subsequent application, be licensed, relicensed, or reregistered upon evidence satisfactory to the board that the applicant for such restoration of license has removed the disability.

(3) Concerning such application for restoration of a license, the board, at its discretion, may grant the applicant an informal hearing and if a formal hearing is requested the formal hearing would be conducted in the manner set forth in WAC 246-843-220 (1) and (3).

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-240, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-240, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.120. 78-02-009 (Order PL 282), § 308-54-240, filed 1/6/78; Order PL 107, § 308-54-240, filed 3/3/71.]

**WAC 246-843-250 Duplicate licenses.** Upon receipt of satisfactory evidence that a license or certificate of registration has been lost, mutilated, or destroyed, the secretary may issue a duplicate license or certificate upon payment of the customary fee as established by the department.

[1991 WAC Supp—page 1368]

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-250, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-250, filed 3/1/91, effective 4/1/91; Order PL 107, § 308-54-250, filed 3/3/71.]

**WAC 246-843-320 Renewal of licenses.** New or initial nursing home administrator licenses shall expire on the applicant's next birth anniversary date. Licensees may then annually renew their license from birth anniversary date to the next birth anniversary date. Licensees who fail to pay the renewal fee within thirty days of license expiration date shall be subject to the late penalty fee.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-320, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-320, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-320, filed 12/29/86. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-54-320, filed 3/24/80.]

**WAC 246-843-330 Inactive status.** A nursing home administrator in good standing may place his or her license on inactive status by giving written notice to the secretary. To maintain an inactive license status, the yearly inactive license fee shall be paid by the licensee. The secretary shall determine fees as provided in RCW 43.70.250. The licensee may resume active practice by submitting proof of maintenance of continuing education requirements and payment of current licensing fee. A person whose license is on inactive status shall not practice as a nursing home administrator until his or her license is activated.

[Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B) § 246-843-330, filed 11/27/91, effective 12/28/91; 91-06-059 (Order 149B), § 246-843-330, filed 3/1/91, effective 4/1/91.]

**WAC 246-843-990 Nursing home administrator fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                                   | Fee      |
|--|----------|
| Application (examination and original license) | \$500.00 |
| Reexamination (partial)                        | 300.00   |
| Application—Reciprocity                        | 400.00   |
| Temporary permit                               | 400.00   |
| Renewal  | 380.00   |
| Inactive license renewal                       | 200.00   |
| Late renewal penalty                           | 160.00   |
| Duplicate license                              | 25.00    |
| Certification                                  | 50.00    |
| Administrator—in-training                      | 275.00   |

[Statutory Authority: RCW 43.70.250. 91-09-051 (Order 154), § 246-843-990, filed 4/16/91, effective 5/17/91. Statutory Authority: RCW 43.70.040. 91-06-058 (Order 138), recodified as § 246-843-990, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-54-315, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-54-315, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-54-315, filed 8/10/83. Formerly WAC 308-54-310.]



**Chapter 246-845 WAC**  
**NURSING POOL**

## WAC

|             |  |
|-------------|--|
| 246-845-020 | Registration of a nursing pool.                    |
| 246-845-040 | Denial, suspension, or revocation of registration. |
| 246-845-990 | Nursing pool fees.                                 |

**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 health.

(2) Applicants for nursing pool registration shall submit to the department of health:

(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 18.52C.030. 92-02-018 (Order 224), § 246-845-020, filed 12/23/91, effective 1/23/92. 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 246-845-040 Denial, suspension, or revocation of registration.** The secretary 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 18.52C.030 and 18.130.050. 92-02-018 (Order 224), § 246-845-040, filed 12/23/91, effective 1/23/92. 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    |
| Late renewal penalty     | 75.00     |
| Duplicate registration   | 15.00     |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-845-990, filed 6/6/91, effective 7/7/91. 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 246-847 WAC**  
**OCCUPATIONAL THERAPISTS**

## WAC

|             |   |
|-------------|---|
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| 246-847-030 | Occupational therapists acting in a consulting capacity.            |
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| 246-847-180 | Mandatory reporting.  |
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| 246-847-200 | Application for licensure.  |
| 246-847-990 | Occupational therapy fees.  |

**WAC 246-847-010 Definitions.** (1) The following terms in RCW 18.59.020(2) shall mean:

(a) "Scientifically based use of purposeful activity" is the treatment of individuals using established methodology based upon the behavioral and biological sciences and includes the analysis, application and adaptation of activities for use with individuals having a variety of physical, emotional, cognitive and social disorders. Use of purposeful activity includes a process of continually modifying treatment to meet the changing needs of an individual. Purposeful activity is goal-oriented and cannot be routinely prescribed.

(b) "Teaching daily living skills" is the instruction in daily living skills based upon the evaluation of all the components of the individual's disability and the adaptation or treatment based on the evaluation. Components

of a disability are physical, sensory, social, emotional and cognitive functions.

(c) "Developing prevocational skills and play and avocational capabilities" is not only the development of prevocational skills and play and avocational capabilities but involves the scientifically based use of purposeful activity.

(d) "Designing, fabricating, or applying selected orthotic and prosthetic devices or selected adaptive equipment" is not specific occupational therapy services if a person designs, fabricates, or applies selected orthotic and prosthetic devices or selected adaptive equipment for an individual if the device or equipment is prescribed or ordered by a health care professional authorized by the laws of the state of Washington to prescribe the device or equipment or direct the design, fabrication, or application of the device or equipment.

(e) "Adapting environments for the handicapped" is the evaluation of all the components of an individual's disability and the adaptation of the environment of the individual based on the evaluation. Components of a disability are physical, sensory, social, emotional and cognitive functions.

(2) "Supervision" and "regular consultation" of an occupational therapy assistant by an occupational therapist in RCW 18.59.020(4) and "direct supervision" of a person holding a limited permit by an occupational therapist in RCW 18.59.040(7) shall mean face to face meetings between the occupational therapist and occupational therapy assistant and between the occupational therapist and holder of a limited permit occurring at intervals as determined necessary by the occupational therapist to establish, review, or revise the client's treatment objectives. The meetings shall be documented and the documentation shall be maintained in each client's treatment record. The failure to meet to establish, review, or revise the client's treatment objectives at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license and/or the occupational therapy assistant's license to practice in the state of Washington and/or the limited permit pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(3) "Professional supervision" of an occupational therapy aide in RCW 18.59.020(5) shall mean:

(a) Documented training by the occupational therapist of the occupational therapy aide in each specific occupational therapy technique for each specific client and the training shall be performed on the client;

(b) Face to face meetings between the occupational therapy aide and the supervising occupational therapist or an occupational therapy assistant under the direction of the supervising occupational therapist occurring at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once every two weeks; and

(c) The occupational therapist shall observe the occupational therapy aide perform on the client the specific

occupational therapy techniques for which the occupational therapy aide was trained at intervals as determined by the occupational therapist to meet the client's needs, but shall occur at least once a month.

The meetings and client contacts shall be documented and the documentation shall be maintained in the client's treatment records. The failure to meet at sufficient intervals to meet the client's needs shall be grounds for disciplinary action against the occupational therapist's license to practice in the state of Washington pursuant to WAC 246-847-160 (4) and (14), 246-847-170 (2) and (3) and RCW 18.59.100 for conduct occurring prior to June 11, 1986 and pursuant to RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(4) Sections (2) and (3) of this rule shall not be effective until July 1, 1985.

(5) "Clients" include patients, students, and those to whom occupational therapy services are delivered.

(6) "Evaluation" is the process of obtaining and interpreting data necessary for treatment, which includes, but is not limited to, planning for and documenting the evaluation process and results. The evaluation data may be gathered through record review, specific observation, interview, and the administration of data collection procedures, which include, but are not limited to, the use of standardized tests, performance checklists, and activities and tasks designed to evaluate specific performance abilities.

(7) "Work site" in RCW 18.59.080 means the primary work location.

(8) "In association" for RCW 18.59.040(7) shall mean practicing in a setting in which another occupational therapist licensed in the state of Washington is available for consultation and assistance as needed to provide protection for the clients' health, safety and welfare.

(9) One "contact hour" is considered to be sixty minutes.

(10) "Peer reviewer" shall mean a licensed occupational therapist chosen by the licensee to review the self study plan and verify that the self study activity meets the objectives for peer reviewed self study as defined in WAC 246-847-065.

[Statutory Authority: RCW 18.59.130. 91-11-064 (Order 171B), § 246-847-010, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-010, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-001, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-001, filed 4/14/87. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-001, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.020(5). 86-10-004 (Order PL 588), § 308-171-001, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-001, filed 5/23/85. Statutory Authority: RCW 18.59.130(2) and 18.59.020. 85-05-008 (Order PL 513), § 308-171-001, filed 2/11/85.]

**WAC 246-847-020 Persons exempt from the definition of an occupational therapy aide.** An "occupational therapy aide" for whom an occupational therapist must provide professional supervision pursuant to RCW

18.59.020(5) does not include persons employed at a facility who are performing services under the supervision or direction of another licensed health care practitioner or certified teacher if the occupational therapist serves solely in a consulting capacity to the facility.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-020, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-002, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-002, filed 12/22/86.]

**WAC 246-847-030 Occupational therapists acting in a consulting capacity.** (1) "Consulting capacity" shall mean the providing of information and recommendations which the facility, licensed health care practitioners, or certified teachers employed at that facility may accept, reject, or modify at the election of the facility, the licensed health care practitioners, or certified teachers and if the occupational therapist's recommendations are accepted or modified then the recommendations shall be incorporated into the patient's health care plan as part of the nursing or physician's care plan or educational care plan and not held out as the providing of occupational therapy services to the patients or public or billed by the facility as the providing of occupational therapy services to the patients.

(2) An occupational therapist acting in a consulting capacity shall include the following information in the occupational therapist's documentation:

- (a) Date of consultation;
- (b) To whom the consultation is provided;
- (c) Description of services provided;
- (d) Consultation recommendation; and
- (e) Recommendations concerning who should implement the consultation recommendations.

The documentation described above shall be retained by the consulting occupational therapist.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-030, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-003, filed 4/14/87.]

**WAC 246-847-040 Recognized educational programs--Occupational therapists.** The board recognizes and approves courses of instruction conducted by schools that have obtained accreditation of the program in occupational therapy from the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the American Occupational Therapy Association as recognized in the current *Listing of Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 91-23-047 (Order 213B), § 246-847-040, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-040, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-040, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-010, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-010, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-010, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044

(Order PM 645), § 308-171-010, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-010, filed 2/11/85.]

**WAC 246-847-050 Recognized educational programs--Occupational therapy assistants.** The board recognizes and approves courses of instruction conducted by schools that have obtained approval of the occupational therapy assistant associate degree programs and occupational therapy assistant certificate programs from the American Occupational Therapy Association as recognized in the current *Listing of Educational Programs in Occupational Therapy* published by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 91-23-047 (Order 213B), § 246-847-050, filed 11/14/91, effective 12/15/91; 91-11-064 (Order 171B), § 246-847-050, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-050, filed 2/12/91, effective 3/15/91. Statutory Authority: Chapter 18.59 RCW. 90-16-071 (Order 075), § 308-171-020, filed 7/30/90, effective 8/30/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-020, filed 12/20/88. Statutory Authority: RCW 18.59.050. 88-09-031 (Order PM 721), § 308-171-020, filed 4/15/88. Statutory Authority: RCW 18.59.130 and 18.130.050. 87-09-044 (Order PM 645), § 308-171-020, filed 4/14/87. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-020, filed 2/11/85.]

**WAC 246-847-060 License renewal registration date and fee.** (1) Individuals making application for initial license, provided they meet the requirements for licensure in the state of Washington, will be issued a license to expire on their next birth anniversary date.

(2) Licenses shall be renewed upon a biennial basis on or before the licensee's birth anniversary date. Licenses not renewed on or before the licensee's biennial birth anniversary date shall expire immediately after the licensee's birth anniversary date and any practice engaged in with an expired license shall be deemed unlicensed practice.

(3) On a one-time basis, effective February 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 246-847-190.

Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of WAC 246-847-190 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. Those persons who must renew during 1990 shall submit evidence of compliance with WAC 246-847-190 on or before December 31, 1989.

[Statutory Authority: RCW 18.59.130. 91-23-047 (Order 213B), § 246-847-060, filed 11/14/91, effective 12/15/91; 91-05-027 (Order 112B), recodified as § 246-847-060, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-040, filed 12/20/88. Statutory Authority: RCW 18.59.110. 87-04-015 (Order PM 636), § 308-171-040, filed 1/26/87; 85-06-012 (Order PL 514), § 308-171-040, filed 2/22/85.]

**WAC 246-847-065 Continued competency.** Beginning January 1, 1993, evidence of continued competency

completed after January 1, 1991, for the practice of occupational therapy shall include a minimum of thirty contact hours of continuing education per license renewal period. The thirty contact hours may be obtained through two or more of the following methods which have specified goals and objectives relating to the practice of occupational therapy as defined in RCW 18.59.020 and WAC 308-171-001; inservices, coursework, conferences, workshops, peer reviewed self study, presentations, or publications.

[Statutory Authority: RCW 18.59.130. 91-11-064 (Order 171B), § 246-847-065, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-065, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-041, filed 10/26/90, effective 11/26/90.]

**WAC 246-847-070 Inactive status.** An occupational therapist or occupational therapy assistant, in good standing, may place his or her license on inactive status by giving written notice to the secretary, and may within two years thereafter resume active practice upon payment of a late renewal fee and by completion of the continued competency requirements as specified in WAC 308-171-041. A license may be reinstated after a period of inactive status of up to four years, with proof of completion of continued competency within two years prior to reactivation and payment of a late renewal fee. A license may be reinstated after a period of inactive status of more than four years under such circumstances as the secretary determines with the advice of the board. A person whose license is on inactive status shall not practice as an occupational therapist or occupational therapy assistant until his or her license is activated.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-070, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-045, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.090(3). 86-21-026 (Order PM 620), § 308-171-045, filed 10/8/86.]

**WAC 246-847-080 Examinations.** (1) The current series of the American Occupational Therapy Association certification examination shall be the official examination for licensure as an occupational therapist or as an occupational therapy assistant.

(2) The examination for licensure as an occupational therapist shall be conducted twice a year, in January and July.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year, in January and July.

(4) The executive secretary of the board shall negotiate with the American Occupational Therapy Association, Inc. for the use of the certification examination.

(5) The examination shall be conducted in accord with the American Occupational Therapy Association, Inc.'s security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Association, Inc.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) Public notice of the examination dates shall be provided by issuance of press releases by the department at least ninety days prior to the examination dates.

(9) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Association, Inc.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-080, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-10-004 (Order PL 588), § 308-171-100, filed 4/24/86; 85-05-008 (Order PL 513), § 308-171-100, filed 2/11/85.]

**WAC 246-847-090 Proof of actual practice.** An applicant seeking waiver of the education and experience requirements as provided in RCW 18.59.070(3) shall submit the following as proof of actual practice:

(1) Applicant's affidavit containing the following information:

(a) Location and dates of employment between June 7, 1981 and June 7, 1984;

(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisor.

(2) Written job description.

(3) Affidavit from employer(s), from June 7, 1981 through June 7, 1984, containing the following information:

(a) Dates of applicant's employment,

(b) Description of applicant's specific duties, and

(c) Employer's title.

After reviewing the information submitted, the board may require submission of additional information if the board deems additional information necessary for purposes of clarifying the information previously submitted.

The proof of actual practice shall be submitted to the board's office no later than March 1, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-090, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.070(3). 85-05-008 (Order PL 513), § 308-171-101, filed 2/11/85.]

**WAC 246-847-100 Examination dates for applicants under RCW 18.59.070(3).** (1) Applicants for an occupational therapist license under RCW 18.59.070(3) shall take the examination no later than June 29, 1985.

(2) Applicants for an occupational therapy assistant license under RCW 18.59.070(3) shall take the examination no later than July 20, 1985.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-100, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-102, filed 2/11/85.]

**WAC 246-847-110 Persons exempt from licensure pursuant to RCW 18.59.040(5).** (1) To qualify for the exemption from licensure pursuant to RCW 18.59.040(5), the individual claiming the exemption shall in writing notify the department, at least thirty days before any occupational therapy services are performed in this state, of the following:

(a) In which state(s) the individual is licensed to perform occupational therapy services and the license number(s); or

(b) If the exemption is claimed pursuant to RCW 18.59.040 (5)(b), the individual shall submit a signed notarized statement attesting to having passed the American Occupational Therapy Association certification examination and having engaged in occupational therapy practice; not having engaged in unprofessional conduct or gross incompetency as established in WAC 246-847-160 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986; and not having been convicted of a crime involving moral turpitude or a felony relating to the profession of occupational therapy; and

(c) A signed notarized statement describing when the occupational therapy services will be performed, where the occupational therapy services will be performed, and how long the individual will be performing occupational therapy services in this state.

(2) A ninety-day temporary permit must be received by the occupational therapist prior to rendering of occupational therapy services.

(3) "Working days" in RCW 18.59.040(5) shall mean consecutive calendar days.

[Statutory Authority: RCW 18.59.130. 91-11-064 (Order 171B), § 246-847-110, filed 5/16/91, effective 6/16/91; 91-05-027 (Order 112B), recodified as § 246-847-110, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.59.050(1). 86-17-064 (Order PM 610), § 308-171-103, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.040 (5)(b). 86-10-004 (Order PL 588), § 308-171-103, filed 4/24/86. Statutory Authority: RCW 18.59.130(2). 85-12-010 (Order PL 529), § 308-171-103, filed 5/23/85.]

**WAC 246-847-115 Limited permits.** An applicant who successfully passes the examination for licensure and who has a valid limited permit through the department of health at the time the examination results are made public shall be deemed to be validly licensed under the limited permit for the next thirty calendar days.

[Statutory Authority: RCW 18.59.130. 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

**WAC 246-847-120 Foreign trained applicants.** An applicant obtaining education and training at foreign institutions shall submit the following information for the board's consideration in determining whether or not to waive the education and experience requirements for licensure, pursuant to RCW 18.59.070(1):

(1) An official description of the education program at the educational institution and if the description is not in English, then an English translation signed by the translator shall be submitted with the official description;

(2) An official transcript of the applicant's grades from the educational institution and if the transcript is not in English, then an English translation signed by the translator shall be submitted with the official transcript;

(3) Applicant's affidavit containing the following information:

(a) Location and dates of employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(b) Description of capacity in which applicant was employed, including job titles and description of specific duties;

(c) Description of nature of clientele; and

(d) Name and title of direct supervisors;

(4) Written job description for each employment as an occupational therapist or occupational therapy assistant for up to three years immediately prior to the date of application;

(5) Signed, written statements from all employers or direct supervisors for up to three years immediately prior to the date of application containing the following information:

(a) Dates of applicant's employment;

(b) Description of applicant's specific duties; and

(c) Employer or direct supervisor's title;

(6) If the applicant graduated from the educational institution within the three years immediately prior to the application, the applicant shall obtain a signed, written statement from the applicant's program director at the educational institution discussing the applicant's fieldwork experience at the educational institution.

After reviewing the information submitted, the board may require submission of additional information necessary for purposes of clarifying the information previously submitted.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-120, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 86-17-064 (Order PM 610), § 308-171-104, filed 8/19/86; 86-10-004 (Order PL 588), § 308-171-104, filed 4/24/86.]

**WAC 246-847-130 Definition of "commonly accepted standards for the profession."** "Commonly accepted standards for the profession" in RCW 18.59.040 (5)(b) and 18.59.070 shall mean having passed the American Occupational Therapy Association certification examination, not having engaged in unprofessional conduct or gross incompetency as established by the board in WAC 308-171-300 for conduct occurring prior to June 11, 1986 and as established in RCW 18.130.180 for conduct occurring on or after June 11, 1986, and not having been convicted of a crime of moral turpitude or a felony which relates to the profession of occupational therapy.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-130, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-200, filed 8/19/86. Statutory Authority: RCW 18.59.130(2), 18.59.040 (5)(b) and 18.59.070(1). 86-10-004 (Order PL 588), § 308-171-200, filed 4/24/86. Statutory Authority: RCW 18.59.130(2) and 18.59.070. 85-05-008 (Order PL 513), § 308-171-200, filed 2/11/85.]

**WAC 246-847-140 Supervised fieldwork experience—Occupational therapists.** "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(i) shall mean a minimum six months of Level II fieldwork conducted in settings approved by the applicant's academic program.

Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapist entry-level roles. The minimum six months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(i) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of six months sustained fieldwork on a full-time basis. "Full-time basis" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-140, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 87-01-088 (Order PM 630), § 308-171-201, filed 12/22/86; 85-05-008 (Order PL 513), § 308-171-201, filed 2/11/85.]

**WAC 246-847-150 Supervised fieldwork experience—Occupational therapy assistants.** "Supervised fieldwork experience" in RCW 18.59.050 (1)(c)(ii) shall mean a minimum two months of Level II fieldwork conducted in settings approved by the applicant's academic or training program. Level II fieldwork is to provide an in-depth experience in delivering occupational therapy services to clients and to provide opportunities for supervised practice of occupational therapy assistant entry-level roles. The minimum two months supervised fieldwork experience required by RCW 18.59.050 (1)(c)(ii) shall not include Level I fieldwork experience as defined by the American Occupational Therapy Association.

The supervised fieldwork experience shall consist of a minimum of two one-month sustained fieldwork placements not less than forty full-time workdays. "Full-time workdays" is as required by the fieldwork setting.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-150, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2). 85-05-008 (Order PL 513), § 308-171-202, filed 2/11/85.]

**WAC 246-847-160 Unprofessional conduct or gross incompetency.** The following conduct, acts, or conditions constitute unprofessional conduct or gross incompetency for any license holder or applicant if the conduct, acts, or conditions occurred or existed prior to June 11, 1986:

(1) The commission of any act involving moral turpitude, dishonesty, or corruption relating to the practice of the person's profession, whether the act constitutes a crime or not. If the act constitutes a crime, conviction in a criminal proceeding is not a condition precedent to disciplinary action. Upon such a conviction, however, the judgment and sentence is conclusive evidence at the ensuing disciplinary hearing of the guilt of the license holder or applicant of the crime described in the indictment or information, and of the person's violation of the statute on which it is based. For the purposes of this section, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for the conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(2) Misrepresentation or concealment of a material fact in obtaining a license or in reinstatement thereof;

(3) All advertising which is false, fraudulent, or misleading;

(4) Incompetence, negligence, or actions in the practice of the profession which result in, or have a significant likelihood of resulting in, harm to the patient or public;

(5) Suspension, revocation, or restriction of the individual's license to practice the profession by competent authority in any state, federal, or foreign jurisdiction, a certified copy of the order or agreement being conclusive evidence of the revocation, suspension, or restriction;

(6) The possession, use, addiction to, prescription for use, diversion, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes, or violation of any drug law;

(7) Violation of any state or federal statute or administrative rule regulating the profession in question, including any statute or rule defining or establishing standards of patient care or professional conduct or practice;

(8) Failure to cooperate with the disciplining authority by:

(a) Not furnishing any papers or documents;

(b) Not furnishing in writing a full and complete explanation covering the matter contained in the complaint filed with the disciplining authority; or

(c) Not responding to subpoenas issued by the disciplining authority, whether or not the recipient of the subpoena is the accused in the proceeding;

(9) Failure to comply with an order issued by the disciplining authority;

(10) Aiding or abetting an unlicensed person to practice when a license is required;

(11) Willful or repeated violations of rules established by any health agency or authority of the state or a political subdivision thereof;

(12) Practice beyond the scope of practice as defined by law;

(13) Misrepresentation or fraud in any aspect of the conduct of the business or profession;

(14) Failure to adequately supervise auxiliary staff to the extent that the consumer's health or safety is at risk;

(15) Engaging in a profession involving contact with the public while suffering from a contagious or infectious disease involving serious risk to public health;

(16) Promotion for personal gain of any unnecessary or inefficacious drug, device, treatment, procedure, or service;

(17) Conviction of any gross misdemeanor or felony relating to the practice of the person's profession. For the purposes of this subsection, conviction includes all instances in which a plea of guilty or nolo contendere is the basis for conviction and all proceedings in which the sentence has been deferred or suspended. Nothing in this section abrogates rights guaranteed under chapter 9.96A RCW;

(18) The offering, undertaking, or agreeing to cure or treat disease by a secret method, procedure, treatment, or medicine, or the treating, operating, or prescribing for

any health condition by a method, means, or procedure which the licensee refuses to divulge upon demand of the disciplining authority;

(19) Violation of chapter 19.68 RCW;

(20) Interference with an investigation or disciplinary proceeding by wilful misrepresentation of facts before the disciplining authority or its authorized representative, or by the use of threats or harassment against any patient or witness to prevent them from providing evidence in a disciplinary proceeding or any other legal action;

(21) Any mental or physical condition which results in, or has a significant likelihood of resulting in, an inability to practice with reasonable skill and safety to consumers.

(22) Abuse of a client or patient or sexual contact resulting from abuse of the client-practitioner relationship.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), re-codified as § 246-847-160, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-300, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100. 85-05-008 (Order PL 513), § 308-171-300, filed 2/11/85.]

**WAC 246-847-170 Code of ethics and standards of professional conduct.** (1) It is the professional responsibility of occupational therapists and occupational therapy assistants to provide services for clients without regard to race, creed, national origin, gender, handicap or religious affiliation.

(2) Treatment objectives and the therapeutic process must be formulated to ensure professional accountability.

(3) Services shall be goal-directed in accordance with the overall educational, habilitation or rehabilitation plan and shall include a system to ensure professional accountability.

(4) Occupational therapists and occupational therapy assistants shall recommend termination of services when established goals have been met or when further services would not produce improved client performance.

(5) Occupational therapists and occupational therapy assistants shall accurately represent their competence, education, training and experience.

(6) Occupational therapists and occupational therapy assistants shall only provide services and use techniques for which they are qualified by education, training, and experience.

(7) Occupational therapists and occupational therapy assistants shall accurately record information and report information as required by facility standards and state and federal laws.

(8) All data recorded in permanent files or records shall be supported by the occupational therapist or the occupational therapy assistant's observations or by objective measures of data collection.

(9) Client's records shall only be divulged as authorized by law or with the client's consent for release of information.

(10) Occupational therapists and occupational therapy assistants shall not delegate to other personnel those client-related services where the clinical skills and expertise of an occupational therapist or occupational therapy assistant are required.

(11) If, after evaluating the client, the case is a medical case, the occupational therapist shall refer the case to a physician for appropriate medical direction if such direction is lacking.

(a) Appropriate medical direction shall be sought on at least an annual basis.

(b) A case is not a medical case if the following is present:

(i) There is an absence of pathology; or

(ii) If a pathology exists, the pathology has stabilized; and

(iii) The occupational therapist is only treating the client's functional deficits.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), re-codified as § 246-847-170, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-301, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130(2) and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-301, filed 8/19/86. Statutory Authority: RCW 18.59.130(2) and 18.59.100 (1)(b). 85-12-010 (Order PL 529), § 308-171-301, filed 5/23/85.]

**WAC 246-847-180 Mandatory reporting.** (1) All persons, including licensees, corporations, organizations, health care facilities, and state or local governmental agencies shall report to the board any conviction, determination, or finding that an occupational therapist or an occupational therapy assistant has committed an act which constitutes unprofessional conduct as established in RCW 18.130.180 and shall report information which indicates that an occupational therapist or occupational therapy assistant may not be able to practice occupational therapy with reasonable skill and safety to consumers as a result of a mental or physical condition.

(2) All required reports shall be submitted to the board as soon as possible, but no later than sixty days after a conviction, determination, or finding is made or information is received.

(3) A report shall 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 numbers of the occupational therapist or occupational therapy assistant being reported.

(c) The case number of any patient or the name of the 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 cause number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-180, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.070 and 18.130.050(1). 86-17-064 (Order PM 610), § 308-171-302, filed 8/19/86.]

**WAC 246-847-190 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 of licensing 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 six 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 February 1, 1989, the requirement for licensing 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 licensee 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 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-190, filed 2/12/91, effective 3/15/91; 90-22-011 (Order 094), § 308-171-320, filed 10/26/90, effective 11/26/90. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-320, filed 12/20/88.]

**WAC 246-847-200 Application for licensure.** (1) Effective February 1, 1989, all persons applying for licensure including a limited permit, shall submit compliance with the education requirements of WAC 308-171-320.

(2) Those persons submitting application in 1989 who are unable to comply with WAC 308-171-320 may upon written application be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.59.130. 91-05-027 (Order 112B), recodified as § 246-847-200, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 18.59.130 and 18.130.050. 89-01-081 (Order PM 805), § 308-171-330, filed 12/20/88.]

**WAC 246-847-990 Occupational therapy fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                           | Fee      |
|--|----------|
| <b>Occupational therapist:</b>         |          |
| Application fee (nonrefundable)        | \$ 90.00 |
| Initial license                        | 80.00    |
| License renewal                        | 125.00   |
| Limited permit fee                     | 40.00    |
| Late renewal fee                       | 60.00    |
| Duplicate                              | 15.00    |
| Certification                          | 25.00    |
| <b>Occupational therapy assistant:</b> |          |
| Application fee (nonrefundable)        | 90.00    |
| Initial license                        | 80.00    |
| License renewal                        | 125.00   |
| Late renewal fee                       | 60.00    |
| Limited permit fee                     | 40.00    |
| Duplicate                              | 15.00    |
| Certification                          | 25.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-847-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-030 (Order 135), recodified as § 246-847-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43-.24.086. 87-10-028 (Order PM 650), § 308-171-310, filed 5/1/87.]

## Chapter 246-849 WAC OCULARISTS

### WAC

|             |   |
|-------------|---|
| 246-849-020 | General provisions.                                     |
| 246-849-100 | Cooperation with investigation.                         |
| 246-849-110 | AIDS prevention and information education requirements. |
| 246-849-990 | Ocularist fees.   |

**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 health, whose address is:

Department of Health  
Professional Licensing Division  
1300 S.E. Quince St., P.O. Box 47869  
Olympia, Washington  
98504-7869

(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 18.130.050, 18.130.070 and 1991 c 180 § 8. 92-02-018 (Order 224), § 246-849-020, filed 12/23/91, effective 1/23/92. 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 246-849-100 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 secretary of the department of health 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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.130.050, 18.130.070 and 1991 c 180 § 8, 92-02-018 (Order 224), § 246-849-100, filed 12/23/91, effective 1/23/92. 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. Persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

**(3) AIDS education and training.**

(a) Acceptable education and training. The secretary 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) Requirements 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 (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.

[Statutory Authority: RCW 70.24.270, 92-02-018 (Order 224), § 246-849-110, filed 12/23/91, effective 1/23/92. 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 health:**

| 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 43.70.250, 92-02-018 (Order 224), § 246-849-990, filed 12/23/91, effective 1/23/92. 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 246-851 WAC  
OPTOMETRISTS**

**WAC**

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| 246-851-990 | Optometry fees.   |

**WAC 246-851-020 Renewal of licenses.** (1) The annual license renewal date for licensed optometrists coincides 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) Licensees shall renew their licenses, at the annual renewal fee rate, for one year, from birth anniversary date to the next birth anniversary date.

(3) All applicants for license renewal must comply with the continuing education requirements set forth in WAC 246-851-090 through 246-851-240.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-020, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-020, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-010, filed 3/11/88; Order PL 239, § 308-53-010, filed 3/3/76; Order 228, § 308-53-010, filed 11/6/75; Order PL 173, § 308-53-010, filed 8/22/74.]

**WAC 246-851-030 Temporary permit policy recommendation.** To protect the public, the board recommends to the secretary that temporary permits not be issued pursuant to the discretion granted in RCW 18.53.030. However, if a temporary permit is issued the board recommends that the applicant must be under the direct and immediate supervision of a currently licensed optometrist who is at all times on the same premises.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-030, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-030, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-030, filed 3/11/88. Statutory Authority: RCW 18.54.070(5); 84-09-082 (Order PL 465), § 308-53-030, filed 4/18/84; 78-02-030 (Order PL 281), § 308-53-030, filed 1/17/78.]

**WAC 246-851-040 Approval of schools and colleges of optometry.** To be eligible to take the optometry examination, a person must be a graduate of an accredited school or college of optometry approved by the

Washington state board of optometry. The board of optometry adopts the most current standards of the Council on Optometric Education, or its successor organization, of the American Optometric Association. Optometric schools and colleges which apply for board approval must meet current Council on Optometric Education standards. 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.

The board reserves the right to withdraw approval of a school which ceases to meet the board's standards after notifying the school in writing and granting it an opportunity to contest the board's proposed withdrawal.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-040, filed 2/26/91, effective 3/29/91; 86-13-009 (Resolution No. PM 597), § 308-53-070, filed 6/5/86. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-070, filed 1/17/78.]

**WAC 246-851-050 Examination eligibility.** To be eligible to take the state optometry examination, the applicant must:

(1) Be a graduate of a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington state board of optometry;

(2) Satisfy the application requirements for examination as published in the annual application instructions;

(3) Have successfully completed all written parts of the National Board of Examiners in Optometry (NBEO) examinations; and

(4) Effective January 1, 1991, have successfully completed all written parts of the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-050, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-075, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-075, filed 6/5/86.]

**WAC 246-851-060 Examination subjects.** Every eligible applicant as a prerequisite to licensure shall successfully pass examinations which may include, but not be limited to, the following tests:

(1) Major tests: Pathology, oral interview, ophthalmoscopy.

(2) Moderate tests: Contact lens, gonioscopy, biomicroscopy, tonometry.

(3) Minor tests: Lensometry and jurisprudence.

Each applicant must furnish his/her own patient for the practical tests.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-060, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-084, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-084, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-084, filed 6/5/86.]

**WAC 246-851-070 Grading examinations.** Each test will be weighted as major, moderate, or minor. An applicant is deemed failing the examination if he/she

fails one major test, two moderate tests, or one moderate test and two minor tests.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-070, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-085, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-085, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-085, filed 6/5/86; 84-09-082 (Order PL 465), § 308-53-085, filed 4/18/84; 83-10-052 (Order PL 433), § 308-53-085, filed 5/3/83; 82-12-077 (Order PL 399), § 308-53-085, filed 6/2/82.]

#### **WAC 246-851-080 Examination appeal procedures.**

(1) Any candidate who takes the state examination for licensure and does not pass may request informal review by the board 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 board will not set aside their prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The board 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 health office in Olympia for an appointment to appear personally to review incorrect answers on failed written tests and score sheets on failed practical tests.

(b) Candidate will be provided a form to complete in the department of health office in Olympia in defense of test answers.

(c) The candidate must state the specific reason or reasons why the candidate feels the results of the test 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 board.

(e) Candidate may not bring in notes or texts for use while completing the informal review form.

(f) Candidate will not be allowed to take any notes or materials from the office upon leaving.

(g) The optometry board will schedule a closed session meeting to review the tests 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 examination review 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 the postmark of the result of the board'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. These reasons shall not be broader than those stated for the informal review. The board will not set aside its prior determination unless the candidate proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the board. The

board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-080, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-080, filed 2/26/91, effective 3/29/91; 87-17-020 (Order PM 666), § 308-53-320, filed 8/12/87.]

**WAC 246-851-090 Continuing education requirement.** Each applicant for renewal of a license to practice optometry in the state of Washington must have completed fifty hours of continuing education within the two years previous to his first renewal date, and must complete fifty hours of continuing education within each successive two-year period. Applicants for renewal practicing only out of the state of Washington may petition the board for full recognition of the continuing education requirement through fulfillment of their state of practice's licensing and continuing education requirements. Failure to complete this requirement is cause for revocation of the license of any optometrist pursuant to RCW 18.130.180(7), or for refusal to renew the license of any optometrist, except that an optometrist applying for the first renewal of his license subsequent to his initial licensing will be exempt from this requirement.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-090, filed 2/26/91, effective 3/29/91; 88-07-047 (Order PM 710), § 308-53-100, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-100, filed 12/28/79; Order PL 239, § 308-53-100, filed 3/3/76.]

**WAC 246-851-100 Credit hour defined.** A credit hour is defined as one hour actually spent in a course or other work approved by the optometry board as fulfilling continuing education requirements.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-100, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-110, filed 3/3/76.]

**WAC 246-851-110 Courses presumed to qualify for credit.** Courses offered by the organizations listed in this section will be presumed to qualify as continuing education courses without specific prior approval of the board, but the board reserves the authority to refuse to accept credits in any course if the board determines that the course did not provide information or training sufficient in amount or relevancy. Organizations for the purposes of this section shall include:

- (1) The American Optometric Association.
- (2) Any college or school of optometry whose scholastic standards are deemed sufficient by the board under RCW 18.53.060(2).
- (3) The Washington Optometric Association.
- (4) Any state optometric association which is recognized by the licensing authority of its state as a qualified professional association or educational organization.
- (5) The state optometry board.
- (6) The optometry licensing authority of any other state.
- (7) The American Academy of Optometry.
- (8) The Optometric Extension Program.

(9) The College of Optometrists and Visual Development.

(10) The National Eye Research Foundation.

(11) Regional congresses of any of the organizations listed in subsections (1) through (10) of this section.

(12) The Council on Post-Graduate Education of the American Optometric Association.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-120, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-120, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 84-09-082 (Order PL 465), § 308-53-120, filed 4/18/84; Order PL 239, § 308-53-120, filed 3/3/76.]

**WAC 246-851-120 Credit for classes.** Continuing education credit may be granted for courses sponsored by schools and professional organizations. The board will individually consider granting or denying credit for any course other than those offered by organizations approved in WAC 246-851-110.

(1) Requests for credit must be submitted at least thirty days prior to the date of the course. The request must include, as a minimum, an agenda, an outline of each offering, and a brief professional biography of each presenter. Within sixty days the board will notify the sponsor of its approval or denial of continuing education credits and the number of credits approved. If the board does not act on the continuing education credit request within sixty days after receipt, the request shall be approved as submitted.

(2) Any requests received after the thirty-day submission deadline will be considered by the board as soon as possible.

(3) In determining whether a course will be granted credit, the board may consider, among other factors: The relevancy of the course to the usual and customary practice of optometry, the correlation of the course to subjects taught in accredited colleges or schools of optometry, the speaker(s) being properly credentialed in the subject area, and the relationship to new concepts and techniques: *Provided, however,* Courses related to a single product or device will not normally be granted credit.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-120, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-123, filed 4/27/89.]

**WAC 246-851-130 Post-graduate educational program.** The board or its agent will, when financially possible, provide an annual post-graduate educational program.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-125, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-125, filed 12/28/79.]

**WAC 246-851-140 Credit for admission to optometric organizations and participation in patient care reviews.** (1) Continuing education credit will be granted

for preparation and admission to optometric scientific groups (for example, the Academy of Optometry). The licensee must petition the board for credit thirty days prior to the end of the reporting period and no more than five credit hours will be approved for any licensee in any reporting period.

(2) Continuing education credit will be granted for participation in formal reviews and evaluations of patient care such as peer review and case conference. Also, participation in a professional standard review organization, regional health planning council, health planning board, state health coordinating council and state health planning department, and local/county councils of state health planning council/organizations, as authorized by the state and the United States government, and other official representation (and not mere attendance as an observer) relating to health care agencies may be granted continuing education credit by submitting an outline of the particular activity thirty days prior to the end of the reporting period. No more than five credit hours will be approved for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-135, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-135, filed 12/28/79.]

**WAC 246-851-150 Credit for individual study, publications, and small-group study.** The granting of continuing education credit for individual study, publication of scholarly papers and articles, and small-group study will be considered by the board on a case-by-case basis. Such credit may be granted if the board determines that such study or publication entails at least the same amount of work, information, or training as a regular course for which the same number of credit hours are awarded.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-150, filed 2/26/91, effective 3/29/91; Order PL 239, § 308-53-140, filed 3/3/76.]

**WAC 246-851-160 Credit for reports.** Continuing education credit will be given for reports on professional optometric literature. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include a copy of the article being reported on and the typewritten report. Such report shall list ten descriptive basic statements from an article or sequence of articles. Professional literature approved for such reports are: American Journal of Optometry and Physiological Optics, American Optometric Association News, Contact Lens Forum, Contacto, Insight, International Contact Lens Clinic, Journal of American Optometric Association, Journal on Optometric Education, Journal of Optometric Vision Development, OEP Monthly, Optometric Management, Optometric Monthly, Optometric World, Review of Optometry, and 20/20 Magazine. Other professional literature may be submitted in advance for the board's consideration and approval. Reports shall list the title of

the article(s), literature that the article(s) was taken from, the date of issuance/publication of the literature, page(s) utilized, and author(s).

Each report qualifies for one credit hour and may only be used for credit once. The maximum continuing education credit that will be granted under this section is ten credit hours for each two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-160, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-145, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-145, filed 3/11/88. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-145, filed 3/21/80.]

**WAC 246-851-170 Credit for preprogrammed educational materials.** Continuing education credit will be granted for observation and participation in the use of formal preprogrammed optometric educational materials, including the use of cassettes, videodiscs, videotapes, teaching machines, etc. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include the title of the preprogrammed educational material, its date of issuance, its author/provider, and the length of time spent viewing/listening to the preprogrammed educational material. A synopsis of the preprogrammed educational material shall be submitted.

The maximum continuing education credit that will be granted under this section is ten credit hours for each two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-170, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-146, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 80-04-054 (Order PL 331), § 308-53-146, filed 3/21/80.]

**WAC 246-851-180 Credit for lecturing.** Continuing education credit will be given for the preparation and presentation of courses and lectures in optometric education, if attendance at such a course or lecture would also qualify for such credit. For each hour of credit for the initial presentation of such a course or lecture, two additional hours of credit will be granted. Requests for credit must be submitted to the department of health, professional licensing services in Olympia, at least thirty days prior to the end of the reporting period. The request should include a brief outline of the lecture and the length of the presentation. Credit for subsequent presentations will be individually considered upon a showing that significant additional work has been required. No more than ten hours will be approved for any licensee in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-180, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-150, filed 4/27/89; Order PL 239, § 308-53-150, filed 3/3/76.]

**WAC 246-851-190 Credit for CPR training.** Continuing education credit, up to five credit hours yearly, may be granted for training obtained in a cardio-pulmonary resuscitation (CPR) course where such training is provided by a currently certified CPR instructor. A request for credit must include the name of the instructor, the organization certifying the instructor, the date the instructor's certification expires, and the date, length, and location of the course.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-151, filed 4/27/89. Statutory Authority: RCW 18.54.070(5). 82-12-077 (Order PL 399), § 308-53-151, filed 6/2/82.]

**WAC 246-851-200 Dual acceptance of continuing education credits.** A course otherwise acceptable for continuing education credit under the rules of this chapter will not be denied continuing education credit solely because it has been used to satisfy the continuing education requirement of another state in which the licensee is concurrently licensed.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-200, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-155, filed 9/13/76.]

**WAC 246-851-210 Certification for continuing education courses.** (1) In conjunction with the application for renewal of licensure, a licensee shall submit, on a form provided by the board, an affidavit of compliance with the continuing education requirement of WAC 246-851-090.

(2) Upon request of the board, a licensee shall submit evidence in addition to the affidavit to substantiate compliance with the continuing education requirement. Accordingly, it shall be the responsibility of the licensee to maintain evidence and documentation of such compliance.

(3) It is the responsibility of the licensee to seek prior approval of the board for any continuing education credit where such credit is not automatically approved under the provisions of WAC 246-851-110 through 246-851-190, or where the licensee has any doubt as to its acceptability.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-210, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-165, filed 4/27/89. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-165, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-165, filed 12/28/79.]

**WAC 246-851-220 Surplus credit hours.** Continuing education credits in excess of the required hours earned in any reporting period may not be carried forward to a subsequent reporting period.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-170, filed 4/27/89. Statutory Authority: RCW 18.54.070. 88-07-047 (Order PM 710), § 308-53-170, filed 3/11/88; Order PL 239, § 308-53-170, filed 3/3/76.]

**WAC 246-851-230 Credits for practice management.** Continuing education credit will be granted for courses or materials involving practice management; however, no more than ten credit hours total will be granted to any licensee for practice management courses under WAC 246-851-110 through 246-851-180 in any two-year reporting period.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-230, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-175, filed 4/27/89.]

**WAC 246-851-240 Discretionary exception for emergency situation.** In emergency situations, such as personal or family sickness, the board may waive, for good cause shown, all or part of the continuing education requirement for a particular two-year reporting period for an individual licensee. The board will require such verification of the emergency as is necessary to prove its existence.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(2). 89-10-030 (Order PM 839), § 308-53-180, filed 4/27/89; Order PL 239, § 308-53-180, filed 3/3/76.]

**WAC 246-851-250 Minimum equipment requirements.** (1) At the minimum, every licensed optometrist must have immediate access on the premises to the following equipment and accessories, all of which must be in working condition:

- (a) Adjustable examining chair;
- (b) Phoropter/refractor;
- (c) Retinoscope;
- (d) Ophthalmoscope;
- (e) Pupillary distance measuring device;
- (f) Projector and screen; or illuminated test cabinet, or chart for distant vision testing;
- (g) Nearpoint vision testing equipment;
- (h) Lensometer/vertometer;
- (i) Tonometer;
- (j) Biomicroscope/slit lamp;
- (k) A clinically accepted visual field testing instrument or equipment.

(2) In addition to the equipment and accessories listed in subsection (1) above, if a licensed optometrist prescribes contact lenses he must have in his office the following equipment, all of which must be in working condition:

- (a) Diameter gauge;
- (b) Thickness gauge;
- (c) Cobalt or black light instrument;
- (d) Magnifier, which may separate or part of cobalt or black light instrument;
- (e) Radiuscope/contactogauge type measuring instrument;
- (f) Thickness tables;
- (g) Diopter to millimeter conversion tables;
- (h) Ophthalmometer/P.E.K. corneal measurement type instrument.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-250, filed 2/26/91, effective 3/29/91; 89-01-087 (Order 812), § 308-53-200, filed 12/21/88, effective 1/1/90; Order PL 256, § 308-53-200, filed 9/13/76.]

**WAC 246-851-260 Mobile optometric units.** (1) Doctors of optometry operating mobile units are required to maintain the minimum equipment requirements of WAC 246-851-250 in such units.

(2) Before examining a patient or filling a prescription for a patient, the doctor of optometry must provide to the patient his complete name, his business phone number, the address of his regular office, and his regular office hours. If such doctor of optometry does not maintain a business phone or regular office, he must provide this information to the patient, and must give him his personal phone number and address in place of his business number and address. If the practice of a mobile unit is owned in whole or in part by someone other than the doctor of optometry operating the mobile unit, such fact must also be provided to the patient, along with the names, phone numbers and addresses of all those who own an interest in the practice. The information required by this section may be provided to the patients by means of a sign on or near the mobile unit which the public may reasonably be expected to see and comprehend.

[Statutory Authority: RCW 18.54.070. 91-22-061 (Order 210B), § 246-851-260, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), recodified as § 246-851-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-205, filed 1/17/78.]

**WAC 246-851-270 Retention of minimum contact lens records.** At a minimum, the following specifications for a contact lens prescription must be retained in the records of the licensed optometrist who makes the prescription:

- (1) Dioptric power;
- (2) Base curve (inside radius of curvature);
- (3) Thickness;
- (4) Secondary/peripheral curve, for PMMA lenses;
- (5) Type of edge, for PMMA lenses;
- (6) Color, if used;
- (7) Type of material used;
- (8) Special features equivalent to variable curves, fenestration, or coating.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-270, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-210, filed 9/13/76.]

**WAC 246-851-280 Contact lens advertising.** Where contact lens prices are advertised, such advertisement shall clearly state: (a) The type of contact lens or lenses offered at the price(s) advertised and any exclusions or limitations therein; (b) whether examinations, dispensing, related supplies and/or other service charges are included or excluded in the advertised price(s); and (c) the manufacturer, laboratory of origin or brand name of the contact lenses.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-215, filed 2/20/81.]

**WAC 246-851-290 Maintenance of records.** Licensed optometrists shall maintain records of eye examinations and prescriptions for a minimum of five years from the date of examination or prescription.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-290, filed 2/26/91, effective 3/29/91; Order PL 256, § 308-53-220, filed 9/13/76.]

**WAC 246-851-300 Renting space from and practicing on premises of commercial (mercantile) concern.** Where a doctor of optometry rents or buys space from and practices optometry on the premises of a commercial or mercantile concern:

(1) The practice must be owned by the doctor of optometry solely or in conjunction with other licensed doctors of optometry, and in every phase be under the exclusive control of the doctor(s) of optometry. The prescription files must be the sole property of the doctor(s) of optometry.

(2) The space must be definite and distinct from space occupied by other occupants of the premises and by the commercial or mercantile concern itself.

(3) All signs, advertising and display must be separate and distinct from that of the other occupants and of the commercial or mercantile concern itself, and have the name of the doctor(s) of optometry and the words "doctor of optometry" prominently displayed in connection therewith. Any verbal or spoken advertisement or announcement advertising an optometrist on the premises of a commercial or mercantile concern shall not make references which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

(4) There must be displayed on any part of the premises occupied by the doctor of optometry or in any advertising of such doctor of optometry no legends such as "optical department," "optical center," "optometrical department," or any others which could reasonably convey the impression that the optometric practice is controlled by or part of the commercial or mercantile concern.

(5) In any written advertisement or announcement which uses the name of a commercial or mercantile concern to indicate the location of an optometric practice, the name(s) of the licensed doctor(s) of optometry owning the practice must be in larger type than the name of the commercial or mercantile concern.

(6) A written notice, of a size and type reasonably expected to attract the attention of the public, shall be put in a conspicuous place where the public will be exposed to it before professional services have been contracted for; this notice shall, in plain and simple terms, explain the relationship between the doctor of optometry and the commercial concern. The notice must express that the doctor of optometry is not controlled by the commercial concern in his professional practices, and

must clearly describe the amount of responsibility that the commercial concern takes for the professional services rendered by the doctor of optometry.

Examples follow; these are not exhaustive:

John Smith, O.D., is a lessee, not an employee, of the store. He is solely responsible for his professional activities.

The store accepts no responsibility for the actions of John Smith, O.D., its lessee.

John Smith, O.D., is a lessee of the store, not an employee. As a part of the lease, he has agreed to follow the store's policy of "guaranteed satisfaction or your money back." (Obviously, only if this is true.)

Washington law prohibits the store from controlling or owning the practice of a licensed doctor of optometry. Accordingly, the store can assume no responsibility for Dr. Smith's professional services.

The store is responsible for filling your optical prescription. It is not responsible for the professional services of Dr. Smith, its lessee. (If the store operates the optical dispensary.)

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 81-06-012 (Order PL 367), § 308-53-230, filed 2/20/81; 78-02-030 (Order PL 281), § 308-53-230, filed 1/17/78; Order PL-271, § 308-53-230, filed 7/25/77.]

**WAC 246-851-310 Proper identification of licensees.** Each person licensed pursuant to chapter 18.53 RCW must be clearly identified to the public as a doctor of optometry at every establishment in which he is engaged in the practice of optometry. Such identification must include the name of the licensee in letters at least two inches high, at or near the entrance to the licensee's office.

If an owner of all or part of a practice does not engage in optometry on a regular basis at that location, his name and address in letters at least two inches high must be clearly visible to patients at or near the entrance to the location. To engage in optometry "on a regular basis" means to practice at a particular location at regular, periodic intervals, information of which is readily available to the public.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-235, filed 1/17/78.]

**WAC 246-851-320 Doctor of optometry presumed responsible for advertisements.** Every licensed doctor of optometry whose name or office address or place of practice appears or is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved, and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the advertisement's existence has been introduced at any administrative hearing before the board of optometry, the burden of proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-320, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-240, filed 7/25/77.]

**WAC 246-851-330 Misleading titles or degrees.** An optometrist shall not use misleading nor nonhealth related degrees or titles in connection with the professional practice of optometry. The use of an optometric designation such as "optometrist" or "doctor of optometry" shall not be used in connection with a business or activity that is not related to optometric care. Degrees, titles or professional identifications may not be used which have not been specifically granted to an optometrist by an approved school or college.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-245, filed 12/28/79.]

**WAC 246-851-340 Transmittal of patient information and records.** Upon the written request of his patient, a doctor of optometry licensed by the state of Washington is required to transmit any information and records the doctor of optometry has gathered and/or made in the course of his professional relationship with such patient to any doctor of optometry or physician licensed in Washington. A reasonable fee may be charged the patient to cover mailing and clerical costs.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-340, filed 2/26/91, effective 3/29/91; Order PL-271, § 308-53-250, filed 7/25/77.]

**WAC 246-851-350 Improper professional relationship.** No doctor of optometry shall make any contracts or agreements, whether express or implied, nor engage in any arrangement with a retail dispensing optician whereby the optician or his agent shall:

- (1) Pay any professional expenses for the doctor of optometry;
- (2) Pay any or all of the professional fees of a doctor of optometry;
- (3) Pay any commission, bonus, or rebate for volume of materials or services received from a doctor of optometry;
- (4) Receive any commission, bonus or rebate for volume of materials or services furnished to a doctor of optometry;
- (5) Pay any commission to the doctor of optometry in return for referral of patients to the optician;
- (6) Receive any commission from a doctor of optometry in return for referral of patients to such doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 78-02-030 (Order PL 281), § 308-53-260, filed 1/17/78.]

**WAC 246-851-360 Required identification on prescriptions.** Optical prescriptions related to the practice of optometry must include as a minimum:

- (1) Typed or commercially printed name, address of practice and telephone number of the prescribing doctor of optometry.

- (2) Date of prescription.
- (3) Patient's name and address.
- (4) Signature of prescribing doctor of optometry.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 86-13-008 (Order PM 598), § 308-53-265, filed 6/5/86.]

**WAC 246-851-370 Employed doctors of optometry, franchises and equipment use agreements.** The salary, bonus or other remuneration of a doctor of optometry who is employed for professional optometric services, shall not be dependent upon the percentage or number of patients who obtain visual examinations or who have prescriptions filled. The employed optometrist, acting in the capacity of consultant, advisor or staff doctor of optometry, the optometrist who has acquired a franchise relating to the practice of optometry, and the optometrist who has a professional equipment use agreement/contract, shall at all times remain cognizant of his or her professional responsibilities and with demeanor, decorum and determination retain his or her right of independent professional judgment and title in all situations and circumstances. If at any time the right of independent professional judgment or title is abridged it shall be incumbent upon the optometrist to resign or correct his or her position as consultant, advisor or staff doctor of optometry, or to resign from or correct a franchise and/or equipment use agreement/contract relationship.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5) and 18.54.075. 85-16-054 (Order PL 545), § 308-53-270, filed 7/31/85. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-270, filed 12/28/79.]

**WAC 246-851-380 Practice under another optometrist's name.** Pursuant to RCW 18.53.140, when the initial right to practice under the name of any lawfully licensed optometrist is transferred to another lawfully licensed optometrist or association of lawfully licensed optometrists, the right to practice under such first optometrist's name may not be subsequently transferred by the first transferee and used by a third party or parties.

[Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), re-codified as § 246-851-380, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5). 80-01-088 (Order PL 326), § 308-53-275, filed 12/28/79.]

**WAC 246-851-390 Practice under trade name.** The practice of optometry must be under the name of the licensed doctor of optometry and the practice of optometry under a trade name is prohibited except where an optometrist is associated with a nonprofit organization, or is associated with allied health care practitioners such as medical, dental and osteopathic professionals, or where the term "clinic" is used in conjunction with an in-state geographical location or an optometrist's name in nondeceptive manners.



[Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), re-codified as § 246-851-390, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.54.070(5), 80-04-054 (Order PL 331), § 308-53-280, filed 3/21/80.]

**WAC 246-851-400 Certification required for use of pharmaceutical agents.** (1) Licensed optometrists using pharmaceutical agents in the practice of optometry shall have a minimum of sixty hours of didactic and clinical instruction in general and ocular pharmacology as applied to optometry, and for therapeutic purposes an additional minimum seventy-five hours of didactic and clinical instruction, and certification from an institution of higher learning, accredited by those agencies recognized by the United States Office of Education or the Council on Post-Secondary Accreditation to qualify for certification by the optometry board to use drugs for diagnostic and therapeutic purposes.

(2) Optometrists must obtain the required instructions in both diagnostic and therapeutic categories in order to be eligible to qualify for certification to use drugs for therapeutic purposes.

(3) The instruction in ocular therapeutics must cover the following subject area in order to qualify for certification training:

- (a) Ocular pharmacology.
  - (i) Corneal barrier, blood-aqueous, /-retinal barrier.
  - (ii) Routes of drug administration for ocular disease.
  - (iii) Prescription writing and labeling.
  - (iv) Ocular side-effects of systemic drugs.
- (b) Anti-infectives.
  - (i) General principles of anti-infective drugs.
  - (ii) Antibacterial drugs.
  - (iii) Treatment of ocular bacterial infections.
  - (iv) Antiviral drugs.
  - (v) Treatment of ocular viral infections.
  - (vi) Antifungal drugs.
  - (vii) Treatment of ocular fungal infections.
  - (viii) Antiparasitic drugs.
  - (ix) Treatment of parasitic eye disease.
- (c) Anti-inflammatory drugs.
  - (i) Nonsteroidal anti-inflammatory drugs (NSAIDS).
  - (ii) General principles of mast-cell stabilizers.
  - (iii) Antihistamines.
  - (iv) Ocular decongestants.
  - (v) Treatment of allergic disease.
  - (vi) Treatment of inflammatory disease.
  - (vii) Cycloplegic drugs.
  - (viii) Treatment of ocular trauma.
  - (ix) Ocular lubricants.
  - (x) Hypertonic agents.
  - (xi) Antiglaucoma drugs.

Each subject area shall be covered in sufficient depth so that the optometrist will be informed about the general principles in the use of each drug category, drug side effects and contra indications, and for each disease covered the subjective symptoms, objective signs, diagnosis and recommended treatment and programs.

[Statutory Authority: RCW 18.54.070, 91-22-061 (Order 210B), § 246-851-400, filed 11/1/91, effective 12/2/91; 91-06-025 (Order 119B), re-codified as § 246-851-400, filed 2/26/91, effective 3/29/91.]

Statutory Authority: RCW 18.53.010, 89-17-040 (Order PM 853), § 308-53-330, filed 8/11/89, effective 9/11/89.]

**WAC 246-851-410 Drug formulary.** Pursuant to RCW 18.53.010(3) the optometry board adopts the following drug formulary of topically applied drugs for diagnostic and treatment purposes.

- (1) Drugs for diagnostic or therapeutic purposes.
  - (a) Mydriatics.
  - (b) Cycloplegics.
  - (c) Miotics.
  - (d) Anesthetics.
- (2) Drugs for therapeutic purposes only.
  - (a) Anti-infectives.
  - (b) Antihistamines and decongestants.
  - (c) Ocular lubricants.
  - (d) Antiglaucoma and ocular hypotensives.
  - (e) Anti-inflammatories.
  - (f) Hyperosmotics.
  - (g) Other topical drugs approved for ocular use by the FDA.

[Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), re-codified as § 246-851-410, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.53.010, 89-17-040 (Order PM 853), § 308-53-340, filed 8/11/89, effective 9/11/89.]

**WAC 246-851-420 Optometrist with prescriptive authorization.** (1) Each prescription issued by an optometrist, who is certified by the board to prescribe legend drugs for therapeutic purposes, shall include on the prescription his/her license number and the letters "TX." These letters shall represent the authority which has been granted to the practitioner by the board and will serve to assure pharmacists that the prescription has been issued by an authorized practitioner. When the prescription is orally transmitted to a pharmacist, this information shall be included or shall be on file at the pharmacy.

(2) Any optometrist who issues a prescription without having: (a) Received appropriate certification from the board, or (b) fails to include the identifying information on the prescription, or (c) prescribes outside their scope of practice or for other than therapeutic or diagnostic purposes, or (d) violates any state or federal law or regulations applicable to prescriptions, may be found to have committed an act of unprofessional conduct and may be disciplined in accordance with the provisions of chapter 18.130 RCW.

[Statutory Authority: RCW 18.54.070, 91-06-025 (Order 119B), re-codified as § 246-851-420, filed 2/26/91, effective 3/29/91; 89-22-102, § 308-53-350, filed 11/1/89, effective 12/2/89.]

**WAC 246-851-430 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 July 1, 1989 persons who submit an application for licensure shall submit, prior to being granted a license and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The board 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 regarding the prevention, transmission and treatment of AIDS, and may 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. The requirements 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 (a) of this subsection.

(c) Documentation. The licensee or applicant for licensure 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 18.54.070 and 70.24.270. 91-22-061 (Order 210B), § 246-851-430, filed 11/1/91, effective 12/2/91. Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-430, filed 2/26/91, effective 3/29/91. Statutory Authority: 1988 c 206 § 604. 89-09-027 (Order 833), § 308-53-400, filed 4/13/89.]

**WAC 246-851-990 Optometry fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                  | Fee      |
|-------------------------------|----------|
| Application—Nonrefundable     | \$100.00 |
| Examination/initial license   | 250.00   |
| Reexamination/initial license | 250.00   |
| License renewal               | 160.00   |
| Late renewal                  | 45.00    |
| Duplicate license             | 15.00    |
| Certification                 | 25.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]

## Chapter 246-853 WAC

### OSTEOPATHIC PHYSICIANS AND SURGEONS

#### WAC

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**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.

The board shall waive the examination required under RCW 18.57.080 if the applicant has passed the FLEX examination prior to June 1985 with a FLEX weighted average of seventy-five percent, or the FLEX I and FLEX II examinations with a minimum score of seventy-five on each component and satisfactorily passes the board administered examination on the principles and practices of osteopathic medicine and surgery.

An applicant who has passed all parts of the examination given by the National Board of Osteopathic Examiners may be granted a license without further examination.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-020, filed 4/25/91, effective 5/26/91. 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 246-853-040 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.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-040, filed 9/30/91, effective 10/31/91; 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 246-853-100 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 246-853-110;
- (6) Fails to identify the physician as an osteopathic physician as described in RCW 18.57.140;
- (7) Otherwise exceeds the limits of WAC 246-853-110.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-100, filed 9/30/91, effective 10/31/91; 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 246-853-130 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 Health  
Professional Licensing Services  
1300 Quince St., MS: EY-23  
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. 91-20-120 (Order 199B), § 246-853-130, filed 9/30/91, effective 10/31/91; 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 246-853-180 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 osteopathic physicians and physician's assistants, other than minor traffic violations.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-180, filed 9/30/91, effective 10/31/91; 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 an osteopathic physician or physician's assistant is employed to provide patient care services, to report to the board whenever such an osteopathic physician or physician's assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of osteopathic medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled practitioner.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-190, filed 9/30/91, effective 10/31/91; 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 246-853-210 License reinstatement after lapse of licensure for failure to renew.** (1) An active license that has been expired for less than one year may be brought current by payment of the renewal and penalty 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 the applicant's activities since first licensed. A statement outlining the continuing education acquired in the three years immediately preceding the request for reinstatement must be submitted for the board's review and approval.

(3) All applications for reinstatement will be reviewed and must be approved by the board. The board may require reexamination or a physical and/or mental evaluation of an applicant to confirm fitness for practice.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-853-210, filed 9/30/91, effective 10/31/91; 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 246-853-230 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 health 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, 91-20-120 (Order 199B), § 246-853-230, filed 9/30/91, effective 10/31/91; 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 246-853-230.

[Statutory Authority: RCW 18.57.005, 91-20-120 (Order 199B), § 246-853-240, filed 9/30/91, effective 10/31/91; 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 246-853-260 FLEX examination application deadline.** All applications for osteopathic physician and surgeon license by FLEX examination in the state of Washington shall be received in the office of the professional licensing services division, department of health, no later than August 1 for the following December examination and February 1 for the following June examination.

An applicant with extenuating circumstances for being unable to meet the deadline may petition the board for waiver of the deadline date.

[Statutory Authority: RCW 18.57.005 and 18.130.175, 91-10-043 (Order 159B), § 246-853-260, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-270 Renewal expiration date.** An osteopathic physician and surgeon and osteopathic physician assistant will be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation is received on or before the expiration date.

[Statutory Authority: RCW 18.57.005 and 18.130.175, 91-10-043 (Order 159B), § 246-853-270, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-290 Intent.** It is the intent of the legislature that the board of osteopathic medicine and surgery seek ways to identify and support the rehabilitation of osteopathic physicians and surgeons and osteopathic physician assistants where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these practitioners be treated so that they can return to or continue to practice osteopathic medicine and surgery in a way which safeguards the public. The legislature specifically intends that the board of osteopathic medicine and surgery establish an alternate program to the traditional administrative proceedings against osteopathic physicians and surgeons and osteopathic physician assistants.

In lieu of disciplinary action under RCW 18.130.160 and if the board of osteopathic medicine and surgery determines that the unprofessional conduct may be the result of substance abuse, the board may refer the registrant/licensee to a voluntary substance abuse monitoring program approved by the board.

[Statutory Authority: RCW 18.57.005 and 18.130.175, 91-10-043 (Order 159B), § 246-853-290, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-300 Definitions used relative to substance abuse monitoring.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and rules established by the board, according to the Washington Administrative Code, which enters into a contract with osteopathic practitioners who have substance abuse problems. The approved substance abuse monitoring program oversees compliance of the osteopathic practitioner's recovery activities as required by the board. Substance abuse monitoring programs may provide evaluation and/or treatment to participating osteopathic practitioners.

(2) "Impaired osteopathic practitioner" means an osteopathic physician and surgeon or an osteopathic physician assistant who is unable to practice osteopathic medicine and surgery with judgment, skill, competence, or safety due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(3) "Contract" is a comprehensive, structured agreement between the recovering osteopathic practitioner and the approved monitoring program wherein the osteopathic practitioner consents to comply with the monitoring program and the required components for the osteopathic practitioner's recovery activity.

(4) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse,

department of social and health services as specified in RCW 18.130.175.

(5) "Chemical dependence/substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(6) "Drug" means a chemical substance alone or in combination, including alcohol.

(7) "Aftercare" means that period of time after intensive treatment that provides the osteopathic practitioner and the osteopathic practitioner's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(8) "Practitioner support group" is a group of osteopathic practitioners and/or other health care 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.

(9) "Twelve-step groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and similar organizations.

(10) "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. The collection of the body fluids must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(11) "Recovering" means that a chemically dependent osteopathic practitioner is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(12) "Rehabilitation" means the process of restoring a chemically dependent osteopathic practitioner to a level of professional performance consistent with public health and safety.

(13) "Reinstatement" means the process whereby a recovering osteopathic practitioner is permitted to resume the practice of osteopathic medicine and surgery.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-300, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-310 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the recovery of osteopathic practitioners. 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 osteopathic practitioners.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance

abuse and the practice of osteopathic medicine and surgery as defined in chapter 18.57 RCW to be able to evaluate:

(a) Drug screening laboratories;

(b) Laboratory results;

(c) Providers of substance abuse treatment, both individual and facilities;

(d) Osteopathic practitioner support groups;

(e) Osteopathic practitioners' work environment; and

(f) The ability of the osteopathic practitioners to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the osteopathic practitioner and the board to oversee the osteopathic practitioner's compliance with the requirement of the program.

(4) The program staff of the approved monitoring program will evaluate and recommend to the board, on an individual basis, whether an osteopathic practitioner will be prohibited from engaging in the practice of osteopathic medicine and surgery for a period of time and restrictions, if any, on the osteopathic practitioner'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 osteopathic practitioner as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any osteopathic practitioner 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 board shall provide the approved monitoring program guidelines on treatment, monitoring, and/or limitations on the practice of osteopathic medicine and surgery 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 osteopathic practitioner 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 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-310, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-320 Participation in approved substance abuse monitoring program.** (1) The osteopathic practitioner who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may occur as a result of disciplinary action.

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation is

to be performed by a health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not be the provider of the recommended treatment.

(b) The osteopathic practitioner 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:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner shall agree to abstain from the use 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. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner shall attend osteopathic practitioner support groups facilitated by health care professionals and/or twelve-step group meetings as specified by the contract.

(vii) The osteopathic practitioner shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

(d) The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the osteopathic practitioner 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) An osteopathic practitioner 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 continue to satisfactorily meet the requirements of the approved monitoring program:

(a) The osteopathic practitioner shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The osteopathic practitioner 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:

(i) The osteopathic practitioner will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The osteopathic practitioner will agree to abstain from the use 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. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The osteopathic practitioner must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The osteopathic practitioner must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The osteopathic practitioner shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The osteopathic practitioner will attend practitioner support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the individual's contract.

(vii) The osteopathic practitioner will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The osteopathic practitioner shall sign a waiver allowing the approved monitoring program to release information to the board if the osteopathic practitioner does not comply with the requirements of the contract. The osteopathic practitioner may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for noncompliance with the contract or if he/she does not successfully complete the program.

(c) The osteopathic practitioner is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with the contract.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-320, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-330 Confidentiality.** (1) 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 WAC 246-853-320. 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.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-330, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-340 Examination appeal procedures.**

(1) Any candidate who takes and does not pass the osteopathic practices and principles examination, may request review of the results of the examination by the Washington state board of osteopathic medicine and surgery.

(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 examination 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 may not bring in any resource material for use while completing the informal review form.

(iv) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) 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's 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.

(d) Any candidate 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 last 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 had identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-340, filed 4/25/91, effective 5/26/91.]

**WAC 246-853-350 Examination conduct.** Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or use unauthorized materials during any portion of the examination will be terminated from the examination and not permitted to complete it.

[Statutory Authority: RCW 18.57.005 and 18.130.175. 91-10-043 (Order 159B), § 246-853-350, filed 4/25/91, effective 5/26/91.]

**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                            | \$410.00 |
| Duplicate                          | 15.00    |
| Certification                      | 25.00    |
| Osteopathic physician:             |          |
| Endorsement application            | 500.00   |
| License renewal                    | 410.00   |
| 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    |

| Title of Fee                     | Fee    |
|----------------------------------|--------|
| Certification                    | 25.00  |
| Limited license application      | 250.00 |
| Limited license renewal          | 205.00 |
| Temporary permit application     | 100.00 |
| Impaired program surcharge       | 15.00  |
| Osteopathic physician assistant: |        |
| Application                      | 150.00 |
| Renewal                          | 50.00  |
| Duplicate license                | 15.00  |

[Statutory Authority: RCW 43.70.250. 91-21-034 (Order 200), § 246-853-990, filed 10/10/91, effective 11/10/91; 91-13-002 (Order 173), § 246-853-990, filed 6/6/91, effective 7/7/91. 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

|             |  |
|-------------|--|
| 246-854-020 | Osteopathic physicians' assistants program approval. |
| 246-854-030 | Osteopathic physician's assistant prescriptions.     |
| 246-854-050 | AIDS education and training.                         |
| 246-854-060 | Application for registration.                        |
| 246-854-070 | Repealed.  |

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

|             |  |
|-------------|--|
| 246-854-070 | Registration renewal requirement. [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.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005. |
|-------------|--|

**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 professional licensing services division 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. 91-20-120 (Order 199B), § 246-854-020, filed 9/30/91, effective 10/31/91; 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 or, if none, the supervising physician's drug enforcement administration registration number, followed by the initials "P.A." and the physician assistant's registration number issued by the board.

(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 (5) 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) The registration of a physician's assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician's assistants may not dispense prescription drugs to exceed treatment for forty-eight hours, except as provided in subsection (6) of this section. The medication so dispensed must comply with the state law prescription labeling requirements.

(5) 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.

(6) A physician assistant authorized to issue prescriptions under subsection (5) 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. 91-20-120 (Order 199B), § 246-854-030, filed 9/30/91, effective 10/31/91; 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 246-854-050 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 health 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. 91-20-120 (Order 199B), § 246-854-050, filed 9/30/91, effective 10/31/91; 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 246-854-050.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-854-060, filed 9/30/91, effective 10/31/91; 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 Repealed.** See Disposition Table at beginning of this chapter.

#### Chapter 246-855 WAC

#### OSTEOPATHIC PHYSICIANS' ACUPUNCTURE ASSISTANTS

##### WAC

246-855-030 Acupuncture—Program approval.  
246-855-100 AIDS education and training.

246-855-110 Application for registration.  
246-855-120 Repealed.

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

246-855-120 Registration renewal requirement. [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.] Repealed by 91-20-120 (Order 199B), filed 9/30/91, effective 10/31/91. Statutory Authority: RCW 18.57.005.

**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 246-855-020 - 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. 91-20-120 (Order 199B), § 246-855-030, filed 9/30/91, effective 10/31/91; 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 246-855-100 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 health 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. 91-20-120 (Order 199B), § 246-855-100, filed 9/30/91, effective 10/31/91; 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 246-855-100.

[Statutory Authority: RCW 18.57.005. 91-20-120 (Order 199B), § 246-855-110, filed 9/30/91, effective 10/31/91; 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 Repealed.** See Disposition Table at beginning of this chapter.

**Chapter 246-857 WAC**

**PHARMACISTS—PRACTICE AND PROCEDURE**

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| 246-857-340 | SEPA exemption.  |

**WAC 246-857-020 Practice and procedure cross reference.** In order to conform the board's practice and procedure rules to the uniform procedural rules for the conduct of contested cases, the board has repealed certain practice and procedure rules. The following cross reference will assist in locating the superseding uniform procedural rule.

| Repealed Board Rule |   | Uniform Procedural Rule |
|---------------------|---|-------------------------|
| WAC 360-08-070      | - | WAC 10-08-080           |
| WAC 360-08-080      | - | WAC 10-08-040           |
| WAC 360-08-090      | - | WAC 10-08-110           |
| WAC 360-08-100      | - | WAC 10-08-110           |
| WAC 360-08-110      | - | WAC 10-08-110           |
| WAC 360-08-120      | - | WAC 10-08-110           |
| WAC 360-08-130      | - | WAC 10-08-110           |
| WAC 360-08-140      | - | WAC 10-08-110           |
| WAC 360-08-410      | - | WAC 10-08-210           |
| WAC 360-08-430      | - | WAC 10-08-130           |
| WAC 360-08-440      | - | WAC 10-08-130           |
| WAC 360-08-450      | - | WAC 10-08-140           |
| WAC 360-08-460      | - | WAC 10-08-140           |
| WAC 360-08-510      | - | WAC 10-08-090           |

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-08-005, filed 2/25/88.]

**WAC 246-857-030 Appearance and practice before board—Who may appear.** No person may appear in a representative capacity before the board or its designated hearing officer other than the following:

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

(2) Attorneys at law duly qualified and entitled to practice before the highest court of record of any other state, if 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.

(3) A bona fide officer, partner, or full-time employee of an individual firm, association, partnership, or corporation who appears for such individual firm, association, partnership, or corporation.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-030, filed 8/30/91, effective 9/30/91; Regulation .08.010, filed 1/10/63; Regulation .08.010, filed 3/23/60.]

**WAC 246-857-040 Appearance and practice before board—Standards of ethical conduct.** All persons appearing in proceedings before the 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 board may decline to permit such person to appear in a representative capacity in any proceeding before the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-040, filed 8/30/91, effective 9/30/91; Regulation .08.030, filed 1/10/63; Regulation .08.040, filed 3/23/60.]

**WAC 246-857-050 Appearance and practice before board—Appearance by former employee of board or former member of attorney general's staff.** No former employee of the board or member of the attorney general's staff may at any time after severing his employment with the board or the attorney general appear, except with the written permission of the board, in a representative capacity on behalf of other parties in a formal proceeding wherein he previously took an active part as a representative of the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-050, filed 8/30/91, effective 9/30/91; Regulation .08.040, filed 1/10/63; Regulation .08.050, filed 3/23/60.]

**WAC 246-857-060 Appearance and practice before board—Former employee as expert witness.** No former employee of the board shall at any time after severing his employment with the board appear, except with the written permission of the board, as an expert witness on behalf of other parties in a formal proceeding wherein he previously took an active part in the investigation as a representative of the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-060, filed 8/30/91, effective 9/30/91; Regulation .08.050, filed 1/10/63; Regulation .08.060, filed 3/23/60.]

**WAC 246-857-070 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.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-070, filed 8/30/91, effective 9/30/91; Regulation .08.230, filed 1/10/63; Regulation .08.230, filed 3/23/60.]

**WAC 246-857-080 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-080, filed 8/30/91, effective 9/30/91; Regulation .08.240, filed 1/10/63; Regulation .08.240, filed 3/23/60.]

**WAC 246-857-090 Depositions and interrogatories in contested cases—Officer before whom taken.** Within the United States or within a territory or insular possession subject to the dominion of the United States depositions shall be taken before an officer authorized to administer oaths by the laws of the state of Washington or of the place where the examination is held; within a foreign country, depositions shall be taken before a secretary of an embassy or legation, consul general, vice consul or consular agent of the United States, or a person designated by the board or agreed upon by the parties by stipulation in writing filed with the board. Except by stipulation, no deposition shall be taken before a person who is a party or the privy of a party, or a privy of any counsel of a party, or who is financially interested in the proceeding.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-090, filed 8/30/91, effective 9/30/91; Regulation .08.250, filed 1/10/63; Regulation .08.250, filed 3/23/60.]

**WAC 246-857-100 Depositions and interrogatories in contested cases—Authorization.** A party desiring to take the deposition of any person upon oral examination shall give reasonable notice of not less than three days in writing to the board and all parties. The notice shall state the time and place for taking the deposition, the name and address of each person to be examined, if known, and if the name is not known, a general description sufficient to identify him or the particular class or group to which he belongs. On motion of a party upon whom the notice is served, the hearing officer may for cause shown, enlarge or shorten the time. If the parties so stipulate in writing, depositions may be taken before any person, at any time or place, upon any notice, and in any manner and when so taken may be used as other depositions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-100, filed 8/30/91, effective 9/30/91; Regulation .08.260, filed 1/10/63; Regulation .08.260, filed 3/23/60.]

**WAC 246-857-110 Depositions and interrogatories in contested cases—Protection of parties and deponents.** After notice is served for taking a deposition, upon its own motion or upon motion reasonably made by any party or by the person to be examined and upon notice and for good cause shown, the board or its designated hearing officer may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or

that certain matters shall not be inquired into, or that the scope of the examination shall be limited to certain matters, or that the examination shall be limited to certain matters, or that the examination shall be held with no one present except the parties to the action and their officers or counsel, or that after being sealed, the deposition shall be opened only by order of the board, or that business secrets or secret processes, developments, or research need not be disclosed, or that the parties shall simultaneously file specified documents or information enclosed in sealed envelopes to be opened as directed by the board; or the board may make any other order which justice requires to protect the party or witness from annoyance, embarrassment, or oppression. At any time during the taking of the deposition, on motion of any party or of the deponent and upon a showing that the examination is being conducted in bad faith or in such manner as unreasonably to annoy, embarrass, or oppress the deponent or party, the board or its designated hearing officer may order the officer conducting the examination to cease forthwith from taking the deposition, or may limit the scope and manner of the taking of the deposition as above provided. If the order made terminates the examination, it shall be resumed thereafter only upon the order of the 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-110, filed 8/30/91, effective 9/30/91; Regulation .08.270, filed 1/10/63; Regulation .08.270, filed 3/23/60.]

**WAC 246-857-120 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-120, filed 8/30/91, effective 9/30/91; Regulation .08.280, filed 1/10/63; Regulation .08.280, filed 3/23/60.]

**WAC 246-857-130 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-130, filed 8/30/91, effective 9/30/91; Regulation .08.290, filed 1/10/63; Regulation .08.290, filed 3/23/60.]

**WAC 246-857-140 Depositions and interrogatories in contested cases--Signing attestation and return.** When the testimony is fully transcribed the deposition shall be submitted to the witness for examination and shall be read to or by him, unless such examination and reading are waived by the witness and by the parties. Any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness, unless the parties by stipulation waive the signing or the witness is ill or cannot be found or refuses to sign. If the deposition is not signed by the witness, the officer shall sign it and state on the record the fact of the waiver or of the illness or absence of the witness or the fact of the refusal to sign together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed, unless on a motion to suppress the board holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

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

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-140, filed 8/30/91, effective 9/30/91; Regulation .08.300, filed 1/10/63; Regulation .08.300, filed 3/23/60.]

**WAC 246-857-150 Depositions and interrogatories in contested cases--Use and effect.** Subject to rulings by the hearing officer upon objections a deposition taken and filed as provided in this rule will not become a part of the record in the proceeding until received in evidence by the hearing officer upon his own motion or the motion of any party. Except by agreement of the parties or ruling of the hearing officer, a deposition will be received only in its entirety. A party does not make a party, or the privy of a party, or any hostile witness his witness by taking his deposition. Any party may rebut any relevant evidence contained in a deposition whether introduced by him or any other party.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-150, filed 8/30/91, effective 9/30/91; Regulation .08.310, filed 1/10/63; Regulation .08.310, filed 3/23/60.]

**WAC 246-857-160 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-160, filed 8/30/91, effective 9/30/91; Regulation .08.320, filed 1/10/63; Regulation .08.320, filed 3/23/60.]

**WAC 246-857-170 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-170, filed 8/30/91, effective 9/30/91; Regulation .08.330, filed 1/10/63; Regulation .08.330, filed 3/23/60.]

**WAC 246-857-180 Depositions upon interrogatories—Interrogation.** Where the interrogatories are forwarded to an officer authorized to administer oaths as provided in WAC 360-08-250 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-180, filed 8/30/91, effective 9/30/91; Regulation .08.340, filed 1/10/63; Regulation .08.340, filed 3/23/60.]

**WAC 246-857-190 Depositions upon interrogatories—Attestation and return.** The officer before whom interrogatories are verified or answered shall (1) certify under his official signature and seal that the deponent was duly sworn by him, that the interrogatories and answers are a true record of the deponent's testimony, that no one except deponent, the officer and the stenographer were present during the taking, and that neither he nor the stenographer, to his knowledge, is a party, privy to a party, or interested in the event of the proceedings, and (2) promptly send by registered or certified mail the original copy of the deposition and exhibits with his attestation to the board, or its designated hearing officer, one copy to the counsel who submitted the interrogatories and another copy to the deponent.

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[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-190, filed 8/30/91, effective 9/30/91; Regulation .08.350, filed 1/10/63; Regulation .08.350, filed 3/23/60.]

**WAC 246-857-200 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-200, filed 8/30/91, effective 9/30/91; Regulation .08.360, filed 1/10/63; Regulation .08.360, filed 3/23/60.]

**WAC 246-857-210 Official notice—Matters of law.** The board or its hearing officer, upon request made before or during a hearing, will officially notice:

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

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

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

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

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-210, filed 8/30/91, effective 9/30/91; Regulation .08.370, filed 1/10/63; Regulation .08.370, filed 3/23/60.]

**WAC 246-857-220 Official notice—Material facts.** In the absence of controverting evidence, the board and its hearing officers, upon request made before or during a hearing, may officially notice:

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

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

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

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

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

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

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

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

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-220, filed 8/30/91, effective 9/30/91; Regulation .08.380, filed 1/10/63; Regulation .08.380, filed 3/23/60.]

**WAC 246-857-230 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 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.** Except in a proceeding where the liability of the carrier for nondelivery is involved, that mail matter, communications, express or freight, properly addressed, marked, billed and delivered respectively to the

post office, telegraph, cable or radio company, or authorized common carrier of property with all postage, tolls and charges properly prepaid, is or has been delivered to the addressee or consignee in the ordinary course of business;

(4) **Ordinary course.** That a fact exists or does not exist, upon proof of the existence or nonexistence of another fact which in the ordinary and usual course of affairs, usually and regularly 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, eloiigned, suppressed or withheld by a party in control thereof, would if produced, corroborate the evidence of the adversary party with respect to such fact.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-230, filed 8/30/91, effective 9/30/91; Regulation .08.390, filed 1/10/63; Regulation .08.390, filed 3/23/60.]

**WAC 246-857-240 Stipulations and admissions of record.** The existence or nonexistence of a material fact, as made or agreed in a stipulation or in an admission of record, will be conclusively presumed against any party bound thereby, and no other evidence with respect thereto will be received upon behalf of such party, provided:

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

(2) **Withdrawal.** Any party bound by a stipulation or admission of record at any time prior to final decision may be permitted to withdraw the same in whole or in part by showing to the satisfaction of the hearing officer or the board 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-240, filed 8/30/91, effective 9/30/91; Regulation .08.400, filed 1/10/63; Regulation .08.400, filed 3/23/60.]

**WAC 246-857-250 Definition of issues before hearing.** In all proceedings the issues to be adjudicated shall be made initially as precise as possible, in order that hearing officers may proceed promptly to conduct the hearings on relevant and material matter only.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-250, filed 8/30/91, effective 9/30/91; Regulation .08.420, filed 1/10/63; Regulation .08.420, filed 3/23/60.]

**WAC 246-857-260 Rules of evidence--Admissibility criteria.** Subject to the other provisions of these rules, all relevant evidence is admissible which, in the opinion of the officer conducting the hearing, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. In passing upon the admissibility of evidence, the officer conducting the hearing shall give consideration to, but shall not be bound to follow, the rules of evidence governing civil proceedings, in matters not involving trial by jury, in the superior court of the state of Washington.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-260, filed 8/30/91, effective 9/30/91; Regulation .08.520, filed 1/10/63; Regulation .08.520, filed 3/23/60.]

**WAC 246-857-270 Rules of evidence--Tentative admission--Exclusion--Discontinuance--Objections.**

When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The officer conducting the hearing may, in his discretion, either with or without objection, exclude inadmissible evidence or order cumulative evidence discontinued. Parties objecting to the introduction of evidence shall state the precise grounds of such objection at the time such evidence is offered.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-270, filed 8/30/91, effective 9/30/91; Regulation .08.530, filed 1/10/63; Regulation .08.530, filed 3/23/60.]

**WAC 246-857-280 Petitions for rule making, amendment or repeal--Who may petition.** Any interested person may petition the board requesting the promulgation, amendment, or repeal of any rule.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-280, filed 8/30/91, effective 9/30/91; Regulation .08.540, filed 1/10/63; Regulation .08.540, filed 3/23/60.]

**WAC 246-857-290 Petitions for rule making, amendment or repeal--Requisites.** Where the petition requests the promulgation of a rule, the requested or proposed rule must be set out in full. The petition must also include all the reasons for the requested rule together with briefs of any applicable law. Where the petition requests the amendment or repeal of a rule presently in effect, the rule or portion of the rule in question must be set out as well as a suggested amended form, if any. The petition must include all reasons for the requested amendment or repeal of the rule.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-290, filed 8/30/91, effective 9/30/91; Regulation .08.550, filed 1/10/63; Regulation .08.550, filed 3/23/60.]

**WAC 246-857-300 Petitions for rule making, amendment or repeal--Agency must consider.** All petitions shall be considered by the board and the 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-300, filed 8/30/91, effective 9/30/91; Regulation .08.560, filed 1/10/63; Regulation .08.560, filed 3/23/60.]

**WAC 246-857-310 Petitions for rule making, amendment or repeal--Notice of disposition.** The board shall notify the petitioning party within a reasonable time of the disposition, if any, of the petition.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-310, filed 8/30/91, effective 9/30/91; Regulation .08.570, filed 1/10/63; Regulation .08.570, filed 3/23/60.]

**WAC 246-857-320 Declaratory rulings.** As prescribed by RCW 34.04.080, any interested person may petition the board for a declaratory ruling. The board shall consider the petition and within a reasonable time the board shall:

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

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

- (1) Issue a binding declaratory rule; or
- (2) Issue a nonbinding declaratory ruling; or
- (3) Notify the person that no declaratory ruling is to be issued.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-857-320, filed 8/30/91, effective 9/30/91; Regulation .08.580, filed 1/10/63; Regulation .08.580, filed 3/23/60.]

**WAC 246-857-330 Forms.** Any interested person petitioning the 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 board of pharmacy." 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 board. Petitions shall be on white paper either 8 1/2" x 11" or 8 1/2" x 13" in size.

Any interested person petitioning the 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 board of pharmacy." On the left side of the page below the foregoing the following caption shall be set out: "In the matter of the petition of (name of petitioning party) for (state whether promulgation, amendment or repeal) of rule (or rules)." Opposite the foregoing caption shall appear the word "petition."

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

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

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-857-330, filed 8/30/91, effective 9/30/91; Regulation .08.590, filed 1/10/63; Regulation .08.590, filed 3/23/60.]

**WAC 246-857-340 SEPA exemption.** The board of pharmacy has reviewed its authorized activities and has found them to be exempt pursuant to WAC 197-10-040(2), 197-10-150 through 197-10-190 and the State Environmental Policy Act, chapter 43.21C RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-857-340, filed 8/30/91, effective 9/30/91; Order 128, § 360-45-010, filed 5/19/76.]

## Chapter 246-858 WAC

### PHARMACISTS--INTERNSHIP REQUIREMENTS

#### WAC

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|-------------|---|
| 246-858-020 | General requirements.                     |
| 246-858-030 | Registration of interns.                  |
| 246-858-040 | Rules for the pharmacy intern.            |
| 246-858-050 | Intern training reports.                  |
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| 246-858-070 | Rules for preceptors.        |
| 246-858-080 | Special internship approval. |

**WAC 246-858-020 General requirements.** (1) RCW 18.64.080(5) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the state board of pharmacy an application for registration as a pharmacy intern——." A student of pharmacy shall be defined as any person enrolled in a college or school of pharmacy accredited by the board of pharmacy or any graduate of any accredited college or school of pharmacy.

(2) As provided for in RCW 18.64.080(4) the board of pharmacy hereby establishes fifteen hundred hours for the internship requirement.

(a) For graduates prior to July 1, 1991, credit may be allowed:

(i) Up to seven hundred hours for experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Up to five hundred hours of credit for the internship shall be granted to graduates of board approved schools or colleges of pharmacy;

(iii) Seven hundred hours or more for experience obtained after completing the first quarter/semester of pharmacy education, and including any breaks or vacations.

(b) For graduates after July 1, 1991, credit may be allowed:

(i) Up to seven hundred hours of experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Eight hundred or more hours for experience obtained after completing the first quarter/semester of pharmacy education, and including any breaks or vacations of which at least two hundred hours must be gained within the last twelve months prior to licensure.

(c) The board will document hours in excess of these requirements for students qualifying for out-of-state licensure.

(3) An applicant for licensure as a pharmacist who has completed seven hundred internship hours will be permitted to take the state board examination for licensure; however, no pharmacist license will be issued to the applicant until the fifteen hundred internship hours have been completed.

(4) To retain a certificate as a pharmacy intern, the intern must make continuing satisfactory progress in completing the pharmacy course.

(5) Experience must be obtained under the guidance of a preceptor who has met certification requirements prescribed in WAC 360-10-050 and has a certificate except as hereinafter provided for experience gained outside the state of Washington.

(6) Experience obtained in another state may be accepted toward the fulfillment of the fifteen hundred hour requirement provided that a letter is received from the board of pharmacy of that state in which the experience is gained and such letter indicates the experience gained

would have been acceptable internship experience to the board of pharmacy in that state.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-010, filed 3/2/88; Order 139, § 360-10-010, filed 12/9/77; Order 106, § 360-10-010, filed 6/3/71; Regulation 48, § I, filed 6/17/66.]

**WAC 246-858-030 Registration of interns.** In order to be registered as a pharmacy intern, the applicant must file with the board of pharmacy an application for registration as a pharmacy intern as provided for in RCW 18.64.080. The application shall be accompanied by a fee as specified in WAC 360-18-020. Prior to engaging in the practice of pharmacy as an intern or extern, under the supervision of a preceptor, the applicant must be registered by the board as a pharmacy intern.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-020, filed 12/9/87. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-10-020, filed 8/30/83; Order 106, § 360-10-020, filed 6/3/71; Regulation 48, § II, filed 6/17/66.]

**WAC 246-858-040 Rules for the pharmacy intern.**

(1) The intern shall send notification to the board of pharmacy on or before the first day of beginning of his/her training. Such notification shall consist of the date, the name of the pharmacy, and the name of the preceptor where the intern expects to begin his/her internship. The board of pharmacy shall promptly notify the intern of the acceptability of the preceptor under whom the intern expects to gain experience. Internship credit will not be accepted until the preceptor has been certified.

(2) The pharmacy intern shall engage in the practice of pharmacy, and the selling of items restricted to sale under the supervision of a licensed pharmacist, only while he/she is under the direct and personal supervision of a certified preceptor or a licensed pharmacist designated by the preceptor to supervise that intern during the preceptor's absence from the site. Provided, that hours of experience gained while the certified preceptor is absent from the site shall not be counted toward fulfilling any internship requirement.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-030, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-030, filed 12/9/87; Regulation 48, § III, filed 6/17/66.]

**WAC 246-858-050 Intern training reports.** (1) The intern shall file with the board on forms provided by the board an internship evaluation report at the completion of internship training experience at each site.

(2) The board of pharmacy shall provide the necessary affidavit forms to the intern for the purpose of certification of the hours of experience, which shall only include hours under the personal supervision of a preceptor. Affidavits must be certified and recorded in the

office of the board of pharmacy not later than thirty days after the completion of any site internship experience. Completion of any site experience is intended to mean those situations when neither the intern nor the preceptor anticipate further intern experience at some later date at that site.

(3) The intern's report and all or part of the hours covered by the period of the report can be rejected by the board if, for the period involved, the pharmacy intern has not performed the practice of pharmacy adequately.

(4) Certification of at least seven hundred hours must be submitted to the board office thirty days prior to licensing examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-040, filed 12/9/87; Order 106, § 360-10-040, filed 6/3/71; Order 102, § 360-10-040, filed 12/5/69; Regulation 48, § IV, filed 6/17/66.]

**WAC 246-858-060 Requirements for preceptor certification.** (1) A pharmacist who is licensed and actively engaged in practice in a Class A pharmacy in the state of Washington, and who has met certification requirements prescribed in this section of the regulation and who has completed a board approved training program within the last five years, and who has been certified by the board of pharmacy shall be known as "pharmacist preceptor." The requirement for completion of an approved training program becomes effective June 30, 1991.

(2) The pharmacist preceptor must have completed twelve months as a licensed pharmacist engaged in the practice of pharmacy as defined in RCW 18.64.011(11).

(3) Any preceptor or preceptor applicant who has been found guilty of a drug or narcotic violation or whose pharmacist license has been revoked, suspended, or placed on probation by the state board of pharmacy shall not be eligible for certification as a preceptor, until completion of the probationary period, and a showing of good cause for certification as a pharmacist preceptor.

(4) The preceptor shall be responsible for the quality of the internship training under his/her supervision and he/she shall assure that the intern actually engages in pharmaceutical activities during that training period.

(5) The board of pharmacy shall withdraw a preceptor's certification upon proof that the preceptor failed to meet or maintain the requirements as stated in this section.

(6) In considering the approval of special internship programs pursuant to WAC 360-10-080, the board may approve alternative qualification requirements for the preceptors of such programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-050, filed 5/10/91, effective 6/10/91; 90-11-079 (Order 055), § 360-10-050, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-050, filed 3/2/88; Order 106, § 360-10-050, filed 6/3/71; Regulation 48, § V, filed 6/17/66.]

**WAC 246-858-070 Rules for preceptors.** (1) The pharmacist preceptor, or his or her designee in accordance with WAC 360-10-030(2), shall supervise the pharmacy intern and shall be responsible for the sale of restricted items, and the compounding and dispensing of pharmaceuticals dispensed by an intern.

(2) The pharmacist preceptor must use the board approval plan of instruction for interns.

(3) Upon completion of the intern's experience at each site, the preceptor under whom this experience was obtained shall file a report with the board. Such report shall briefly describe the type of professional experience received under the preceptor's supervision and the preceptor's evaluation of the intern's ability to practice pharmacy at that stage of internship.

(4) The board of pharmacy shall provide the necessary affidavit forms to certify hours of experience under the personal supervision of a preceptor. Affidavits must be certified and recorded in the office of the board not later than thirty days after the completion of any site intern experience; provided that any experience necessary for eligibility to take the licensing examination must be in the board office no later than thirty days prior to the examination.

(5) The pharmacist preceptor may supervise more than one intern during a given time period; however, two interns may not dispense concurrently under the direct supervision of the same preceptor.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-041 (Order 170B), § 360-10-060, filed 5/10/91, effective 6/10/91. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-10-060, filed 3/2/88; Order 102, § 360-10-060, filed 12/5/69; Regulation 48, § VI, filed 6/17/66.]

**WAC 246-858-080 Special internship approval.** (1) The board will consider applications for approval of special internship programs. Such programs may be approved when the board determines that they offer a significant educational opportunity.

(2) Applications for special internship approval must be submitted at least thirty days prior to the next board meeting which will afford the board an opportunity to review the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-858-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-10-080, filed 12/9/87; Order 114, § 360-10-080, filed 6/28/73.]

### Chapter 246-861 WAC

#### PHARMACISTS--PROFESSIONAL PHARMACEUTICAL EDUCATION

##### WAC

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| 246-861-040 | Applications for approval as a provider of continuing education—Post-approval of continuing education credits. |
| 246-861-050 | Continuing education program providers' responsibilities.  |

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| 246-861-060 | Instructors' credit toward continuing education unit. |
| 246-861-070 | Credit for continuing education.                      |
| 246-861-080 | Credit for individual study programs.                 |
| 246-861-090 | Amount of continuing education.                       |
| 246-861-100 | Pharmacist audits—Disallowed credit.                  |
| 246-861-110 | Advisory committee on continuing education.           |
| 246-861-120 | Waiver of the continuing education requirement.       |

**WAC 246-861-020 Continuing education.** (1) No renewal certificate of licensure shall be issued by the board of pharmacy until the applicant submits satisfactory proof to the board that during the twelve months preceding his or her application for renewal he or she has participated in courses of continuing professional pharmaceutical education of the types and number of continuing education credits specified by the board. Such continuing education is hereby declared to be a mandatory requirement for license renewal, except that pharmacists applying for the first annual renewal of their license following graduation shall be exempt from the provisions of this regulation.

(2) Continuing education requirements must be submitted along with the license application and fee. If the continuing education requirements are not complete the license renewal application will be returned with an explanatory note. The license renewal will not be processed until complete.

(3) Each individual pharmacist is responsible for maintaining records which verify the continuing education requirements which are submitted in support of annual renewal of license. Records shall be retained for a minimum of two years.

(4) A pharmacist who desires to reinstate his or her license after having been unlicensed for over one year shall, as a condition to reinstatement of his or her license, complete such continuing education credits as may be specified by the board in each individual case.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-010, filed 6/26/80. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-11-010, filed 3/27/79; Order 116, § 360-11-010, filed 11/9/73.]

**WAC 246-861-030 Continuing education programs.** The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses or such other forms of continuing professional pharmaceutical education as may be approved by the board. Policies for such approvals will be set by the board to allow full consideration for those pharmacists residing in areas where local continuing education programs, seminars and meetings are not available. Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

- (1) Socio-economic and legal aspects of health care;
- (2) The properties and actions of drugs and dosage forms;
- (3) The etiology, characteristics and therapeutics of the disease state;

(4) Such other areas of professional pharmaceutical education as shall be designated by the board.

The specific subject matter of such courses may include but shall NOT BE LIMITED TO THE FOLLOWING: Pharmacology, biochemistry, physiology, pharmaceutical chemistry, pharmacy administration, pharmacy jurisprudence, public health and communicable disease, pharmaceutical marketing, professional practice management and such other subject matter as may from time to time be represented in a curriculum of an accredited college of pharmacy or as may otherwise be selected by the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-030, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-020, filed 11/9/73.]

**WAC 246-861-040 Applications for approval as a provider of continuing education--Post-approval of continuing education credits.** (1) Applications for approval as a provider of continuing education or for post-approval of continuing education credit shall be made on the form provided for this purpose by the Washington state board of pharmacy.

(2) In the case of an application for provider approval, the application form shall be submitted 30 days prior to the date the program will be held: *Provided, however*, That the board may waive the requirement that an application be filed 30 days prior to the date of the program on good cause shown in an individual case.

(3) In the case of an application for post-approval of continuing education credits for a pharmacist who has attended a worthy program for which the provider has not obtained approval, the pharmacist must file application for this approval within 30 days following the program.

(4) All programs approved by the American Council on Pharmaceutical Education are accepted for continuing education credit and do not require that an individual provider approval be obtained in each case.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-023, filed 6/26/80.]

**WAC 246-861-050 Continuing education program providers' responsibilities.** (1) A continuing education provider shall supply each attendee or subscriber with a written program description which lists the topic(s) covered, number of speakers or authors, time devoted to the program topic(s), and the instructional objectives of the program. The program description must also bear a statement of the number of hours of continuing education credit assigned by the provider.

(2) The provider must make available to each attendee or subscriber proof of attendance or participation suitable for verifying to the board the completion of continuing education requirements.

(3) The provider shall retain, for a period of two years, a list of persons to whom proof of attendance or participation as specified in (2) above was supplied. Providers of nonevaluated self-instruction units shall be exempt from this requirement.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-027, filed 6/26/80.]

**WAC 246-861-060 Instructors' credit toward continuing education unit.** Any pharmacist whose primary responsibility is *not* the education of health professionals, who leads, instructs or lectures to groups of nurses, physicians, pharmacists or others on pharmacy-related topics in organized continuing education or in-service programs shall be granted continuing education credit for such time expended during actual presentation, upon adequate documentation to the board of pharmacy.

Any pharmacist whose primary responsibility is the education of health professionals shall be granted continuing education credit only for time expended in leading, instruction or lecturing to groups of physicians, pharmacists, nurses or others on pharmacy related topics outside his/her formal course responsibilities in a learning institution.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-060, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-030, filed 11/9/73.]

**WAC 246-861-070 Credit for continuing education.**

(1) One hour of continuing education credit will be awarded for each hour of proven attendance at lectures, short courses, workshops, or conferences given by academic institutions or by professional associations utilizing either faculty from academic institutions or recognized experts on the subject under discussion.

(2) One hour of continuing education credit will be awarded for each hour of proven attendance at those portions of regularly scheduled meetings of professional pharmacy groups, associations, or societies where speakers make presentations on topics of professional importance. Only those portions of meetings actually devoted to the presentation by the speaker may be used for credit. Such programs may be presented by any qualified speaker, including pharmacy school faculty, physicians, pharmacists or other appropriate professional persons.

(3) Programs which are acceptable for meeting continuing education requirements of other states will normally be acceptable to meet continuing education requirements in the state of Washington but credit for such programs will be subject to the limitations contained in these rules relating to evaluation and maximum hour allotments.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-033, filed 6/26/80.]

**WAC 246-861-080 Credit for individual study programs.** (1) Individual study programs of various types may be counted for continuing education credit. The amount of such credit which can be applied toward meeting the annual continuing education requirement will depend on whether the provider evaluates the users' mastery of the subject material.

(2) Self-instruction units such as audio tapes, video cassettes or audio tapes/slides may be counted on the basis of one hour of credit for each hour of actual viewing or listening time, provided there is a procedure conducted by the provider which evaluates learning and retention of information by the user. To obtain such credit, the pharmacist must be able to provide a certificate supplied by the program provider that he or she has satisfactorily achieved the goals of the learning unit.

(3) Correspondence courses available from recognized academic institutions which cover appropriate topics will be awarded continuing education credit on the basis of ten hours per unit credit awarded by the institution. It is also required that such correspondence courses evaluate the users learning and retention of information provided by the course.

(4) In cases where a user evaluation is not included as part of the self-instruction unit, credit will be accepted only to the extent of five hours of the total annual hours of continuing education requirement. Nonevaluated self-instruction includes programs such as audio tapes, video tapes, slide/tape programs, texts or journals. To obtain credit for a nonevaluated self-instruction program, a form approved by the Washington state board of pharmacy must be filled out and returned to the board office. For articles, tapes, and related types of learning units, one hour of credit may be claimed for each hour of reading, viewing, or listening time. The board may waive the five hours maximum credit allowable on good cause shown in an individual case.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-037, filed 6/26/80.]

**WAC 246-861-090 Amount of continuing education.** Effective with the 1982 renewals the equivalent of one and 1/2 continuing education unit (1.5 continuing education unit or 15 hours) of professional continuing education shall have been completed and shall be required annually of each applicant for renewal of licensure. One continuing education unit is the equivalent of ten hours of participation in continuing education programs approved by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-040, filed 6/26/80; Order 116, § 360-11-040, filed 11/9/73.]

**WAC 246-861-100 Pharmacist audits--Disallowed credit.** (1) The board may audit the documentation submitted by a pharmacist in support of continuing education requirements and may disallow credit for that portion which does not meet the requirements of these rules.

(2) Since individual pharmacist audits will usually be retrospective, it is recognized that disallowed credit may work hardship on the pharmacist involved. In cases where a pharmacist is audited and some or all credit is disallowed, the continuing education requirement for the

following year will be increased by the amount of hours disallowed.

(3) A pharmacist who is audited and has credit disallowed will automatically be audited for three consecutive years. Failure to satisfy the continuing education requirement as a result of disallowed credit in two consecutive years will be considered a violation of these regulations and will be good and sufficient cause for imposition of disciplinary action by the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-045, filed 6/26/80.]

**WAC 246-861-110 Advisory committee on continuing education.** There is under the jurisdiction of the board of pharmacy an advisory committee on continuing education consisting of ten members appointed by the board of pharmacy. The membership shall consist of two members from the state board of pharmacy, two members from the faculties of colleges of pharmacy in the state and six practicing pharmacists within the state. The two board members shall be nonvoting members. The advisory committee shall meet a minimum of once a year.

It shall be the duty of the advisory committee to recommend to the board the standards and specifications to be required of programs that may be acceptable for approval by the board to fulfill the continuing education requirement, the approval of the programs fulfilling the standards and specifications adopted, the number of continuing education units to be awarded for the satisfactory completion of approved programs, and such other matters that will assist the board in the implementation of the continuing education requirements for the relicensure of pharmacists.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-060, filed 6/26/80; Order 116, § 360-11-060, filed 11/9/73.]

**WAC 246-861-120 Waiver of the continuing education requirement.** The board of pharmacy may, at its discretion, waive the requirements of this regulation for due cause.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-120, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-070, filed 11/9/73.]

## Chapter 246-863 WAC PHARMACISTS--LICENSING

### WAC

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**WAC 246-863-020 Examinations.** (1) The examination for licensure as a pharmacist shall be known as the full board examination in such form as may be determined by the board.

(2) The score required to pass the examination shall be 75. In addition, the score achieved in the jurisprudence section of the exam shall be no lower than 75.

(3) An examinee failing the jurisprudence section of the full board examination shall be allowed to retake the jurisprudence section at a time and place to be specified by the board.

(4) An examinee who fails the jurisprudence examination three times shall not be eligible for further examination until he or she has satisfactorily completed a pharmacy law course provided by a college of pharmacy or board directed study or tutorial program approved by the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-045, § 360-12-015, filed 10/30/89, effective 11/30/89; 87-18-066 (Order 207), § 360-12-015, filed 9/2/87. Statutory Authority: RCW 18.64.005(1) and 18.64.080. 84-04-029 (Order 183), § 360-12-015, filed 1/25/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-015, filed 3/27/79.]

**WAC 246-863-030 Applicants—Reciprocity applicants.** (1) Applicants for license by reciprocity whose applications have been approved shall be required to take and pass the jurisprudence examination given by the board prior to being issued his or her license. The jurisprudence examination shall be offered at least once in every two months.

(2) An applicant for license by reciprocity who has been out of the active practice of pharmacy for between three and five years must take and pass the jurisprudence examination and additionally must either serve an internship of 300 hours or take and pass such additional practical examinations as may be specified by the board in each individual case.

(3) An applicant for license by reciprocity who has been out of the active practice of pharmacy for over five years must take and pass the full board examination and serve an internship of 300 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-050, filed 9/2/87. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-050, filed 3/27/79; Order 121, § 360-12-050, filed 8/8/74; Regulation 4, filed 3/23/60.]

**WAC 246-863-040 Foreign-trained applicants.** (1) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries, wishing to be licensed as pharmacists in the state of Washington shall take and pass the foreign pharmacy

graduate equivalency examination prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalency certificate from that commission.

(2) In addition, prior to licensure they shall pass the Washington state board of pharmacy full board examination and meet its internship requirements.

(3) Applicants whose academic training in pharmacy has been obtained from institutions in foreign countries and whose credentials are such that no further education is necessary must earn a total of 1500 intern hours before licensure. The applicant must earn at least 1200 intern hours before taking the full board examination: *Provided*, That the board may, for good cause shown, waive the required 1500 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-015 (Order 180), § 360-12-065, filed 1/9/84. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-065, filed 3/27/79; Order 122, § 360-12-065, filed 9/30/74.]

**WAC 246-863-050 Licensed pharmacists change of address.** All licensed pharmacists shall notify the state board of pharmacy of any change of mailing address within thirty days of the change. The board may rely upon the last mailing address of record for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-23-078, § 360-12-110, filed 11/17/89, effective 12/18/89. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-110, filed 9/6/79; Regulation 5, filed 3/23/60.]

**WAC 246-863-060 Licensed pharmacists—Employed as responsible managers—Duty to notify board.** Licensed pharmacists employed as responsible managers for a pharmacy shall at once notify the state board of pharmacy of such employment and shall comply with such instructions as may be received. A pharmacist shall also at once notify the state board of pharmacy of termination of employment as a responsible manager. Please refer to WAC 360-16-050 for additional information.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-12-120, filed 9/6/79; Regulation 8, filed 3/23/60.]

**WAC 246-863-070 Inactive pharmacist license.** Any pharmacist who desires to leave the active practice of pharmacy in the state of Washington may request an inactive license from the board. The request for an inactive license must be submitted on a form provided by the board. It must be renewed in the same manner as an active license upon payment of a fee as specified by the board.

The holder of an inactive license shall not practice pharmacy in the state of Washington. The holder of an

inactive license need not comply with the continuing education requirements contained in chapter 360-11 WAC.

In order to reactivate an inactive license, the holder of the inactive license must comply with the provisions of WAC 360-12-130.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-125, filed 2/22/85.]

**WAC 246-863-080 Retired pharmacist license.** (1) Any pharmacist who has been licensed in the state for twenty-five consecutive years, who wishes to retire from the practice of pharmacy, may apply to the board of pharmacy for a retired pharmacist license. The fee for the original retired pharmacist license shall be twenty dollars.

(2) The holder of a retired pharmacist license shall not be authorized to practice pharmacy and need not comply with the continuing education requirements of chapter 360-11 WAC.

(3) A retired pharmacist license shall be granted to any qualified applicant and shall entitle such person to receive mailings from the board of pharmacy: *Provided*, That lawbook updates shall not be mailed without charge.

(4) In order to reactivate a retired pharmacist license, the holder must comply with the provision of WAC 360-12-130.

(5) The annual renewal fee for a retired pharmacist license shall be twenty-five dollars.

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-863-080, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-12-128, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005(11). 86-24-057 (Order 203), § 360-12-128, filed 12/2/86.]

**WAC 246-863-090 Pharmacists—Reinstatement or reactivation of license.** (1) A pharmacist who desires to reinstate or reactivate his or her license after having been out of the active practice of pharmacy must meet the following requirements, as applicable, in addition to paying the fee required by RCW 18.64.140.

(a) If the pharmacist has been unlicensed or the holder of an inactive license for three years or less, he or she must take and pass the jurisprudence examination given by the board.

(b) If the pharmacist has been unlicensed or the holder of an inactive license for between three and five years, he or she must take and pass the jurisprudence examination given by the board and either serve an internship of 300 hours or take and pass such further written practical examinations as are specified by the board in each individual case.

(c) If the pharmacist has been unlicensed or the holder of an inactive license for over five years, he or she must take and pass the full board examination and serve an internship of 300 hours.

(2) A pharmacist desiring to reinstate or reactivate his or her license must complete such continuing education credits as the board may specify in each individual case.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.140. 85-06-010 (Order 193), § 360-12-130, filed 2/22/85. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-12-130, filed 3/27/79; Regulation 2, filed 3/23/60.]

**WAC 246-863-100 Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required.** (1) A pharmacist planning to exercise prescriptive authority in his or her practice (see RCW 18.64.011(11)) by initiating or modifying drug therapy in accordance with written guidelines or protocols previously established and approved for his or her practice by a practitioner authorized to prescribe drugs must have on file at his/her place of practice a properly prepared written guideline or protocol indicating approval has been granted by a practitioner authorized to prescribe. A copy of the written guideline or protocol must also be on file with the board of pharmacy.

(2) For purposes of pharmacist prescriptive authority under RCW 18.64.011(11), a written guideline or protocol is defined as an agreement in which any practitioner authorized to prescribe legend drugs delegates to a pharmacist or group of pharmacists authority to conduct specified prescribing functions. Any modification of the written guideline or protocol shall be treated as a new protocol. It shall include:

(a) A statement identifying the practitioner authorized to prescribe and the pharmacist(s) who are party to the agreement. The practitioner authorized to prescribe must be in active practice, and the authority granted must be within the scope of the practitioners' current practice.

(b) A time period not to exceed 2 years during which the written guideline or protocol will be in effect.

(c) A statement of the type of prescriptive authority decisions which the pharmacist(s) is (are) authorized to make, which includes:

(i) A statement of the types of diseases, drugs, or drug categories involved, and the type of prescriptive authority activity (e.g., modification or initiation of drug therapy) authorized in each case.

(ii) A general statement of the procedures, decision criteria, or plan the pharmacist(s) is (are) to follow when making therapeutic decisions, particularly when modification or initiation of drug therapy is involved.

(d) A statement of the activities pharmacist(s) is (are) to follow in the course of exercising prescriptive authority, including documentation of decisions made, and a plan for communication or feedback to the authorizing practitioner concerning specific decisions made. Documentation may occur on the prescription record, patient drug profile, patient medical chart, or in a separate log book.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-19-086 (Order 163, Resolution No. 8/81), § 360-12-140, filed 9/17/81. Statutory Authority: RCW 18.64.005(4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-12-140, filed 6/26/80, effective 9/30/80.]

**WAC 246-863-110 Monitoring of drug therapy by pharmacists.** The term "monitoring drug therapy" used in RCW 18.64.011(11) shall mean a review of the drug therapy regimen of patients by a pharmacist for the purpose of evaluating and rendering advice to the prescribing practitioner regarding adjustment of the regimen. Monitoring of drug therapy shall include, but not be limited to:

(1) Collecting and reviewing patient drug use histories;

(2) Measuring and reviewing routine patient vital signs including, but not limited to, pulse, temperature, blood pressure and respiration; and

(3) Ordering and evaluating the results of laboratory tests relating to drug therapy including, but not limited to, blood chemistries and cell counts, drug levels in blood, urine, tissue or other body fluids, and culture and sensitivity tests when performed in accordance with policies and procedures or protocols applicable to the practice setting, which have been developed by the pharmacist and prescribing practitioners and which include appropriate mechanisms for reporting to the prescriber monitoring activities and results.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-12-150, filed 9/2/87. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-12-150, filed 9/29/83. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-12-150, filed 4/26/83.]

**WAC 246-863-120 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus-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 AIDS education requirements of subsection (4) of this section, or shall certify that they will comply with the AIDS education requirement no later than December 31, 1989.

(3) 1989 renewal of licenses. Effective with the renewal period beginning February 1, 1989, all persons making application for licensure renewal in 1989 shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Pharmacists may submit compliance documentation with their renewal or at any time prior to December 31, 1989. Approved AIDS education may be counted towards a pharmacist's continuing education requirement.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that covers the required subjects and otherwise qualifies for continuing education

credit. Such education and training shall be a minimum of seven clock hours (.7 CE units) and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal economic and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective February 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include the one-time requirement of 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 licensee 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-863-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-12-160, filed 11/15/88.]

## Chapter 246-865 WAC

### PHARMACEUTICAL SERVICES--EXTENDED CARE FACILITY

#### WAC

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**WAC 246-865-010 Definitions.** (1) "Board" means the Washington state board of pharmacy.

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

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

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

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

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

(7) "Licensed practical nurse" means a person duly licensed under the provisions of the licensed practical nurse act of the state of Washington, chapter 18.78 RCW.

(8) "Nursing home" means any home, place or institution licensed as a nursing home under chapter 18.51 RCW.



(9) "Pharmaceutical services committee" means a committee which develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice. The pharmaceutical services committee shall consist of a staff or consultant pharmacist, a physician, the director of nursing or his/her designee and the administrator or his/her designee.

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

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

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

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

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

(15) "Unit-dose drug distribution system" means a system of drug dispensing and control that is characterized by the dispensing of the majority of drugs in unit doses, ready to administer form, and for most drugs, not more than a 48-hour supply of doses is available at the residential care unit at any time.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-13-045, filed 9/2/87. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-045, filed 3/4/81; Order 121, § 360-13-045, filed 8/8/74.]

**WAC 246-865-020 Promulgation.** In the interests of protecting public health the Washington state board of pharmacy shall hereby allow the use of an emergency drug kit in any nursing home holding a valid Washington state nursing home license. The emergency drug kit shall be considered to be a physical extension of the pharmacy supplying the emergency drug kit and shall at all times remain under the ownership of the supplying pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-10-

027 (Order 159), § 360-13-010, filed 4/28/81; Order 104, § 360-13-010, filed 12/5/69; Order 50 (part), filed 3/28/67.]

**WAC 246-865-030 Emergency kit.** (1) The contents and quantity of drugs and supplies in the emergency kit shall be determined by the pharmaceutical services committee as defined in WAC 360-13-045(9) which shall consider the number of residents to be served and their potential need for emergency medications.

(2) A copy of the approved list of contents shall be conspicuously posted on or near the kit.

(3) The emergency kit shall be used only for bonafide emergencies and only when medications cannot be obtained from a pharmacy in a timely manner.

(4) Records documenting the receipt and removal of drugs in the emergency kit shall be maintained by the nursing home and the supplying pharmacy.

(5) The pharmaceutical services committee shall be responsible for ensuring proper storage, security and accountability of the emergency kit

(a) The emergency kit shall be stored in a locked area or be locked itself;

(b) Emergency kit drugs shall be accessible only to licensed nurses as defined in WAC 360-13-045(6).

(6) The contents of the emergency kit, the approved list of contents, and all related records shall be made freely available and open for inspection to representatives of the board of pharmacy and the department.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-020, filed 3/4/81; Order 104, § 360-13-020, filed 12/5/69; Order 50, subsection 1-12, filed 3/28/67.]

**WAC 246-865-040 Supplemental dose kits.** (1) In addition to an emergency kit, each institution holding a valid Washington state nursing home license, and which employs a unit dose drug distribution system, may maintain a supplemental dose kit for supplemental non-emergency drug therapy if the necessary drug is not available from the pharmacy in a timely manner.

(2) The pharmaceutical services committee shall determine the quantities of drugs in the supplemental dose kit in light of the number of residents in the facility and their potential needs for supplemental doses.

(3) The supplemental dose kit shall remain the property of the supplying pharmacy.

(4) The supplying pharmacy and the facility's pharmaceutical services committee shall be responsible for proper storage, security and accountability of the kit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-030, filed 3/4/81; Order 114, § 360-13-030, filed 6/28/73.]

**WAC 246-865-050 Drug facilities.** (1) There shall be facilities for drug preparation and storage near the nurses' station on each unit.

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

(3) The drug storage units shall provide:

- (a) Locked storage for all drugs,
- (b) Separately keyed storage for Schedule II and III controlled substances,
- (c) Segregated storage of different resident's drugs.
- (4) There shall be a refrigerator for storage of thermolabile drugs in the drug facility.
- (5) Locks and keys, for drug facilities shall be different from other locks and keys within the nursing home.
- (6) Poisons and other nonmedicinal chemical agents in containers bearing a warning label shall be stored in separate locked storage apart from drugs used for medicinal purposes.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-06-077 (Order 158), § 360-13-055, filed 3/4/81; Order 121, § 360-13-055, filed 8/8/74.]

**WAC 246-865-060 Pharmaceutical services. (1) Administration of pharmaceutical services.**

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

(b) Unless the nursing home operates a licensed pharmacy and employs a director of pharmaceutical services, the nursing home shall have a written agreement with one or more licensed pharmacists who provide for pharmaceutical consultant services. The staff pharmacist or consultant pharmacist supervises the entire spectrum of pharmaceutical services in the nursing home.

(c) There shall be a pharmaceutical services committee whose membership includes at least a staff or consultant pharmacist, a physician, the director of nursing or his/her designee, and the administrator or his/her designee. The pharmaceutical services committee develops and maintains written policies and procedures for safe and effective drug therapy, distribution, control, and use which are current and followed in practice.

(d) Reference material regarding the use of medication, adverse reactions, toxicology, and poison control center information shall be available to facility staff.

(e) There shall be procedures established for the reporting and recording of medication errors and adverse drug reactions.

(2) A staff pharmacist of consultant pharmacist shall be responsible for coordinating pharmaceutical services which include:

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

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

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

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

(e) Planning and participating in the nursing home staff development program.

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

(3) Security and storage of drugs.

(a) The nursing home shall store drugs under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation, and security as defined by regulation and accepted standards of practice.

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

(c) Schedule III controlled substances shall be stored apart from other drugs on a separate shelf or in a separate compartment or cabinet, provided, however, Schedule III controlled substances may be stored with Schedule II controlled substances. Schedule III controlled substances can be stored with other drugs when distributed in a unit dose drug distribution system.

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

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

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

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 360-13-010 and 360-13-020.

(4) Labeling of drugs.

(a) The label for each legend drug which is not dispensed in a unit dose shall have the name and address of the pharmacy from which the drug was dispensed; the prescription number; the physician's name; the resident's full name; the date of issue; the initials of the dispensing pharmacist; the name and strength of the drug; a controlled substances schedule, if any; the amount (e.g., number of tablets or cc's) of the drug dispensed, and the expiration date. In the case of a compounded drug which contains Schedule II or III controlled substances, the quantity of each controlled substance per cc or teaspoonful shall be shown on the label.

(b) In a unit dose drug distribution system, a clear, legible label shall be printed or affixed securely to each unit dose package. Each unit dose drug label shall include: the name, strength and, for each unit dose package, the dosage amount of the drug; the expiration date for any time-dated drug; the lot or control number; and controlled substances schedule number, if any. Each individual drug compartment shall be labeled with the full name of the resident whose drug the compartment contains and the name of the resident's physician.

(c) Nonlegend drugs shall be clearly labeled with at least the patient's name, date of receipt by the facility, as well as display a manufacturer's original label or a pharmacy label if repackaged by the pharmacist. Nonlegend drugs supplied by the extended care facility pursuant to WAC 388-88-050 need not be labeled with the patient's name.

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

(5) Control and accountability.

(a) The nursing home shall maintain and follow written procedures which provide for the accurate control and accountability of all drugs in the nursing home.

(b) No drugs may be returned from the nursing home to a pharmacy except as provided in paragraph (4)(d) or if the drug is returned in unopened unit dose packages.

(c) Drugs shall be released to a resident upon discharge only on specific written authorization of the attending physician. A receipt containing information sufficient to document the drug's destination, the person who received the drug, and the name and quantity of drugs released shall be entered in the resident's health record.

(d) All of an individual resident's drugs including Schedule III, IV and V controlled substances, that are discontinued by the physician and remain unused, shall be destroyed by a licensed nurse employee of the nursing home in the presence of a witness within 90 days after having been discontinued, and accurate records of destruction maintained except from drugs which are sealed in unit dose packages.

(e) Outdated, unapproved, contaminated, deteriorated, adulterated, or recalled drugs shall not be available for use in the nursing home.

(f) Except in the case of Schedule II controlled substances and drugs which are sealed in unit dose packages, drugs which remain in the nursing home after the patient has died or been discharged, and drugs in containers with illegible or missing labels, shall be immediately and irretrievably disposed of by a licensed nurse employee in the presence of a witness and proper records maintained of such disposal. Destruction of Schedule II drugs shall be handled in accordance with (6)(g). Unit dose packages may be returned to the pharmacy.

(6) Special requirements for controlled substances.

(a) All Schedule II controlled substances shall be stored in separately keyed and locked secure storage within a drug facility.

(b) Schedule III controlled substances shall be stored apart from other drugs and may be stored on a separate shelf, drawer, or compartment with Schedule II controlled substances.

(c) There shall be a record book for Schedule II and Schedule III controlled substances which shall be a bound book with consecutively numbered pages in which complete records of receipt and withdrawal of Schedule II and III controlled substances are maintained.

(d) At least once each 24 hours, the amount of all Schedule II controlled substances stored in the facility shall be counted by at least two persons who are legally authorized to administer drugs. A similar count shall be made of all Schedule III controlled substances at least weekly. Records of counts shall be entered in the Schedule II and III controlled substances book(s).

(e) When a resident is discharged, a record of release for any Schedule II or III controlled substances released shall be entered on the appropriate page for the given drug in the controlled substances record book.

(f) Any discrepancy in actual count of Schedule II or III controlled substances and the record shall be documented in the Schedule II or III controlled substances books and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven calendar days shall be reported to the consultant pharmacist and the Washington state board of pharmacy.

(g) Discontinued Schedule II controlled substances and all Schedule II controlled substances which remain after the discharge or death of residents shall:

(i) Be destroyed at the nursing home within 30 days by a registered pharmacist and the director or nursing or a registered nurse designee with appropriate documentation maintained, or

(ii) Be destroyed at the nursing home by a representative of the Washington state board of pharmacy if so requested by the board or the nursing home.

(h) A nursing home may establish procedures which vary from those paragraphs (6)(a)(g) if they are using a unit dose drug distribution system and if that system provides for the accurate accounting, by the nursing home and the supplying pharmacy, of the receipt and disposition of all Schedule II and III controlled substances.

(7) Drug administration.

(a) Staff shall follow written procedures which provide for the safe handling and administration of drugs to residents.

(i) Drugs shall be administered only by persons licensed to administer drugs.

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

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

(c) Drugs shall be prepared immediately prior to administration and administered by the same person who prepares them except under a unit dose system.

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

(i) Verification of administration

(ii) Reasons for ordered doses not taken

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

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

(f) The self-administration of medication program shall provide evidence of:

(i) Assessment of the resident's capabilities

(ii) Instructions for administration

(iii) Monitoring of progress and compliance with orders

(iv) Safe storage of drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-13-066, filed 5/9/88. Statutory Authority: RCW 18.64.005(11), 81-14-055 (Order 161), § 360-13-066, filed 6/30/81.]

**WAC 246-865-070 Provision for continuity of drug therapy for residents.** When a resident of a long term care facility has the opportunity for an unscheduled therapeutic leave that would be precluded by the lack of an available pharmacist to dispense drugs prescribed by an authorized practitioner, a registered nurse designated by the facility and its consultant or staff pharmacist and who agrees to such designation, may provide the resident or a responsible person with up to a 72-hour supply of a prescribed drug or drugs for use during that leave from the resident's previously dispensed package of such drugs. The drugs shall only be provided in accordance with protocols developed by the pharmaceutical services committee and the protocols shall be available for inspection. These protocols shall include the following:

(1) Criteria as to what constitutes an unscheduled therapeutic leave requiring the provision of drugs by the registered nurse;

(2) Procedures for repackaging and labeling the limited supply of previously dispensed drugs by the designated registered nurse that comply with all state and federal laws concerning the packaging and labeling of drugs;

(3) Provision to assure that none of the medication provided to the resident or responsible person may be returned to the resident's previously dispensed package of such drug or to the facility's stock.

(4) A record-keeping mechanism that will provide for the maintenance of a permanent log that includes the following information:

(a) The name of the person to whom the drug was provided;

(b) The drug and quantity provided;

(c) The date and time that the request for the drug was made;

(d) The date and time that the drug was provided;

(e) The name of the registered nurse that provided the drug;

(f) The conditions or circumstances that precluded a pharmacist from providing the drug.

Refer to WAC 308-120-270 for related regulations on this practice.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-865-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-13-100, filed 4/26/83.]

## Chapter 246-867 WAC

### IMPAIRED PHARMACIST REHABILITATION

#### WAC

- 246-867-001 Purpose and scope.  
 246-867-010 Definitions.  
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 246-867-040 Approval of substance abuse monitoring programs.

246-867-050 Participation in approved substance abuse monitoring program.

246-867-060 Confidentiality.

**WAC 246-867-001 Purpose and scope.** These rules are designed to assist the board of pharmacy regarding a registrant/licensee whose competency may be impaired due to the abuse of alcohol and/or drugs. The board intends that such registrants/licensees be treated and their treatment monitored so that they can return or continue to practice pharmacy with judgment, skill, competence, and safety to the public. To accomplish this, the board shall approve voluntary substance abuse monitoring programs and shall refer registrants/licensees impaired by substance abuse to approved programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-010, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-010 Definitions.** For the purpose of this chapter:

(1) "Chemical dependence - Substance abuse" means a chronic progressive illness which involves the use of alcohol and/or other drugs to a degree that it interferes in the functional life of the registrant/licensee, as manifested by health, family, job (professional services), legal, financial, or emotional problems.

(2) "Board" means the Washington state board of pharmacy.

(3) "Diversion" means illicit dispensing, distribution, or administration of a scheduled controlled substance or other legend drug not in the normal course of professional practice.

(4) "Drug" means a chemical substance alone or in combination, including alcohol.

(5) "Impaired pharmacist" means a pharmacist who is unable to practice pharmacy with judgment, skill, competence, or safety to the public due to chemical dependence, mental illness, the aging process, loss of motor skills, or any other mental or physical condition.

(6) "Approved substance abuse monitoring program" means a pharmacy recovery assistance program or program which the board has determined meets the requirement of the law and the criteria established by the board in WAC 360-15-050 which enters into a contract with pharmacists who have substance abuse problems regarding the required components of the pharmacists recovery activity and oversees the pharmacist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating pharmacists.

(7) "Contract" means a comprehensive, structured agreement between the recovering pharmacist and the approved monitoring program stipulating the pharmacist's consent to comply with the monitoring program and its required components of the pharmacist's recovery program.

(8) "Approved treatment facility" means a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 70.96A.020(3) to provide concentrated alcoholism

or drug addiction treatment if located within Washington state. Drug and alcohol addiction treatment programs located out-of-state must be equivalent to the standards required for approval under RCW 70.96A.020(3).

(9) "Aftercare" means that period of time after intensive treatment that provides the pharmacist and the pharmacist's family with group, or individualized counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment program staff.

(10) "Twelve-step groups" means groups such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, and related organizations based on a philosophy of anonymity, peer group associations, self-help belief in a power outside of oneself which offer support to the recovering individual to maintain a chemically free lifestyle.

(11) "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. The collection of the body fluid must be observed by a treatment or health care professional or other board or monitoring program-approved observer.

(12) "Recovering" means that a chemically dependent pharmacist is in compliance with a treatment plan of rehabilitation in accordance with criteria established by an approved treatment facility and an approved substance abuse monitoring program.

(13) "Rehabilitation" means the process of restoring a chemically dependent pharmacist to a level of professional performance consistent with public health and safety.

(14) "Reinstatement" means the process whereby a recovering pharmacist is permitted to resume the practice of pharmacy.

(15) "Pharmacist support group" means a group of pharmacists meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced pharmacist facilitator in which pharmacists may safely discuss drug diversion, licensure issues, return to work, and other issues related to recovery.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-020, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-020 Applicability.** This chapter is applicable to all registered/licensed externs, interns, pharmacists, and any pharmacy assistants. For the purpose of this chapter, the word "pharmacist" shall include externs, interns and pharmacy assistants, as defined under chapter 18.64A RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-030, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-030 Reporting and freedom from liability.** (1) Reporting.

(a) If any pharmacist or pharmacy owner knows or suspects that a pharmacist is impaired by chemical dependence, mental illness, physical incapacity, or other factors, that person shall report any relevant information to a pharmacy recovery assistance program or to the board.

(b) If a person is required by law to report an alleged impaired pharmacist to the board, the requirement is satisfied when the person reports the pharmacist to a board-approved and contracted pharmacist recovery assistance program.

(2) Any person who in good faith reports information concerning a suspected impaired pharmacist to a pharmacy recovery assistance program or to the board shall be immune from civil liability.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-040, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-040 Approval of substance abuse monitoring programs.** The board will approve pharmacist recovery, assistance, and monitoring programs which will participate in the board's substance abuse monitoring program. The board may contract for these services.

(1) The approved monitoring program will not provide evaluation or treatment to participating pharmacists.

(2) The approved monitoring program/recovery assistance staff must have the qualifications and knowledge of both substance abuse and the practice of pharmacy as defined in this chapter to be able to evaluate:

(a) Clinical laboratories.

(b) Laboratory results.

(c) Providers of substance abuse treatment, both individuals and facilities.

(d) Pharmacist support groups.

(e) The pharmacist's work environment.

(f) The ability of the pharmacist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the pharmacist and the board to oversee the pharmacists' compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a pharmacist will be prohibited from engaging in the practice of pharmacy for a period of time and restrictions, if any, on the pharmacist'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 pharmacist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any pharmacist who fails to comply with the requirements 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 pharmacy for those participating in the program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-050, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-050 Participation in approved substance abuse monitoring program.** (1) The pharmacist who has been investigated by the board may accept board referral into the approved substance abuse monitoring program. This may be part of disciplinary action.

(a) The pharmacist 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. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist 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:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use 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. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must complete the prescribed aftercare program of the intensive treatment facility. This may include individual and/or group psychotherapy.

(iv) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the appropriate monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance

abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

(d) The pharmacist may be subject to disciplinary action under RCW 18.64.160 if the pharmacist 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 pharmacist who is not being investigated by the board or subject to current disciplinary action or 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 18.64.160 for their substance abuse and shall not have their participation known to the board if they meet the requirements of the approved monitoring program:

(a) The pharmacist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by a health care professional with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The pharmacist 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:

(i) The pharmacist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The pharmacist will agree to abstain from the use 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. Said prescriber shall notify the monitoring program of all drugs prescribed within fourteen days of the date care was provided.

(iii) The pharmacist must cause the treatment counselor(s) and authorized prescriber(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis, goals, drugs prescribed, etc.

(v) The pharmacist shall submit to random drug screening, with observed specimen collection, as specified by the approved monitoring program.

(vi) The pharmacist will attend pharmacist support groups facilitated by a pharmacist and/or twelve-step group meetings as specified by the contract.

(vii) The pharmacist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The pharmacist shall sign a waiver allowing the approved monitoring program to release information to the board if the pharmacist does not comply with the requirements of this contract.

(c) The pharmacist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random urine screens, and other personal expenses incurred in compliance with this contract.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-060, filed 1/17/90, effective 2/17/90.]

**WAC 246-867-060 Confidentiality.** (1) 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 WAC 360-15-060 (1) and (2). 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.

(2) Notwithstanding subsection (1) of this section, board orders shall be subject to RCW 42.17.250 through 42.17.450.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-867-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-054 (Order 025), § 360-15-070, filed 1/17/90, effective 2/17/90.]

## Chapter 246-869 WAC PHARMACY LICENSING

### WAC

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**WAC 246-869-020 Pharmacies and differential hours.** (1) A pharmacy must provide adequate security for its drug supplies and records and in the absence of a pharmacist the pharmacy must be closed and access limited to persons authorized by the pharmacist; for example, janitorial services, inventory services, etc. If a

pharmacy is located within a larger mercantile establishment which is open to the public for business at times when a pharmacist is not present then the pharmacy must be enclosed by solid partitions at least seven feet in height, from the floor, which are sufficient to provide adequate security for the pharmacy. In the absence of a pharmacist such pharmacies must be locked and secured so that only persons authorized by the pharmacist can gain access, provided however that employees of the mercantile establishment cannot be authorized to enter the closed pharmacy during those hours that the mercantile establishment is open to the public for business.

(2) All equipment and records referred to in WAC 360-16-230 and all drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist must be kept in the pharmacy area.

(3) Written prescription orders and refill request can be delivered to a pharmacy at any time. But if no pharmacist is present then the prescription orders must be deposited, by the patient or his agent delivering the prescription order or refill request to the establishment, into a "mail slot" or "drop box" such that the prescription order is stored in the pharmacy area. The times that the pharmacy is open for business must be so displayed that they are prominently visible to the person depositing the prescription orders.

(4) Prescriptions shall be stored in the pharmacy and cannot be removed from the pharmacy unless the pharmacist is present and the removal is for the immediate delivery to the patient, person picking up the prescription for the patient, or person delivering the prescription to the patient at his residence or similar place.

(5) No drugs, devices, poisons and other items or products which are restricted to sale either by or under the personal supervision of a pharmacist can be sold or delivered without a pharmacist being present in the pharmacy.

(6) Any pharmacy having hours differing from the remainder of an establishment shall have a separate and distinct telephone number from that business establishment. The phone shall not be answerable in the remainder if the establishment unless all conversations, when the pharmacist is absent, are recorded and played back by the pharmacist.

(7) Oral prescriptions cannot be taken if a pharmacist is not present unless it is taken on a recording which must inform the caller as to the times the pharmacy is open.

(8) A pharmacy must prominently display in a permanent manner on or adjacent to its entrance the times that it is open for business. If a pharmacy is located within a larger mercantile establishment having hours of operation different from the pharmacy then the pharmacy times of being open for business shall be prominently displayed in a permanent manner at the pharmacy area and on or adjacent to the entrance to the mercantile establishment.

(9) Any advertising by the mercantile establishment which makes reference to the pharmacy or those products which are sold only in the pharmacy which in such advertising sets forth the days and hours that the mercantile establishment is open to the public for business must also indicate the days and hours that the pharmacy is open to the public for business.

(10) Any person desiring to operate a pharmacy within an establishment having hours of business differing from the pharmacy must notify the board of pharmacy at least thirty days prior to commencing such differential hours. In order to constitute notification the applicant must complete the file forms provided by the board providing the required information. Board inspection and approval must be completed prior to the commencing of such differential hours. Such inspection and approval or disapproval shall be within 10 days of receiving notification that the premises are ready for inspection. Approval or disapproval shall be predicated upon compliance with this rule and pharmacy standards under chapter 360-16 WAC.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-020, filed 8/30/91, effective 9/30/91; Order 106, § 360-16-005, filed 9/11/70.]

**WAC 246-869-030 Pharmacy license notice requirements.** (1) Applications for a new pharmacy license must be submitted at least thirty days prior to the next regularly scheduled board meeting and the board shall require the submission of proof of the applicant's identity, and qualifications and such other information as may be necessary to properly evaluate the application, and, at its option, the board may require a personal interview at the next scheduled board meeting.

(2) In case of change of ownership or location of a pharmacy, the original license comes void and must be returned with a new application, as set forth in paragraph (1) above, and the statutorily required fees.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-030, filed 8/30/91, effective 9/30/91; Order 114, § 360-16-011, filed 6/28/73.]

**WAC 246-869-040 New pharmacy registration.** The state board of pharmacy shall issue no new pharmacy registrations after December 1, 1976 unless:

(1) The pharmacy will operate a bona fide prescription department, with such equipment, facilities, supplies and pharmaceuticals as are specified by state board regulations;

(2) The pharmacy passes inspection with a minimum of an "A" grade;

(3) The pharmacy in a new or remodeled building can produce evidence of being built or remodeled in accordance with all building, health and fire codes required for the particular area.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-040, filed 8/30/91, effective 9/30/91; Order 130, § 360-16-020, filed 11/10/76; Regulation 10, filed 3/23/60.]

**WAC 246-869-050 Pharmacy license renewal.** The state board of pharmacy will not renew any pharmacy license unless the following are submitted:

- (1) A complete renewal application form; and
- (2) The fee as established by WAC 360-18-020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-14-041 (Order 215), § 360-16-025, filed 6/30/88. Statutory Authority: RCW 18.64.043. 84-12-019 (Order 186), § 360-16-025, filed 5/25/84.]

**WAC 246-869-060 Employers to require evidence of pharmacist's qualifications.** It shall be the duty of every employer to require suitable evidence of qualifications to practice pharmacy before they permit anyone to be in charge, compound or dispense drugs on their premises.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-060, filed 8/30/91, effective 9/30/91; Regulation 19 (part), filed 3/23/60.]

**WAC 246-869-070 Responsible manager--Appointment.** Every nonlicensed proprietor of one or more pharmacies shall place in charge of each pharmacy a licensed pharmacist who shall be known as the "responsible manager." The nonlicensed proprietor shall immediately report to the state board of pharmacy the name of the "responsible manager," who shall ensure that the pharmacy complies with all the laws, rules and regulations pertaining to the practice of pharmacy. Every portion of the establishment coming under the jurisdiction of the pharmacy laws shall be under the full and complete control of such responsible manager. A now-licensed proprietor shall at once notify the board of pharmacy of the termination of employment of a responsible manager. Please refer to WAC 360-12-120 for additional information.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-16-050, filed 9/6/79; Regulation 6, filed 3/23/60.]

**WAC 246-869-080 Clinic dispensaries.** The clinics of this state shall place their dispensaries in charge of a registered pharmacist, or the dispensing must be done by each prescribing physician in person.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-080, filed 8/30/91, effective 9/30/91; Regulation 9, filed 3/23/60.]

**WAC 246-869-090 Prescription transfers.** The transfer of original prescription information for a non-controlled substance legend drug for the purpose of refill dispensing is permissible between pharmacies subject to the following requirements:

(1) The transfer is communicated directly between two licensed pharmacists and the transferring pharmacist records the following information:

- (a) Record in the patient medication record system that a copy has been issued.
- (b) Record in the patient medication record system the name and address of the pharmacy to which it was



transferred and the name of the pharmacist receiving the prescription information.

(2) The pharmacist receiving the transferred prescription information shall reduce to writing the following:

(a) Write the word "TRANSFER" on the face of the transferred prescription.

(b) Provide all information required to be on the prescription - patient's name and address; doctor's name and address, and also include:

(i) Date of issuance of original prescription.

(ii) Number of valid refills remaining and date of last refill.

(iii) The pharmacy's name, address, and original prescription number from which the prescription information was transferred.

(iv) Name of transferor pharmacist.

(c) Both the original and transferred prescription must be maintained as if they were original prescriptions.

(d) A transferred prescription may not be refilled after one year from the date the original was issued.

(e) The above subsections apply to the transfer of prescription information for noncontrolled substances. The transfer of controlled substance prescription information must conform to the requirements of 21 CFR 1306.26.

(3) When a prescription is transferred, no further refills shall be issued by the transferring pharmacy.

(4) If two or more pharmacies utilize a common electronic database for prescription recordkeeping, prescriptions may be refilled at any of these pharmacies as long as there is provided an audit trail which documents the location of each filling and provisions are made to assure that the number of authorized refills are not exceeded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-869-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-23-058 (Order 221), § 360-16-094, filed 11/15/88.]

**WAC 246-869-100 Prescription record requirements.** (1) Records for the original prescription and refill records shall be maintained on the filled prescription or in a separate record book or patient medication record. Such records must be maintained for a period of at least two years and shall be made available for inspection to representatives of the board of pharmacy.

(2) The pharmacist shall be required to insure that the following information be recorded:

(a) Original prescription—At the time of dispensing, a serial number, date of dispensing, and the initials of the responsible pharmacist shall be placed on the face of the prescription. The patient's address must be readily available to the pharmacist, either from the face of the prescription, a record book, patient medication record, or hospital or clinic record.

(b) Refill prescription authorization—Refills for prescription for legend drugs must be authorized by the prescriber prior to the dispensing of the refill prescription.

(c) Refill prescription—At the time of dispensing, the date of refilling, quantity of the drug (if other than

original), the name of authorizing person (if other than original), and the initials of the responsible pharmacist shall be recorded on the back side of the prescription, or in a separate record book or patient medication record.

(d) Prescription refill limitations—No prescription may be refilled for a period longer than one year from the date of the original prescription. "PRN" prescriptions shall expire at the end of one year. Expired prescriptions require authorization before filling. If granted a new prescription shall be written and placed in the files.

(e) Prescription copies—Prescription copies and prescription labels presented for filling must be considered as informational only, and may not be used as the sole document. The prescriber shall be contacted for complete information and authorization. If granted, a new prescription shall be written and placed on file. Copies of prescriptions must be clearly identified as such on the face of the prescription. The transfer of original prescription information is permitted if the provisions of WAC 360-16-094 are met.

(f) Emergency refills—If the prescriber is not available and in the professional judgment of the pharmacist an emergency need for the medication has been demonstrated, the pharmacist may dispense enough medication to last until a prescriber can be contacted - but not to exceed 72 hours' supply. The prescriber shall be promptly notified of the emergency refill.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-869-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-046, § 360-16-096, filed 10/30/89, effective 11/30/89; 88-23-058 (Order 221), § 360-16-096, filed 11/15/88; Order 131, § 360-16-096, filed 2/4/77; Order 126, § 360-16-096, filed 5/21/75; Order 117, § 360-16-096, filed 11/9/73; Regulation 49, filed 12/1/65.]

**WAC 246-869-110 Refusal to permit inspection.** The refusal to permit an authorized representative of the Washington state board of pharmacy to examine during normal business hours the premises, inventory and/or records relating to drugs of licensed wholesalers, manufacturers, pharmacies and shopkeepers constitutes grounds for the suspension or revocation of the establishment's license and/or that of the pharmacist refusing such requested examination.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-869-110, filed 8/30/91, effective 9/30/91; Order 109, § 360-16-098, filed 5/23/72; Order 103, § 360-16-098, filed 12/5/69.]

**WAC 246-869-120 Mechanical devices in hospitals.** Mechanical devices for storage of floor stock, shall be limited to hospitals and shall comply with all the following provisions:

(1) All drugs and medicines to be stocked in the device shall be prepared for use in the device by or under the direct supervision of a registered pharmacist in the employ of the hospital and shall be prepared in the hospital from the hospital stock in which the drug is to be administered. "Hospital" shall mean any hospital licensed by the state department of health or under the direct supervision of the state department of institutions.

(2) Such device shall be stocked with drugs and medicines only by a registered pharmacist in the employ of the hospital.

(3) A registered pharmacist in the employ of the hospital shall be personally responsible for the inventory and stocking of drugs and medicines in the device and he shall be personally responsible for the condition of the drugs and medicines stored in the device.

(4) A registered pharmacist in the employ of the hospital shall be the only person having access to that portion, section, or part of the device in which the drugs or medicines are stored.

(5) All containers of drugs or medicines to be stored in the device shall be correctly labeled to include: Name, strength, route of administration and if applicable, the expiration date.

(6) At the time the removal of any drug or medicine from the device, the device shall automatically make a written record showing the name, strength, and quantity of the drug or medicine removed, the name of the patient for whom the drug or medicine was ordered, and the identification of the nurse removing the drug or medicine from the device. The record must be maintained for five years by the hospital and shall be accessible to the pharmacist.

(7) Medical practitioners authorized to prescribe, pharmacists authorized to dispense, or nurses authorized to administer such drugs shall be the only persons authorized to remove any drug or medicine from the device and such removal by a nurse or medical practitioner shall be made only pursuant to a chart order. An identification mechanism, required to operate the device shall be issued permanently to each operator while the operator is on the staff of, or employed by the hospital. Such mechanism must imprint the operator's name or number if it permits the device to operate.

(8) The device shall be used only for the furnishing of drugs or medicines for administration in the hospital to registered in-patients or emergency patients in the hospital.

(9) Every hospital seeking approval to use any device shall, prior to installation of the device, register with the board by filing an application. Such application shall contain: The name and address of the hospital; the name of the registered pharmacist who is to be responsible for stocking the device; the manufacturer's name and model, description, and the proposed location of each device in the hospital.

(10) No such device shall be used until approval has been granted by the board, and no change in the location of the device or in the registered pharmacist responsible for stocking the device shall be made without prior written notice to the board. No such device shall be removed from the licensed premises without prior approval of the board.

(11) As used in this section, a "pharmacist in the employ of the hospital" shall not include any pharmacist who is, or is employed by, a manufacturer, wholesaler, distributor, or itinerant vendor of drugs or medicines.

(12) Each and every device approved by the board shall be issued a certificate of location. Such certificate

must be conspicuously displayed on the device and contain the following:

(a) Name and address of the hospital

(b) Name of the registered pharmacist who is to be responsible for stocking the device

(c) Location of the device in the hospital

(d) Manufacturer's name of the device and the serial number of the device.

(13) Upon any malfunction the device shall not be used until the malfunction has been corrected.

(14) A copy of this regulation shall be attached to each and every device certified by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-120, filed 8/30/91, effective 9/30/91; Regulation 47, filed 12/1/65.]

#### **WAC 246-869-130 Return or exchange of drugs.**

Except as provided in this rule, prescriptions, drugs, medicines, sick room supplies and items of personal hygiene shall not be accepted for return or exchange by any pharmacist or pharmacy after such prescriptions, drugs, medicines, sick room supplies or items of personal hygiene have been taken from the premises where sold, distributed or dispensed.

(1) Those drugs and sick room supplies legally dispensed by prescription in unit dose forms or in sealed single or multiple dose ampoules or vials in which the pharmacist can readily determine that entry or attempted entry by any means has not been made and which, in the pharmacist's professional judgment, meet the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability may be returned.

(2) Pharmacies serving hospitals and long-term care facilities may accept for return and reuse, unit dose packages or full or partial multiple dose medication cards based on the following criteria;

(a) The pharmacist can readily determine that entry or attempt at entry to the unit dose package or blister card has not been made;

(b) In the pharmacist's professional judgment, the unit dose package or full or partial multiple dose medication card meets the standards of the United States Pharmacopeia for storage conditions including temperature, light sensitivity, chemical and physical stability;

(c) The drug has been stored in such a manner as to prevent contamination by a means that would affect the efficacy and toxicity of the drug;

(d) The drug has not come into physical possession of the person for whom it was prescribed and control of the drug being returned is known to the pharmacist to have been the responsibility of a person trained and knowledgeable in the storage and administration of drugs;

(e) The drug labeling or packaging has not been altered or defaced so that the identity of the drug, its potency, lot number, and expiration date is retrievable.

(f) If the drug is prepackaged, it shall not be mixed with drugs of different lot numbers and/or expiration dates unless the specific lot numbers are retrievable and the expiration dates accompany the drug. If the drug is

extemporaneously packaged, it shall not be mixed with drugs of different expiration dates unless the earliest expiration date appears on the label of the drug.

(3) This rule shall not include items such as orthopedic appliances, crutches, canes, wheelchairs and other similar items unless otherwise prohibited.

(4) Controlled substances shall not be returned to a pharmacy except for destruction in accordance with rules of the drug enforcement administration or the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-12-020 (Order 187), § 360-16-150, filed 5/25/84; Regulation 28, filed 3/23/60.]

**WAC 246-869-140 Prescription department—Conversing with pharmacist prohibited.** Henceforth the prescription department of every licensed pharmacy in the state of Washington shall be protected against trespass by the lay public. No person shall be permitted to converse with a registered pharmacist while he or she is engaged in compounding a prescription, except nothing in this promulgation shall prevent one pharmacist from consulting with another pharmacist, a physician, a dentist or a veterinary surgeon, regarding the contents or technique connected with or pertaining to, the prescription being compounded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-140, filed 8/30/91, effective 9/30/91; Regulation 37, filed 11/23/60.]

**WAC 246-869-150 Physical standards for pharmacies—Adequate stock.** (1) The pharmacy must maintain at all times a representative assortment of drugs in order to meet the pharmaceutical needs of its patients.

(2) Dated items—All merchandise which has exceeded its expiration date must be removed from stock.

(3) All stock and materials on shelves or display for sale must be free from contamination, deterioration and adulteration.

(4) All stock and materials must be properly labeled according to federal and state statutes, rules and regulations.

(5) Devices that are not fit or approved by the FDA for use by the ultimate consumer shall not be offered for sale and must be removed from stock.

(6) All drugs shall be stored in accordance with USP standards and shall be protected from excessive heat or freezing except as those drugs that must be frozen in accordance with the requirements of the label. If drugs are exposed to excessive heat or frozen when not allowed by the requirements of the label, they must be destroyed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-200, filed 5/21/85; Order 131, § 360-16-200, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-160 Physical standards for pharmacies—Adequate facilities.** (1) The prescription department shall be well lighted (adequately to allow any

person with normal vision to read a label without strain, 30-50 foot candles).

(2) The prescription department shall be well ventilated. There shall be a constant flow of air through the area.

(3) There shall be a minimum of three linear feet by a minimum of 18 inches in depth of counter working space for each pharmacist or intern compounding or filling prescriptions at the same time.

(4) The prescription counter shall be uncluttered and clean at all times. Only those items necessary to the filling of prescriptions shall be thereon. (Profile systems are excepted.)

(5) There shall be a sink with hot and cold running water in the prescription compounding area.

(6) There shall be refrigeration facilities with a thermometer in the prescription compounding area for the storage of pharmaceutical items requiring refrigeration. USP standards of refrigeration require that the temperature be maintained between two degrees and eight degrees centigrade (36 degrees and 46 degrees fahrenheit). A locked refrigerator in the immediate vicinity of the prescription department will meet the requirements of this paragraph.

(7) The prescription department shall be situated so that the public shall not have free access to the area where legend drugs, controlled substances, poisons, or other restricted items are stored, compounded or dispensed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-160, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-210, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-170 Physical standards for pharmacies—Sanitary conditions.** (1) The walls, ceilings, floors and windows shall be clean, free from cracked and peeling paint or plaster, and in general good repair and order.

(2) Adequate trash receptacles shall be available, both in the prescription compounding and in the retail areas.

(3) If a restroom is provided, there must be a sink with hot and cold running water, soap and towels, and the toilet must be clean and sanitary.

(4) All equipment must be kept in a clean and orderly manner. That equipment used in the compounding of prescriptions (counting, weighing, measuring, mixing and stirring equipment) must be clean and in good repair.

(5) All professional personnel and staff, while working in the pharmacy, shall keep themselves and their apparel neat and clean.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-170, filed 8/30/91, effective 9/30/91; Order 131, § 360-16-220, filed 2/4/77; Order 51 (part), filed 8/15/67.]

**WAC 246-869-180 Physical standards for pharmacies—Adequate equipment.** (1) All pharmacies shall have in their possession the equipment and supplies necessary to compound, dispense, label, administer and distribute drugs and devices. The equipment shall be in good repair

and shall be available in sufficient quantity to meet the needs of the practice of pharmacy conducted therein.

(2) All pharmacies will have in their possession:

(a) One up-to-date copy of the state of Washington statutes, rules and regulations governing the practice of pharmacy, the sale and dispensing of drugs, poisons, controlled substances, and medicines maintained in a binder.

(3) All pharmacies shall have up-to-date references in order for the pharmacist(s) to furnish patients and practitioners with information concerning drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-16-230, filed 5/21/85; 84-03-015 (Order 180), § 360-16-230, filed 1/9/84; Order 131, § 360-16-230, filed 2/4/77; Order 118, § 360-16-230, filed 1/2/74; Order 51 (part), filed 8/15/67.]

**WAC 246-869-190 Pharmacy inspections.** (1) All pharmacies shall be subject to periodic inspections to determine compliance with the laws regulating the practice of pharmacy.

(2) Each inspected pharmacy shall receive a classification rating which will depend upon the extent of that pharmacy's compliance with the inspection standards.

(3) There shall be three rating classifications:

(a) "Class A" - for inspection scores of 90 to 100;

(b) "Conditional" - for inspection scores of 80 to 89; and,

(c) "Unsatisfactory" - for inspection scores below 80.

(4) Any pharmacy receiving a conditional rating shall have sixty days to raise its inspection score rating to 90 or better. If upon reinspection after sixty days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(5) Any pharmacy receiving an unsatisfactory rating shall have fourteen days to raise its inspection score rating to 90 or better. If upon reinspection after fourteen days, the pharmacy fails to receive a rating of 90 or better, then the pharmacy will be subject to disciplinary action.

(6) The certificate of inspection must be posted in conspicuous view of the general public and shall not be removed or defaced.

(7) Noncompliance with the provisions of chapter 18.64A RCW (Pharmacy assistants) and, chapter 360-52 WAC (Pharmacy assistants) resulting in a deduction of at least five points shall result in an automatic unsatisfactory rating regardless of the total point score.

(8) Pharmacies receiving an unsatisfactory rating which represent a clear and present danger to the public health, safety and welfare will be subject to summary suspension of the pharmacy license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-235, filed 3/27/87.]

**WAC 246-869-200 Poison control.** (1) The telephone number of the nearest poison control center shall be readily available.

(2) Each pharmacy shall maintain at least one ounce bottle of Ipecac syrup in stock at all times.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-08-031 (Order 205), § 360-16-245, filed 3/27/87; Order 120, § 360-16-245, filed 3/11/74.]

**WAC 246-869-210 Prescription labeling.** To every prescription container, there shall be fixed a label or labels bearing the following information:

(1) All information as required by RCW 18.64.246, provided that in determining an appropriate period of time for which a prescription drug may be retained by a patient after its dispensing, the dispenser shall take the following factors into account:

(a) The nature of the drug;

(b) The container in which it was packaged by the manufacturer and the expiration date thereon;

(c) The characteristics of the patient's container, if the drug is repackaged for dispensing;

(d) The expected conditions to which the article may be exposed;

(e) The expected length of time of the course of therapy; and

(f) Any other relevant factors.

The dispenser shall, on taking into account the foregoing, place on the label of a multiple unit container a suitable beyond-use date or discard by date to limit the patient's use of the drug. In no case may this date be later than the original expiration date determined by the manufacturer.

(2) The quantity of drug dispensed, for example the volume or number of dosage units.

(3) The following statement, "Warning: State or federal law prohibits transfer of this drug to any person other than the person for whom it was prescribed."

(4) The information contained on the label shall be supplemented by oral or written information as required by WAC 360-16-250.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-210, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.246. 85-06-010 (Order 193), § 360-16-255, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-22-027 (Order 191), § 360-16-255, filed 11/1/84.]

**WAC 246-869-220 Patient information required.** Except in those cases when the prescriber has advised that the patient is not to receive specified information regarding the medication:

(1) In order to assure the proper utilization of the medication or device prescribed, with each new prescription dispensed by the pharmacist, in addition to labeling the prescription in accordance with the requirements of RCW 18.64.245 and WAC 360-16-255, the pharmacist must:

(a) Orally explain to the patient or the patient's agent the directions for use and any additional information, in writing if necessary, for those prescriptions delivered inside the confines of the pharmacy; or

(b) Explain by telephone or in writing for those prescriptions delivered outside the confines of the pharmacy.

(2) In those instances where it is appropriate, when dispensing refill prescriptions, the pharmacist shall communicate with the patient or the patient's agent, by the procedure outlined in subsection (1)(a) or (b) of this section or the patient's physician regarding adverse effects, over or under utilization, or drug interaction with respect to the use of medications.

(3) Subsections (1) and (2) of this section shall not apply to those prescriptions for inpatients in hospitals or institutions where the medication is to be administered by a nurse or other individual authorized to administer medications.

(4) In the place of written statements regarding medications, the pharmacist may use abstracts of the Patient USP DI 1988 edition, or comparable information.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-220, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-04-016 (Order 223), § 360-16-265, filed 1/23/89.]

**WAC 246-869-230 Child-resistant containers.** (1) All legend drugs shall be dispensed in a child-resistant container as required by federal law or regulation, including CFR Part 1700 of Title 16, unless:

(a) Authorization is received from the prescriber to dispense in a container that is not child-resistant.

(b) Authorization is obtained from the patient or a representative of the patient to dispense in a container that is not child-resistant.

(2) Authorization from the patient to the pharmacist to use a regular container (nonchild-resistant) shall be verified in one of the following ways:

(a) The patient or his agent may sign a statement on the back of the prescription requesting a container that is not child-resistant.

(b) The patient or his agent may sign a statement on a patient medication record requesting containers that are not child-resistant.

(c) The patient or his agent may sign a statement on any other permanent record requesting containers that are not child-resistant.

(3) No pharmacist or pharmacy employee may designate himself or herself as the patient's agent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-230, filed 8/30/91, effective 9/30/91; Order 126, § 360-16-270, filed 5/21/75.]

**WAC 246-869-240 Pharmacist's professional responsibilities.** (1) A pharmacist cannot delegate the following professional responsibilities:

(a) Receipt of a verbal prescription other than refill authorization from a prescriber.

(b) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system.

(c) Interpretation and identification of the contents of the prescription.

(d) Consultation with the prescriber regarding the patient and his prescription.

(e) Determination of the product required for the prescription.

(f) Extemporaneous compounding of the prescription.

(g) Interpretation of data in a patient medication record system.

(h) FINAL CHECK on ALL aspects of the completed prescription and assumption of the responsibility for the filled prescription, including but not limited to: Accuracy of drug, strength, labeling, proper container and other requirements.

(i) Dispense prescriptions to patient with proper patient information as required by WAC 360-16-250.

(j) Signing of the poison register and the Schedule V controlled substance registry book at the time of sale in accordance with RCW 18.64.243 and WAC 360-36-020 and any other item required by law, rule or regulation to be signed or initialed by a pharmacist.

(k) Professional communications with physicians, dentists, nurses and other health care practitioners.

(l) Any duty required by law, court order in Thurston County Cause No. 53812, rule or regulation to be performed only by a registered pharmacist.

(2) Utilizing personnel to assist the pharmacist.

(a) The responsible pharmacist manager shall retain all professional and personal responsibility for any assisted tasks performed by personnel under his responsibility, as shall the pharmacy employing such personnel. The responsible pharmacist manager shall determine the extent to which personnel may be utilized to assist the pharmacist and shall assure that the pharmacist is fulfilling his supervisory and professional responsibilities.

(b) Pharmacy interns and externs are excluded from provisions of this regulation.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-240, filed 8/30/91, effective 9/30/91; Order 129, § 360-16-290, filed 7/13/76; Order 127, § 360-16-290, filed 12/1/75.]

**WAC 246-869-250 Closing a pharmacy.** (1) Whenever a pharmacy ceases to operate, the owner shall notify the pharmacy board of the pharmacy's closing not later than fifteen days prior to the anticipated date of closing. This notice shall be submitted in writing and shall contain all of the following information:

(a) The date the pharmacy will close;

(b) The names and addresses of the persons who shall have custody of the prescription files, the bulk compounding records, the repackaging records, and the controlled substances inventory records of the pharmacy to be closed;

(c) The names and addresses of any persons who will acquire any of the legend drugs from the pharmacy to be closed, if known at the time the notification is filed.

(2) Not later than 15 days after the pharmacy has closed, the owner shall submit to the pharmacy board the following documents:

(a) The license of the pharmacy that closed; and

(b) A written statement containing the following information;

(i) Confirmation that all legend drugs have been transferred to an authorized person (or persons) or destroyed. If the legend drugs were transferred, the names and addresses of the person(s) to whom they were transferred;

(ii) If controlled substances were transferred, a list of the names and addresses to whom the substances were transferred, the substances transferred, the amount of each substance transferred, and the date on which the transfer took place;

(iii) Confirmation that the drug enforcement administration (DEA) registration and all unused DEA 222 forms (order forms) were returned to the DEA;

(iv) Confirmation that all pharmacy labels and blank prescriptions which were in the possession of the pharmacy were destroyed;

(v) Confirmation that all signs and symbols indicating the presence of the pharmacy have been removed.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-250, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-16-300, filed 4/26/83.]

**WAC 246-869-260 Pharmacist supervised sales--General.** The state board of pharmacy, pursuant to authority vested in it by the legislature, and for the protection of public health, will issue from time to time as deemed necessary by said board, a list of ingredients or preparations as may be sold only under the direct supervision of a licensed pharmacist. The failure to include in such listings any ingredient or preparation will not authorize the sale thereof by other than a licensed pharmacist where the statutes of this state or other valid regulations, require such sale to be made only under the direct supervision of a licensed pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-869-260, filed 8/30/91, effective 9/30/91; Regulation 15, filed 3/23/60.]

### Chapter 246-871 WAC

#### PHARMACEUTICAL--PARENTERAL PRODUCTS FOR NONHOSPITALIZED PATIENTS

##### WAC

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**WAC 246-871-001 Scope and purpose.** The purpose of this chapter is to provide standards for the preparation, labeling, and distribution of parenteral products by licensed pharmacies, pursuant to an order or prescription. These standards are intended to apply to all parenteral products not administered in a hospital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-010, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-010 Definitions.** (1) Biological safety cabinet - A containment unit suitable for the preparation of low to moderate risk agents where there is a need for protection of the product, personnel, and environment according to National Sanitation Foundation (NSF) Standard 49.

(2) Class 100 environment - An atmospheric environment which contains less than 100 particles 0.5 microns in diameter per cubic foot of air, according to Federal Standard 209B.

(3) Antineoplastic - A pharmaceutical that has the capability of killing malignant cells.

(4) Parenteral - Sterile preparations of drugs for injection through one or more layers of skin.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-020, filed 1/17/90, effective 2/17/90.]

#### WAC 246-871-020 Policy and procedure manual.

(1) A policy and procedure manual as it relates to parenteral products shall be available for inspection at the pharmacy. The manual shall be reviewed and revised on an annual basis by the on-site pharmacist-in-charge.

(2) The manual shall include policies and procedures for:

- (a) Clinical services;
- (b) Parenteral product handling, preparation, dating, storage, and disposal;
- (c) Major and minor spills of antineoplastic agents, if applicable;
- (d) Disposal of unused supplies and medications;
- (e) Drug destruction and returns;
- (f) Drug dispensing;
- (g) Drug labeling—relabeling;
- (h) Duties and qualifications for professional and nonprofessional staff;
- (i) Equipment;
- (j) Handling of infectious waste pertaining to drug administration;
- (k) Infusion devices and drug delivery systems;
- (l) Dispensing of investigational medications;
- (m) Training and orientation of professional and non-professional staff commensurate with the services provided;
- (n) Quality assurance;
- (o) Recall procedures;
- (p) Infection control:
- (i) Suspected contamination of parenteral products;
- (ii) Orientation of employees to sterile technique;
- (q) Sanitation;
- (r) Security;
- (s) Transportation; and
- (t) Absence of a pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-030, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-030 Physical requirements.** (1) Space. The pharmacy shall have a designated area with entry restricted to designated personnel for preparing compounded parenteral products. This area shall be designed to minimize traffic and airflow disturbances. It shall be used only for the preparation of these specialty products. It shall be of sufficient size to accommodate a laminar airflow hood and to provide for the proper storage of drugs and supplies under appropriate conditions of temperature, light, moisture, sanitation, ventilation, and security.

(2) Equipment. The pharmacy preparing parenteral products shall have:

(a) Appropriate environmental control devices capable of maintaining at least a Class 100 environment condition in the workspace where critical objects are exposed and critical activities are performed; furthermore, these devices are capable of maintaining Class 100 environment conditions during normal activity;

(b) Clean room and laminar flow hood certification shall be conducted annually by an independent contractor according to Federal Standard 209B or National Sanitation Foundation 49 for operational efficiency. These reports shall be maintained for at least two years;

(c) Prefilters. Prefilters for the clean air source shall be replaced on a regular basis and the replacement date documented;

(d) Sink with hot and cold running water which is convenient to the compounding area for the purpose of hand scrubs prior to compounding;

(e) Appropriate disposal containers for used needles, syringes, etc., and if applicable, antineoplastic agents;

(f) Refrigerator/freezer with thermometer;

(g) Temperature controlled delivery container, if appropriate;

(h) Infusion devices, if appropriate.

(3) Reference library. The pharmacy shall have current reference materials related to parenteral products. These reference materials will contain information on stability, incompatibilities, mixing guidelines, and the handling of antineoplastic products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-040, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-040 Personnel.** (1) Pharmacist-in-charge. Each pharmacy shall be managed on site by a pharmacist who is licensed to practice pharmacy in this state and who has been trained in the specialized functions of preparing and dispensing compounded parenteral products, including the principles of aseptic technique and quality assurance. This training may be obtained through residency training programs, continuing education programs, or experience in an IV admixture facility. The pharmacist-in-charge shall be responsible for the purchasing, storage, compounding, repackaging, dispensing, and distribution of all parenteral products. He/she shall also be responsible for the development and continuing review of all policies and procedures, training manuals, and the quality assurance

programs. The pharmacist-in-charge may be assisted by additional pharmacists trained in this area of practice.

(2) Supportive personnel. The pharmacist-in-charge may be assisted by a level A pharmacy assistant. The level A pharmacy assistant shall have specialized training in this field and shall work under the immediate supervision of a pharmacist. The training provided to these personnel shall be described in writing in a training manual pursuant to chapter 360-52 WAC and chapter 18.64A RCW. The duties and responsibilities of the level A pharmacy assistant must be consistent with his/her training and experience.

(3) Staffing. A pharmacist shall be accessible twenty-four hours per day for each pharmacy to respond to patient's and other health professionals' questions and needs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-060, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-050 Drug distribution and control.**

(1) Prescription. The pharmacist, or pharmacy intern acting under the immediate supervision of a pharmacist, must receive a written or verbal prescription from an authorized prescriber before dispensing any parenteral product. Prescriptions may be filed within the pharmacy by patient-assigned consecutive numbers. A new prescription is required every twelve months or upon any prescription change. These prescriptions shall, at a minimum, contain the following:

(a) Patient name;

(b) Patient address;

(c) Drug name, strength, and dispensing quantity;

(d) Patient directions for use;

(e) Date written;

(f) Authorizing prescriber's name;

(g) Physician's address and Drug Enforcement Administration identification code, if applicable;

(h) Refill instructions, if applicable; and

(i) Provision for generic substitution.

(2) Profile or medication record system. A pharmacy-generated profile or medication record system must be separated from the oral prescription file. The patient profile or medication record system shall be maintained under the control of the pharmacist-in-charge for a period of two years after the last dispensing activity. The patient profile or medication record system shall contain, at a minimum:

(a) Patient's full name;

(b) Date of birth or age;

(c) Weight, if applicable;

(d) Sex, if applicable;

(e) Parenteral products dispensed;

(f) Date dispensed;

(g) Drug content and quantity;

(h) Patient directions;

(i) Prescription identifying number;

(j) Identification of dispensing pharmacist and preparing level A pharmacy assistant, if applicable;

(k) Other drugs patient is receiving;

(l) Known drug sensitivities and allergies to drugs and foods;

(m) Primary diagnosis, chronic conditions; and

(n) Name of manufacturer and lot numbers of components or a policy for return of recalled product if lot numbers are not recorded.

(3) Labeling. Parenteral products dispensed to patients shall be labeled with the following information with a permanent label:

(a) Name, address, and telephone number of the pharmacy;

(b) Date and prescription identifying number;

(c) Patient's full name;

(d) Name of each component, strength, and amount;

(e) Directions for use including infusion rate;

(f) Prescriber's name;

(g) Required transfer warnings;

(h) Date of compounding;

(i) Expiration date and expiration time, if applicable;

(j) Identity of pharmacist compounding and dispensing or other authorized individual;

(k) Storage requirements;

(l) Auxiliary labels, where applicable;

(m) Antineoplastic drug auxiliary labels, where applicable; and

(n) On all parenteral products, a twenty-four hour phone number where a pharmacist can be contacted.

(4) Records and reports. The pharmacist-in-charge shall maintain access to and submit, as appropriate, such records and reports as are required to ensure patient's health, safety, and welfare. Such records shall be readily available, maintained for two years, and subject to inspections by the board of pharmacy. These shall include, as a minimum, the following:

(a) Patient profile/medication record system;

(b) Policy and procedure manual;

(c) Training manuals; and

(d) Such other records and reports as may be required by law and rules of the board of pharmacy.

Information regarding individual patients shall be maintained in a manner to assure confidentiality of the patient's record. Release of this information shall be in accordance with federal and/or state laws or rules.

(5) Delivery service. There will be a provision for the timely delivery of parenteral products from a pharmacy so a practitioner's order for drug therapy can be implemented without undue delay. The pharmacist-in-charge shall assure the environmental control of all parenteral products shipped. Therefore, any parenteral products must be shipped or delivered to a patient in appropriate temperature controlled delivery containers (as defined by USP Standards) and stored appropriately in the patient's home. Chain of possession for the delivery of controlled substances via contracted courier must be documented, and a receipt required. The pharmacy, on request, will provide instruction for the destruction of unused parenteral products and supplies in the event a parenteral product is being discontinued or a patient dies.

(6) Disposal of infectious wastes. The pharmacist-in-charge is responsible for assuring that there is a system

for the disposal of infectious waste pertaining to drug administration in a manner so as not to endanger the public health.

(7) Emergency kit. When parenteral products are provided to home care patients, the dispensing pharmacy may supply the registered nurse with emergency drugs if the physician has authorized the use of these drugs by a protocol for use in an emergency situation, e.g., anaphylactic shock. A protocol for the emergency kit must be submitted to and approved by the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-070, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-060 Antineoplastic medications.** The following additional requirements are necessary for those pharmacies that prepare antineoplastic medications to assure the protection of the personnel involved.

(1) All antineoplastic medications shall be compounded within a certified Class II type A or Class II type B vertical laminar airflow hood.

Policy and procedures shall be developed for the cleaning of the laminar airflow hood between compounding antineoplastic medications and other parenteral products, if applicable.

(2) Protective apparel shall be worn by personnel compounding antineoplastic medications. This shall include disposable gloves, gowns with tight cuffs, masks, and protective eye shields if the safety cabinet is not equipped with splash guards.

(3) Appropriate safety containment techniques for compounding antineoplastic medications shall be used in conjunction with the aseptic techniques required for preparing parenteral products.

(4) Disposal of antineoplastic waste shall comply with all applicable local, state, and federal requirements, i.e., Occupational Safety and Health Administration (OSHA) and Washington Industrial Safety and Health Administration (WISHA).

(5) Written procedures for handling both major and minor spills of antineoplastic medications must be developed and must be included in the policy and procedure manual. These procedures will include providing spill kits along with directions for use to those persons receiving therapy.

(6) Prepared doses of antineoplastic medications must be dispensed and shipped in a manner to minimize the risk of accidental rupture of the primary container.

(7) Documentation that personnel have been trained in compounding, handling, and destruction of antineoplastic medications.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-871-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 90-03-055 (Order 026), § 360-16A-080, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-070 Clinical services.** (1) Primary provider. There shall be an authorizing practitioner primarily responsible for the patient's medical care. There shall be a clear understanding between the authorizing



practitioner, the patient, the home health care agency, and the pharmacy of the responsibilities of each in the areas of the delivery of care and the monitoring of the patient. This shall be documented in the patient's medication record system.

(2) A systematic process of medication use review must be designed, followed, and documented on an ongoing basis.

(3) Pharmacist-patient relationship. The pharmacist is responsible for seeing that the patient's compliance and adherence to a medication regimen is followed.

(4) Patient monitoring. The pharmacist will have access to clinical and laboratory data concerning each patient. Any abnormal values will be reported to the authorizing practitioner in a timely manner.

(5) Documentation. There must be documentation of ongoing drug therapy monitoring and assessment shall include but not be limited to:

(a) Therapeutic duplication in the patient's drug regimen;

(b) The appropriateness of the dose, frequency, and route of administration;

(c) Clinical laboratory or clinical monitoring methods to detect side effects, toxicity, or adverse effects and whether the findings have been reported to the authorizing practitioner.

(6) Patient training. The patient, the patient's agent, the authorizing practitioner, the home health care agency, or the pharmacy must demonstrate or document the patient's training and competency in managing this type of therapy in the home environment. A pharmacist is responsible for the patient training process in any area that relates to medication compounding, labeling, storage, stability, or incompatibility. The pharmacist must be responsible for seeing that the patient's competency in the above areas is reassessed on an ongoing basis.

(7) A pharmacist will verify that any parenteral product a patient has not received before will be administered under the supervision of a person authorized to manage anaphylaxis.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-871-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 90-03-055 (Order 026), § 360-16A-090, filed 1/17/90, effective 2/17/90.]

**WAC 246-871-080 Quality assurance.** There shall be a documented, ongoing quality assurance program that is reviewed at least annually.

(1) The quality assurance program shall include but not be limited to methods to document:

- (a) Medication errors;
- (b) Adverse drug reactions;
- (c) Patient satisfaction;
- (d) Product sterility.

There shall be written documentation that the end product has been tested on a sampling basis for microbial contamination by the employee responsible for compounding parenteral products. Documentation shall be on a quarterly basis at a minimum.

(2) Nonsterile compounding. If bulk compounding of parenteral solutions is performed utilizing nonsterile

chemicals, extensive end product testing, as referenced in *Remington*, must be documented prior to the release of the product from quarantine. This process must include appropriate testing for particulate matter and testing for pyrogens.

(3) Expiration dates. There shall be written justification of the chosen expiration dates for compounded parenteral products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-871-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 90-03-055 (Order 026), § 360-16A-100, filed 1/17/90, effective 2/17/90.]

## Chapter 246-873 WAC

### PHARMACY--HOSPITAL STANDARDS

#### WAC

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**WAC 246-873-010 Definitions.** For the purpose of these rules and regulations, the following definitions apply:

(1) "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.

(2) "Controlled substance" means those drugs, substances or immediate precursors listed in Schedule I through V, chapter 69.50 RCW, State Uniform Controlled Substance Act, as now or hereafter amended.

(3) "Drug" means any product referenced in RCW 18.64.011(3) as now or hereafter amended.

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

(5) "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.

(6) "Hospital" means any institution licensed pursuant to chapters 70.41 or 71.12 RCW or designated pursuant to RCW 72.23.020.

(7) "Hospital pharmacy" means that portion of a hospital which is engaged in the manufacture, production, preparation, dispensing, sale, and/or distribution of drugs, components, biologicals, chemicals, devices and other materials used in the diagnosis and treatment of injury, illness and diseases; and which is licensed by the state board of pharmacy pursuant to the Washington State Pharmacy Practice Act, chapter 18.64 RCW.

(8) "Immediate supervision" means visual and/or physical proximity that insure adequate safety and controls.

(9) "Investigational drug" means any article which has not been approved for use in the United States, but for which an investigational drug application (IND) has been approved by the FDA.

(10) "Nurse" means a registered nurse or a licensed practical nurse licensed pursuant to chapters 18.88 or 18.78 RCW.

(11) "Practitioner" means any person duly authorized by law or rule in the state of Washington to prescribe drugs in RCW 18.64.011(9).

(12) "Pharmacist" means a person duly licensed by the state board of pharmacy to engage in the practice of pharmacy.

(13) "Pharmacy" means every place properly licensed by the board of pharmacy where the practice of pharmacy is conducted.

(14) "Pharmacy Assistant Level A and Level B" means persons certified under chapter 18.64A RCW.

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

(16) "Practice of pharmacy" means the definition given in RCW 18.64.011(11) now or hereafter amended.

(17) "Protocol" means a written set of guidelines.

(18) "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.

(19) "Self-administration of drugs" means that a patient administers or takes his/her own drugs from properly labeled containers: *Provided*, That the facility maintains the responsibility for seeing that the drugs are used correctly and that the patient is responding appropriately.

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

(21) "Should" means that compliance with a regulation or standard is recommended.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-010, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-010, filed 7/29/81.]

**WAC 246-873-020 Applicability.** The following rules and regulations are applicable to all facilities licensed pursuant to chapters 70.41 and 71.12 RCW or designated pursuant to RCW 72.23.020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-17-020, filed 5/28/82. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-020, filed 7/29/81.]

**WAC 246-873-030 Licensure.** Hospital pharmacists shall be licensed by the board of pharmacy in accordance with chapter 18.64 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-030, filed 7/29/81.]

**WAC 246-873-040 Personnel.** (1) Director of pharmacy. The pharmacy, organized as a separate department or service, shall be directed by a licensed pharmacist appropriately qualified by education, training, and experience to manage a hospital pharmacy. The patient care and management responsibilities of the director of pharmacy shall be clearly delineated in writing and shall be in accordance with currently accepted principles of management, safety, adequate patient care and treatment. The responsibilities shall include the establishment and maintenance of policies and procedures, ongoing monitoring and evaluation of pharmaceutical service, use and control of drugs, and participation in relevant planning, policy and decision making activities. Hospitals which do not require, or are unable to obtain the services of a fulltime director shall be held responsible for the principles contained herein and shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services. Where the director of pharmacy is not employed fulltime, then the hospital shall establish an ongoing arrangement in writing with an appropriately qualified pharmacist to provide the services described herein. The director of pharmacy shall be responsible to the chief executive officer of the hospital or his/her designee.

(2) Supportive personnel. The director of pharmacy shall be assisted by sufficient numbers of additional pharmacists and/or pharmacy assistants and clerical personnel required to operate safely and efficiently to meet the needs of the patients.

(3) Supervision. All of the activities and operations of each hospital pharmacy shall be professionally managed by the director or a pharmacist designee. Functions and activities shall be under the immediate supervision of a pharmacist and shall be performed according to written policies and procedures. When the hospital pharmacy is decentralized, each decentralized section(s) or separate organizational element(s) shall be under the immediate supervision of a pharmacist responsible to the director.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-040, filed 7/29/81.]

**WAC 246-873-050 Absence of a pharmacist.** (1) General. Pharmaceutical services shall be available on a

24-hour basis. If round-the-clock services of a pharmacist are not feasible, arrangements shall be made in advance by the director of pharmacy to provide reasonable assurance of pharmaceutical services.

(2) Access to the pharmacy. Whenever a drug is required to treat an immediate need and not available from floor stock when the pharmacy is closed, the drug may be obtained from the pharmacy by a designated registered nurse, who shall be accountable for his/her actions. One registered nurse shall be designated in each hospital shift for removing drugs from the pharmacy.

(a) The director of pharmacy shall establish written policy and recording procedures to assist the registered nurse who may be designated to remove drugs from the pharmacy, when a pharmacist is not present, in accordance with Washington State Pharmacy Practice Act, RCW 18.64.255(2), which states that the director of pharmacy and the hospital be involved in designating the nurse.

(b) The stock container of the drug or similar unit dose package of the drug removed shall be left with a copy of the order of the authorized practitioner to be checked by a pharmacist, when the pharmacy reopens, or as soon as is practicable.

(c) Only a sufficient quantity of drugs shall be removed in order to sustain the patient until the pharmacy opens.

(d) All drugs removed shall be completely labeled in accordance with written policy and procedures, taking into account state and federal rules and regulations and current standards.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-050, filed 7/29/81.]

**WAC 246-873-060 Emergency outpatient medications.** The director of pharmacy of a hospital shall, in concert with the appropriate committee of the hospital medical staff, develop policies and procedures, which shall be implemented, to provide emergency pharmaceuticals to outpatients during hours when normal community or hospital pharmacy services are not available. The delivery of a single dose for immediate administration to the patient shall not be subject to this regulation. Such policies shall allow the designated registered nurse(s) to deliver medications other than controlled substances, pursuant to the policies and procedures which shall require that:

(1) An order of a practitioner authorized to prescribe a drug is presented. Oral or electronically transmitted orders must be verified by the prescriber in writing within 72 hours.

(2) The medication is prepackaged by a pharmacist and has a label that contains:

(a) Name, address, and telephone number of the hospital.

(b) The name of the drug (as required by chapter 360-49 WAC), strength and number of units.

(c) Cautionary information as required for patient safety and information.

(d) An expiration date after which the patient should not use the medication.

(3) No more than a 24-hour supply is provided to the patient except when the pharmacist has informed appropriate hospital personnel that normal services will not be available within 24 hours.

(4) The container is labeled by the designated registered nurse(s) before presenting to the patient and shows the following:

(a) Name of patient;

(b) Directions for use by the patient;

(c) Date;

(d) Identifying number;

(e) Name of prescribing practitioner;

(f) Initials of the registered nurse;

(5) The original or a direct copy of the order by the prescriber is retained for verification by the pharmacist after completion by the designated registered nurse(s) and shall bear:

(a) Name and address of patient;

(b) Date of issuance;

(c) Units issued;

(d) Initials of designated registered nurse.

(6) The medications to be delivered as emergency pharmaceuticals shall be kept in a secure place in or near the emergency room in such a manner as to preclude the necessity for entry into the pharmacy.

(7) The procedures outlined in this rule may not be used for controlled substances except at the following rural hospitals which met all three of the rural access project criteria on May 17, 1989:

| Hospital                          | City          |
|-----------------------------------|---------------|
| 1. Lake Chelan Community Hospital | Chelan        |
| 2. St. Joseph's Hospital          | Chewelah      |
| 3. Whitman Community Hospital     | Colfax        |
| 4. Lincoln Hospital               | Davenport     |
| 5. Dayton General Hospital        | Dayton        |
| 6. Ocean Beach Hospital           | Ilwaco        |
| 7. Newport Community Hospital     | Newport       |
| 8. Jefferson General Hospital     | Port Townsend |
| 9. Ritzville Memorial Hospital    | Ritzville     |
| 10. Willapa Harbor Hospital       | South Bend    |

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-12-011 (Order 225), § 360-17-055, filed 5/26/89; 83-23-109 (Order 179), § 360-17-055, filed 11/23/83.]

**WAC 246-873-070 Physical requirements.** (1) Area. The pharmacy facilities shall include:

(a) Appropriate transportation and communications systems for the distribution and control of drugs within the hospital.

(b) Sufficient space and equipment for secure, environmentally controlled storage of drugs and other pharmaceutical supplies.

(2) In order to meet the medical services' need for drugs throughout the hospital, the pharmacy facilities should include:

(a) Space for the management and clinical functions of the pharmaceutical service.

(b) Space and equipment for the preparation of parenteral admixtures, radiopharmaceuticals, and other sterile compounding and packaging.

(c) Other equipment necessary.

(3) Access to unattended areas. All areas occupied by the hospital pharmacy shall be locked by key or combination in order to prevent access by unauthorized personnel. The director of pharmacy shall designate in writing, by title and/or position those individuals who shall be authorized access to particular areas within the pharmacy, including authorization of access to keys and/or combinations.

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

(a) It is the joint responsibility of the director of pharmacy and the director of nursing to ensure that drug handling, storage, and preparation are carried out in conformance with established policies, procedures, and accepted standards.

(b) Locked storage or locked medication carts shall be provided for use on each nursing service area or unit.

(5) Flammable storage. All flammable material shall be stored and handled in accordance with applicable local and state fire regulations, and there shall be written policy and procedures for the destruction of these flammable materials.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 85-11-066 (Order 194), § 360-17-060, filed 5/21/85. Statutory Authority: RCW 18.64.005(11), 81-16-036 (Order 162), § 360-17-060, filed 7/29/81.]

**WAC 246-873-080 Drug procurement, distribution and control.** (1) General. Pharmaceutical service shall include:

(a) Procurement, preparation, storage, distribution and control of all drugs throughout the hospital.

(b) A monthly inspection of all nursing care units or other areas of the hospital where medications are dispensed, administered or stored. Inspection reports shall be maintained for one year.

(c) Monitoring the drug therapy.

(d) Provisions for drug information to patients, physicians and others.

(e) Surveillance and reporting of adverse drug reactions and drug product defect(s).

(2) Additional pharmaceutical services should include:

(a) Obtaining and recording comprehensive drug histories and participation in discharge planning in order to affect appropriate drug use.

(b) Preparation of all sterile products (e.g., IV admixtures, piggybacks, irrigation solutions), except in emergencies.

(c) Distribution and control of all radiopharmaceuticals.

(d) Administration of drugs.

(e) Prescribing.

(3) The director shall be responsible for establishing specifications for procurement, distribution and the

maintenance of a system of accountability for drugs, IV solutions, chemicals, and biologicals related to the practice of pharmacy.

(4) The director shall establish, annually review and update when necessary comprehensive written policies and procedures governing the responsibilities and functions of the pharmaceutical service. Policies affecting patient care and treatment involving drug use shall be established by the director of pharmacy with the cooperation and input of the medical staff, nursing service and the administration.

(5) Labeling:

(a) Inpatient. All drug containers in the hospital shall be labeled clearly, legibly and adequately to show the drug's name (generic and/or trade) and strength when applicable. Accessory or cautionary statements and the expiration date shall be applied to containers as appropriate.

(b) Outpatients. Labels on medications used for outpatients, emergency room, and discharge drug orders shall meet the requirements of RCW 18.64.246.

(c) Parenteral and irrigation solutions. When drugs are added to intravenous solutions, a suitable label shall be affixed to the container. As a minimum the label shall indicate name and location of the patient, name and amount of drug(s) added, appropriate dating, initials of the personnel who prepared and checked the solution.

(6) Medication orders. Drugs are to be dispensed and administered only upon orders of authorized practitioners. A pharmacist shall review the original order or direct copy thereof, prior to dispensing any drug, except for emergency use or as authorized in WAC 360-17-050.

(7) Controlled substance accountability. The director of pharmacy shall establish effective procedures and maintain adequate records regarding use and accountability of controlled substances, and such other drugs as appropriate, in compliance with state and federal laws and regulations.

(a) Complete, accurate, and current records shall be kept of receipt of all controlled substances and in addition, a Schedule II perpetual inventory shall be maintained.

(b) The pharmacy shall maintain records of Schedule II drugs issued from the pharmacy to other hospital units which include:

(i) Date

(ii) Name of the drug

(iii) Amount of drug issued

(iv) Name and/or initials of the pharmacist who issued the drug

(v) Name of the patient and/or unit to which the drug was issued.

(c) Records shall be maintained by any unit of the hospital which utilizes Schedule II drugs indicating:

(i) Date

(ii) Time of administration

(iii) Name of the drug (if not already indicated on the records)

(iv) Dosage of the drug which was used which shall include both the amount administered and any amount destroyed.

(v) Name of the patient to whom the drug was administered

(vi) Name of the practitioner who authorized the drug

(vii) Signature of the licensed individual who administered the drug.

(d) When it is necessary to destroy small amounts of controlled substances following the administration of a dose by a nurse, the destruction shall be witnessed by a second nurse who shall countersign the records of destruction.

(e) The director of the pharmacy shall develop written procedures for the proper destruction of controlled substances not covered by (d) above conforming with federal and state statutes. A copy of the procedures shall be forwarded to the Drug Enforcement Administration (DEA) and the state board of pharmacy. As a minimum, procedures shall include the following:

(i) All destructions shall render the drugs unrecoverable.

(ii) Destruction shall be accomplished by the pharmacist and one other licensed health professional.

(iii) Records of all destructions shall be maintained by the pharmacy. Quarterly summary reports shall be mailed to the DEA with copies to the state board of pharmacy.

(iv) A copy of the destruction record shall be maintained in the pharmacy for five years.

(f) Periodic monitoring of controlled substances records shall be performed by a nurse or a pharmacist to determine whether the drugs recorded on usage records have also been recorded on the patient's chart.

(g) Use of multiple dose vials of controlled substances shall be discouraged.

(h) Controlled substances, Schedule II and III, which are floor stocked, in any hospital patient or nursing service area shall be checked by actual count at the change of each shift by two authorized persons licensed to administer drugs.

(i) All controlled substance records shall be kept for five years.

(j) Hospitals wishing to use record systems other than that described above shall make application and receive written approval from the board of pharmacy prior to implementation.

(k) Significant losses or disappearances of controlled substances and the facts surrounding the discrepancy shall be reported to the board of pharmacy, the drug enforcement agency, the chief executive officer of the hospital and other appropriate authorities.

(8) Drug recall. The director shall develop and implement a recall procedure to assure that potential harm to patients within the hospital is prevented and that all drugs included on the recall are returned to the pharmacy for proper disposition.

(9) All medications administered to inpatients shall be recorded in the patient's medical record.

(10) Adverse drug reactions. All adverse drug reactions shall be appropriately recorded in the patient's

record and reported to the prescribing practitioner and to the pharmacy.

(11) Drug errors. All drug errors shall upon discovery be recorded in an incident report and reported to the prescribing practitioner and to the pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-070, filed 7/29/81.]

**WAC 246-873-090 Administration of drugs.** (1) General. Drugs shall be administered only upon the order of a practitioner who has been granted clinical privileges to write such orders. Verbal orders for drugs shall only be issued in emergency or unusual circumstances and shall be accepted only by a licensed nurse, pharmacist, or physician, and shall be immediately recorded and signed by the person receiving the order. Such orders shall be authenticated by the prescribing practitioner within 48 hours.

(2) Administration. Drugs shall be administered only by appropriately licensed personnel in accordance with state and federal laws and regulations governing such acts and in accordance with medical staff approved hospital policy.

(3) Patient's drugs. The hospital shall develop written policies and procedures for the administration of drugs brought into the hospital by or for patients.

(a) Drugs brought into the hospital by or for the patient shall be administered only when there is a written order by a practitioner. Prior to use, such drugs shall be identified and examined by the pharmacist to ensure acceptable quality for use in the hospital.

(b) Drugs from outside the hospital which are not used during the patient's hospitalization shall be packaged and sealed, if stored in the hospital, and returned to the patient at time of discharge or given to the patient's family.

(c) Return of drugs may be prohibited due to possible jeopardy of the patient's health.

(d) Written procedures shall be developed for the disposal of unreturned drugs.

(4) Self-administration. Self-administration of drugs shall occur only within approved protocols in accordance with a program of self-care or rehabilitation. Policy and specific written procedures, approved by the appropriate medical staff, nursing service and administration shall be established by the director of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-080, filed 7/29/81.]

**WAC 246-873-100 Investigational drugs.** (1) Distribution. Storage, distribution, and control of approved investigational drugs used in the institution shall be the responsibility of the director of pharmacy or his designee. The pharmacy shall be responsible for maintaining and providing information on approved investigational drugs.

(2) General. Investigational drugs shall be properly labeled and stored for use only under the explicit direction of the authorized principal investigator or coinvestigator(s). Such drugs shall be approved by an appropriate medical staff committee.

(3) Administration. On approval of the principal investigator or coinvestigator(s), those authorized to administer drugs may administer these drugs after they have been given basic pharmacological information about the drug. Investigational drugs shall be administered in accordance with approved written protocol that includes any requirements for the patient's appropriate informed consent.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-090, filed 7/29/81.]

**WAC 246-873-110 Additional responsibilities of pharmacy service.** (1) General. The pharmacy service shall participate in other activities and committees within the hospital affecting pharmaceutical services, drugs and drug use.

(2) Quality assurance. The pharmaceutical service shall establish a pharmacy quality assurance program.

(3) Clinical activities. The director of pharmacy should develop clinically oriented programs, including but not limited to obtaining and recording comprehensive drug histories and participation in discharge planning to affect appropriate drug use, a formal drug information service, prescribing, and administration of drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-873-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 81-16-036 (Order 162), § 360-17-100, filed 7/29/81.]

## Chapter 246-875 WAC

### PHARMACY--PATIENT MEDICATION RECORD SYSTEMS

#### WAC

|             |  |
|-------------|--|
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**WAC 246-875-001 Purpose.** The purpose of this chapter shall be to insure that a patient medical record system is maintained by all pharmacies and other sites where the dispensing of drugs takes place, in order to insure the health and welfare of the patients served. This system will consist of certain patient and prescription information, and shall provide the pharmacist within the

pharmacy means to retrieve all new prescription and refill prescription information relevant to patients of the pharmacy. It shall be designed to provide adequate safeguards against the improper manipulation or alteration of records, and to provide an audit trail. It may be either a manual system or an automated data processing system for the storage and retrieval of prescription and patient information. If an automated data processing system is utilized, an auxiliary recordkeeping procedure shall be available for documentation of new and refill prescriptions in case the automated system is inoperative for any reason. Establishment of a patient medication record system is intended to insure that the information it contains will be reviewed by the pharmacist in a manner consistent with sound professional practice when each prescription is filled.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-010, filed 1/9/84.]

**WAC 246-875-010 Definitions.** Terms used in this chapter shall have the meaning set forth in this section unless the context clearly indicates otherwise:

(1) "Address" means the place of residence of the patient.

(2) "Audit trail" means all materials and documents required for the entire process of filling a prescription, which shall be sufficient to document or reconstruct the origin of the prescription order, and authorization of subsequent modifications of that order.

(3) "Auxiliary recordkeeping procedure" means a back-up procedure used to record medication record system data in case of scheduled or unscheduled downtime of an automated data processing system.

(4) "Hard copy of the original prescription" shall include the prescription as defined in RCW 18.64.011(8) and/or the medical records or chart.

(5) "Therapeutic duplication" means two or more drugs in the same pharmacological or therapeutic category which when used together may have an additive or synergistic effect.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-020, filed 1/9/84.]

**WAC 246-875-020 Minimum required information in an automated patient medication record system.** An automated patient medication record system is an electronic system that must have the capability of capturing any data removed on a hard copy of microfiche copy. The hard copy of the original prescription and all documents in the audit trail shall be considered a part of this system.

(1) All automated patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) Any refill instructions by the prescriber.

(g) The prescriber's name, address, and DEA number where required.

(h) The complete directions for use of the drug. The term "as directed" is prohibited pursuant to RCW 18.64.246 and 69.41.050.

(i) Any patient allergies, idiosyncrasies, or chronic condition which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(j) Authorization for other than child-resistant containers pursuant to WAC 360-16-270, if applicable.

(2) All automated patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address, and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-030, filed 1/9/84.]

**WAC 246-875-030 Minimum required information in a manual patient medication record system.** A manual patient medication record system consists of the hard copy of the original prescription and a card or filing procedure that contains all data on new and refill prescriptions for a patient. This data must be organized in such a fashion that information relating to all prescription drugs used by a patient will be reviewed each time a prescription is filled.

(1) All manual patient medication record systems must maintain the following information with regard to ambulatory patients:

(a) Patient's full name and address.

(b) A serial number assigned to each new prescription.

(c) The date of all instances of dispensing a drug.

(d) The identification of the dispenser who filled the prescription.

(e) The name, strength, dosage form and quantity of the drug dispensed.

(f) The prescriber's name, address and DEA number where appropriate.

(g) Any patient allergies, idiosyncrasies or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(2) All manual patient medication record systems must maintain the following information with regard to institutional patients:

(a) Patient's full name.

(b) Unique patient identifier.

(c) Any patient allergies, idiosyncrasies, or chronic conditions which may relate to drug utilization. If there is no patient allergy data the pharmacist should indicate none or "NKA" (no known allergy) on the patient medication record.

(d) Patient location.

(e) Patient status, for example, active, discharge, or on-pass.

(f) Prescriber's name, address and DEA number where required.

(g) Minimum prescription data elements:

(i) Drug name, dose, route, form, directions for use, prescriber.

(ii) Start date and time when appropriate.

(iii) Stop date and time when appropriate.

(iv) Amount dispensed when appropriate.

(h) The system shall indicate any special medication status for an individual prescription, for example, on hold, discontinued, self-administration medication, investigational drugs, patient's own medications, special administration times, restrictions, controlled substances.

(i) The system shall indicate on the labeling, and in the system, (for the pharmacist, nursing and/or physician alert) any special cautionary alerts or notations deemed necessary by the dispenser for the patient safety.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-040, filed 1/9/84.]

**WAC 246-875-040 Minimum procedures for utilization of a patient medication record system.** Upon receipt of a prescription or drug order, a dispenser must examine visually or via an automated data processing system, the patient's medication record to determine the possibility of a clinically significant drug interaction, the reaction or therapeutic duplication, and to determine improper utilization of the drug and to consult with the

prescriber if needed. Any order modified in the system must carry in the audit trail the unique identifier of the person who modified the order. Any change in drug name, dose, route, dose form or directions for use which occurs after an initial dose has been given requires that a new order be entered into the system and the old order be discontinued, or that the changes be accurately documented in the record system, without destroying the original record or its audit trail.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-050, filed 1/9/84.]

**WAC 246-875-050 Auxiliary recordkeeping procedure.** If an automated data processing system is used to maintain a patient's medication record, an auxiliary recordkeeping procedure must be available for use when the automated data system is temporarily inoperative due to scheduled or unscheduled system interruption. The auxiliary recordkeeping procedure shall provide for the maintenance of all patient recordkeeping information as required by this chapter. Upon restoration of operation of the automated system the information placed in the auxiliary recordkeeping procedure shall be entered in each patient's records within two working days, after which the auxiliary records may be destroyed. This section does not require that a permanent dual recordkeeping system be maintained.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-060, filed 1/9/84.]

**WAC 246-875-060 Retrieval of information from an automated system.** All automated patient medication record systems must provide within 72 hours, via CRT or hard copy printout, the information required by WAC 360-19-030 and by 21 CFR § 1306.22(b) as amended July 1, 1980. Any data purged from an automated patient medication record system must be available within 72 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-070, filed 1/9/84.]

**WAC 246-875-070 Confidentiality and security of data.** (1) Information contained in patient medication record systems shall be considered to be a part of prescription records maintained in accordance with RCW 18.64.245 and shall be maintained for a period of at least five years in the same manner as provided for all prescription records (see WAC 360-16-096).

(2) The information in the patient medication record system which identifies the patient shall be deemed confidential and may be released to persons other than the patient or a pharmacist, or a practitioner authorized to prescribe only on written release of the patient. If in the judgment of the dispenser, the prescription presented for dispensing is determined to cause a potentially harmful

drug interaction or other problem due to a drug previously prescribed by another practitioner, the dispenser may communicate this information to the prescribers.

(3) Security codes or systems must be established on automated medication record systems to prevent unauthorized modification of data.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-080, filed 1/9/84.]

**WAC 246-875-080 Extension of time for compliance.** The rules regarding patient medication record systems contained in chapter 360-19 WAC shall apply to all pharmacists practicing pharmacy in the state of Washington upon the effective date of the chapter unless an extension is granted by the board pursuant to this rule. In order to seek an extension that will allow compliance with this chapter to be delayed, good cause for granting such extension must be shown. The board shall consider requests for extensions and if, in the board's judgment good cause is shown, the board may grant an extension for a period of time, specifying those portions of the rules with respect to which an extension is being granted.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-090, filed 1/9/84.]

**WAC 246-875-090 Effective date.** The effective date of this rule shall be March 1, 1984. All pharmacies must be in compliance after that date unless an extension has been granted by the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-875-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 84-03-016 (Order 181), § 360-19-100, filed 1/9/84.]

## Chapter 246-877 WAC

### PHARMACEUTICAL--SALES PROHIBITED

#### WAC

246-877-020 Drug sample prohibitions.

246-877-030 Unsealed hard gelatin capsule restrictions.

**WAC 246-877-020 Drug sample prohibitions.** (1) The possession, distribution or dispensing of legend drug samples by a pharmacy is hereby prohibited.

(2) This shall not apply to any pharmacy of a licensed hospital or health care entity which receives and distributes drug samples at the request of an authorized practitioner pursuant to RCW 69.45.050.

(3) A health care entity means any organization or business entity that provides diagnostic, medical, surgical, or dental treatment and/or rehabilitative care, but does not include any wholesale distributor or retail pharmacy licensed under state law.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-047, §



360-20-100, filed 10/30/89, effective 11/30/89; Order 114, § 360-20-100, filed 6/28/73.]

**WAC 246-877-030 Unsealed hard gelatin capsule restrictions.** (1) No pharmacy or shopkeeper may sell in the state of Washington any nonprescription drug which is manufactured in unsealed, two piece, hard gelatin capsules unless:

(a) The drug product is restricted to sale only by prescription; or

(b) The drug product is marketed:

(i) In packaging utilizing a minimum of two tamper evident packing features; and

(ii) The manufacturer uses consistent tamper evident features within each product line; and

(iii) The manufacturer places on its principal display panel each product's tamper evident features or places an alerting statement regarding the package location of those features; and,

(iv) The package contains a color depiction of the drug product.

(2) For the purpose of this regulation the following features will not be considered as acceptable tamper evident features: Glued carton flaps, cellophane wrappers with overlapping end flaps, or cellulose wet shrink seals.

(3) A tamper evident package must have an indicator or a barrier to entry which if breached or missing can reasonably be expected to provide evidence to consumers that tampering has occurred.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-877-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 86-21-033 (Order 202), § 360-20-210, filed 10/9/86.]

## Chapter 246-879 WAC PHARMACEUTICAL WHOLESALERS

### WAC

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| 246-879-010 | Definitions.   |
| 246-879-020 | Minimum standards for wholesalers.   |
| 246-879-030 | Inspections.   |
| 246-879-040 | Records.   |
| 246-879-050 | Security.  |
| 246-879-060 | Unauthorized sales.  |
| 246-879-070 | Application for full line wholesaler license and over-the-counter only wholesaler license. |
| 246-879-080 | Application for controlled substance wholesaler license.                                   |
| 246-879-090 | Export wholesaler.   |

**WAC 246-879-010 Definitions.** (1) "Full line wholesaler" means any wholesaler authorized by the board to possess and sell legend drugs, controlled substances (additional registration required) and nonprescription drugs (over-the-counter - OTC) to a licensed pharmacy or other legally licensed or authorized person.

(2) "Over-the-counter only wholesaler" means any wholesaler authorized by the board to possess and sell nonprescription (OTC) drugs to any outlets licensed for resale.

(3) "Controlled substances wholesaler" means a licensed wholesaler authorized by the board to possess

and sell controlled substances to a licensed pharmacy or other legally licensed or authorized person.

(4) "Export wholesaler" means any wholesaler authorized by the board to export legend drugs and nonprescription (OTC) drugs to foreign countries.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-010, filed 3/2/82.]

**WAC 246-879-020 Minimum standards for wholesalers.** The following minimum standards shall apply to all wholesale outlets for which licenses have been issued by the board:

(1) Light and ventilation: All wholesale outlets including all storage areas, shall be well lighted, well ventilated and properly heated.

(2) Sanitary facilities: All wholesale outlets shall have sanitary facilities constructed in accordance with the laws and ordinances applying thereto. Facilities shall include a restroom for employees which shall be provided with a wash basin supplied with hot and cold running water and toilet.

(3) All drugs and chemicals shall be stored at appropriate temperatures according to label requirements to maintain stability.

(4) A residence shall not be considered to be an acceptable location for issuance of a wholesaler's license unless the wholesaler's business is operated in a separate space within the residence which otherwise meets the requirements of this section.

(5) Adequate space shall be provided consistent with the wholesale drug outlet operation.

(6) Minimum equipment shall be maintained consistent with the wholesale drug outlet's operation and shall be in proper working order at all times.

(7) Adequate security shall be provided as specified in WAC 360-21-050.

(8) Surrounding environmental conditions shall be adequate to prevent contamination of stored products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-020, filed 3/2/82.]

**WAC 246-879-030 Inspections.** Inspections shall be performed by representatives of the board of pharmacy to ensure compliance with chapter 360-21 WAC. The following items shall be included in these inspections:

(a) The walls, ceilings, windows, and floors of the premises shall be clean and maintained in good repair and order.

(b) The licensee's premises shall be free from obnoxious odors.

(c) All persons working in premises are required to keep themselves and their apparel in a clean and sanitary condition.

(d) Other areas of inspection include, but are not limited to housekeeping, sanitation, record keeping, accountability, security, types of outlets sold to and sources of drugs purchased.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-030, filed 3/2/82.]

**WAC 246-879-040 Records.** Invoices shall be maintained for a period of five years, and show the source of supply for all drugs and to whom they were sold or distributed. Lack of such records shall be grounds for suspension or revocation of wholesale license. These records shall be available during regular business hours for inspection by any authorized representative of the board of pharmacy. In those instances in which records are stored in a location other than the wholesaler's premises, the records must be available for inspection within 72 hours.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-040, filed 3/2/82.]

**WAC 246-879-050 Security.** (1) Every wholesaler shall take security precautions to ensure that access from outside the premises is reduced to a minimum and that internal security equipment (alarm systems) are used to detect entry after hours.

(2) Legend drug storage areas shall be constructed in such a manner as to prevent illegal entry.

(3) Adequate lighting shall be provided at the outside perimeter of the premises to reduce the possibility of illegal entry.

(4) All applicants for a license as a controlled substances wholesaler must comply with the security requirements as found in 21 CFR 1301.02, 1301.71 through 1301.74 and 1301.90 through 1301.92.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-050, filed 3/2/82.]

**WAC 246-879-060 Unauthorized sales.** No wholesaler shall sell or distribute any drugs or devices except to an individual, corporation, or entity who is authorized by law or regulation to possess such drugs or devices. No wholesaler shall sell any drugs or devices to an ultimate consumer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-060, filed 3/2/82.]

**WAC 246-879-070 Application for full line wholesaler license and over-the-counter only wholesaler license.** No person shall act as a wholesaler unless he/she has obtained a license from the board.

(1) All application for licensure of a new or relocated wholesaler shall be accompanied by the required fee as set forth in WAC 360-18-020.

(2) Applications shall specify the location of the wholesaler premises. When the applicant is not the owner of the business, the application shall indicate the owner and the applicant affiliation with the owner:

(a) If the owner is a partnership or other multiple owner, the names of the partners or person holding the three largest interests shall be indicated on the application.

(b) If the owner is a corporation, the name filed shall be the same as filed with the secretary of state. The name of the corporation, and the names of the corporation officers shall be indicated on the application.

(3) All license renewal applications shall be accompanied by the annual fee and contain the same information required in subsection (2) of this rule.

(4) A change of ownership or location requires a new license.

(5) The license is issued to a person or firm and is nontransferable. Additions or deletions of a partner/partners shall be considered as a change of ownership.

(6) The license fee cannot be prorated.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-070, filed 3/2/82.]

**WAC 246-879-080 Application for controlled substance wholesaler license.** No person shall act as a controlled substance wholesaler unless he/she has obtained a controlled substance wholesaler license from the board.

(1) He/she must be licensed as a full line wholesaler.

(2) He/she must meet all security requirements as set forth in WAC 360-21-050(4).

(3) He/she must meet additional requirements for registration and fees as set forth in WAC 360-36-010.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-080, filed 3/2/82.]

**WAC 246-879-090 Export wholesaler.** (1) Upon application the board may issue a wholesaler license for the primary business of exporting drugs to foreign countries.

(2) Such license authorizes the holder to export non-controlled drugs to persons in a foreign jurisdiction that have legitimate reasons to possess such drugs.

(3) Letters from consulate of the country to which drugs are exported should verify consignee receiving such drugs is legally entitled in that country to receive them, if applicable. These letters shall be made available to the board upon its request.

(4) Records to be kept by export wholesaler:

(a) Complete description of drug, including, name, quantity, strength, and dosage unit.

(b) Name and address of purchaser.

(c) Name and address of consignee in the country of destination.

(d) Name and address of forwarding agent.

(e) Proposed export date.

(f) Shippers involved and methods of shipment.

(5) The issuance of an export wholesaler license does not authorize delivery of drugs in the United States.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-879-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41-.075. 82-06-042 (Order 165), § 360-21-090, filed 3/2/82.]

### Chapter 246-881 WAC

#### PHARMACY--PRESCRIPTION DRUG PRICE ADVERTISING

##### WAC

- 246-881-010 Drug price advertising defined.
- 246-881-020 Drug price advertising conditions.
- 246-881-030 Prohibition on advertising controlled substances.
- 246-881-040 Drug price disclosure—Required.

**WAC 246-881-010 Drug price advertising defined.** Drug price advertising is the dissemination of nonpromotional information pertaining to the prices of legend or prescription drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-010, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-010, filed 10/31/74; Order 120, § 360-23-010, filed 3/11/74.]

**WAC 246-881-020 Drug price advertising conditions.** A pharmacy may advertise legend or prescription drug prices provided:

(1) The advertising complies with all state and federal laws, including regulations of the United States Food and Drug Administration and the Washington State Consumer Protection Act, chapter 19.86 RCW.

(2) The advertising is solely directed towards providing consumers with drug price information and does not promote the use of a prescription drug or drugs to the public.

(3) The drug price advertising shall contain all the following information for all drug products or brand names used in the advertisement:

(a) The proprietary name of the drug product advertised, if any,

(b) The generic name of the drug product advertised, if any,

(c) The strength of the drug product advertised. If the drug product advertised contains more than one active ingredient and a relevant strength can be associated with it without indicating each active ingredient, the generic name and quantity of each active ingredient is not required.

(d) The dosage form of the drug product advertised, and

(e) The price charged for a specified quantity of the drug product.

(4) Advertising of any generic drug that in any way compares a generic drug to a brand name drug may not in any manner imply that the brand name drug is the product offered for sale.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 79-10-007 (Order 151, Resolution No. 9/79), § 360-23-020, filed 9/6/79; Order 124, § 360-23-020, filed 10/31/74; Order 120, § 360-23-020, filed 3/11/74.]

**WAC 246-881-030 Prohibition on advertising controlled substances.** No person, partnership, corporation, association or agency shall advertise controlled substances for sale to the general public in any manner that promotes or tends to promote the use or abuse of those drugs. Controlled substances shall not be physically displayed to the public.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-030, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-030, filed 10/31/74.]

**WAC 246-881-040 Drug price disclosure—Required.** No pharmacy shall refuse to disclose the retail price of a prescription drug upon request.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-040, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-050, filed 10/31/74.]

### Chapter 246-883 WAC

#### PHARMACEUTICAL--SALES REQUIRING PRESCRIPTIONS

##### WAC

- 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW.
- 246-883-030 Ephedrine prescription restrictions.
- 246-883-040 Regulated steroids.

**WAC 246-883-020 Identification of legend drugs for purposes of chapter 69.41 RCW.** (1) In accordance with chapter 69.41 RCW, the board of pharmacy hereby finds that those drugs which have been determined by the food and drug administration, pursuant to the Federal Food, Drug and Cosmetic Act, to require a prescription under federal law should also be classified as legend drugs under state law for the reasons that their toxicity or other potentiality for harmful effect, the methods of their use and the collateral safeguards necessary to their use, indicate that they are not safe for use except under the supervision of a practitioner.

(2) The board of pharmacy hereby specifically identifies as legend drugs, for purposes of chapter 69.41 RCW, those drugs which have been designated as legend drugs under federal law and are listed as such in the 1985-86 edition of the *American Druggist Blue Book*. Copies of the list of legend drugs as contained in the *American Druggist Blue Book* shall be available for public inspection at the headquarters office of the State Board of Pharmacy, 319 East 7th Avenue, Olympia, Washington 98504. Copies of this list shall be available from the board of pharmacy at the above address upon request made and upon payment of a fee in the amount of \$20 per copy.

(3) There may be changes in the marketing status of drugs after the publication of the above reference. Upon application of a manufacturer or distributor, the board may grant authority for the over the counter distribution of certain drugs which had been designated as legend drugs in this reference. Such determinations will be made after public hearing and will be published as an amendment to this chapter.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-32-050, filed 9/4/85. Statutory Authority: RCW 18.64.005 and 69.41.075. 83-20-053 (Order 176), § 360-32-050, filed 9/29/83. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-050, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-050, filed 9/5/79.]

**WAC 246-883-030 Ephedrine prescription restrictions.** (1) The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies ephedrine, or any of its salts in a solid or aqueous form normally intended for oral administration, in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030.

(2) The following products containing ephedrine or its salts are exempted from the provisions of this regulation:

- |   |   |
|---|---|
| 1. AMORDRINE tablet<br>(Searle)             | 25 mg (as racemic hydrochloride)            |
| 2. BRONITIN tablet<br>(Whitehall)           | 24 mg ephedrine                             |
| 3. BRONKAID tablet<br>(Breon)               | 24 mg (as sulfate)                          |
| 4. BRONKOTABS tablet<br>(Breon)             | 24 mg (as sulfate)                          |
| 5. CALCIDRINE SYRUP<br>(Abbott)             | 4.2 mg/5cc HCl                              |
| 6. HISTADYL EC<br>(Lilly)                   | ephedrine hydrochloride, 30 mg/30 ml        |
| 7. HISTIVITE-D<br>(Vitarine)                | ephedrine sulfate, 30 mg/30 ml              |
| 8. NYQUIL<br>(Vicks)                        | ephedrine sulfate, 8 mg/30 ml               |
| 9. PRIMATINE M tablet<br>(Whitehall)        | 24 mg (as hydrochloride)                    |
| 10. QUELIDRINE<br>(Abbott)                  | ephedrine hydrochloride, 5 mg/5 ml          |
| 11. QUIET-NITE<br>(Rexall)                  | ephedrine sulfate, 10 mg/30 ml              |
| 12. VERAQUAD tablet -<br>suspension (Knoll) | 24 mg tablet, 12 mg/5 ml (as hydrochloride) |

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11) and 69.41.075. 82-06-042 (Order 165), § 360-32-055, filed 3/2/82. Statutory Authority: RCW 69.41.075. 81-10-025 (Order 160), § 360-32-055, filed 4/28/81. Statutory Authority: 1979 1st ex. s. c 139. 79-09-138 (Order 149, Resolution No. 9/79), § 360-32-055, filed 9/5/79.]

**WAC 246-883-040 Regulated steroids.** The board finds that the following drugs shall be classified as steroids for the purposes of section 1, chapter 369, Laws of 1989. The drugs designated shall include the following and any synthetic derivatives or any isomer, ester, salt, or derivative of the following that act in the same manner on the human body from the attached list:

- (1) Anabolicum

- (2) Anadrol
- (3) Anatrofin
- (4) Anavar
- (5) Androxon
- (6) Andriol
- (7) Android
- (8) bolandiol
- (9) bolasterone
- (10) boldenone
- (11) boldenone undecylenate
- (12) bolenol
- (13) Bolfortan
- (14) bolmantalate
- (15) Cheque
- (16) chlorotestosterone
- (17) clostebol
- (18) Deca Durabolin
- (19) dehydrochlormethyl-testosterone
- (20) Delatestyl
- (21) Dianabol
- (22) Dihydrolone
- (23) dihydrotestosterone
- (24) dimethazine
- (25) Drive
- (26) Drolban
- (27) drostanolone
- (28) Durabolin
- (29) Durateston
- (30) Equipoise
- (31) Esiclone
- (32) ethylestrenol
- (33) Exoboline
- (34) Finaject
- (35) Fluoxymesterone
- (36) formebolone
- (37) Halotestin
- (38) Halostein
- (39) Hombreol
- (40) Iontanyl
- (41) Laurabolin
- (42) Lipodex
- (43) Maxibolin
- (44) mesterolone
- (45) metanabol
- (46) methenolone acetate
- (47) methenolone enanthate
- (48) methandienone
- (49) methandranone
- (50) methandriol
- (51) methandrostenolone
- (52) methyltestosterone
- (53) mibolone
- (54) Myagen
- (55) Nandrolin
- (56) nandrolone
- (57) nandrolone decanoate
- (58) nandrolone cyclotate
- (59) nandrolone phenpropionate
- (60) Nelavar
- (61) Nerobol
- (62) Nilevar

- (63) nisterime acetate
- (64) Norbolethone
- (65) Nor-Diethylin
- (66) norethandrolone
- (67) Normethazine
- (68) Omnifin
- (69) oxandrolone
- (70) oxymesterone
- (71) oxymetholone
- (72) Parabolan
- (73) Permastril
- (74) pizotyline
- (75) Primobolone/Primobolan depot
- (76) Primotestin/Primotestin depot
- (77) Proviron
- (78) Quinalone
- (79) Quinbolone
- (80) Restandol
- (81) silandrone
- (82) Sostanon
- (83) Spectriol
- (84) stanolone
- (85) stanozolol
- (86) stenbolone acetate
- (87) Stromba
- (88) Sustanon
- (89) Tes-10
- (90) Tes-20
- (91) Tes-30
- (92) Teslac
- (93) testolactone
- (94) testosterone
- (95) testosterone cypionate
- (96) testosterone enanthate
- (97) testosterone ketolaurate
- (98) testosterone phenylacetate
- (99) testosterone propionate
- (100) testosterone undecanoate
- (101) Thiomucase
- (102) tibolone
- (103) trenbolone
- (104) trenbolone acetate
- (105) trestolone acetate
- (106) Trophobolene
- (107) Winstrol

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-883-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-22-048, § 360-32-060, filed 10/30/89, effective 11/30/89.]

#### Chapter 246-885 WAC

#### PHARMACY--IDENTIFICATION, IMPRINTS, MARKINGS, AND LABELING OF LEGEND DRUGS

##### WAC

246-885-020 Drug imprint information provided by manufacturers and distributors.

**WAC 246-885-020 Drug imprint information provided by manufacturers and distributors.** Each manufacturer and distributor who manufacturers or

commercially distributes any legend drug in the state of Washington shall provide written information to the board identifying all current imprints used. This information shall be submitted on a form provided by the board and shall be updated annually, or as changes in imprints occur.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-885-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.41.240. 83-10-013 (Order 174), § 360-33-050, filed 4/26/83.]

#### Chapter 246-886 WAC

#### ANIMAL CONTROL--LEGEND DRUGS

##### WAC

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| 246-886-001 | Purpose.                    |
| 246-886-010 | Definitions.                |
| 246-886-020 | Registration.               |
| 246-886-030 | Approved legend drugs.      |
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| 246-886-050 | Legend drug administration. |
| 246-886-060 | Responsible individuals.    |
| 246-886-070 | Notification.               |
| 246-886-080 | Recordkeeping and reports.  |
| 246-886-090 | Drug storage.               |
| 246-886-100 | Violations.                 |

**WAC 246-886-001 Purpose.** The purpose of this chapter shall be to ensure compliance with the law and rules regarding the use of legend drugs by animal control agencies and humane societies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-010, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-010 Definitions.** (1) "Board": The Washington state board of pharmacy.

(2) "Animal control agency": Any agency authorized by law to euthanize or destroy animals; to sedate animals prior to euthanasia or to engage in chemical capture of animals.

(3) "Humane society": A society incorporated and authorized to act under RCW 16.52.020.

(4) "Legend drugs": "Legend drugs" means any drugs which are required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(5) "Controlled substances": "Controlled substance" means a drug, substance, or immediate precursor in Schedule I through V of Article II of chapter 69.50 RCW.

(6) "Approved legend drug": Any legend drug approved by the board for use by registered humane societies or animal control agencies for the sole purpose of sedating animals prior to euthanasia, when necessary, and for use in chemical capture programs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-020, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-020 Registration.** Humane societies and animal control agencies registered with the board under RCW 69.50.310 and WAC 360-36-210 to purchase, possess, and administer sodium pentobarbital as provided therein may also, under that registration, purchase, possess, and administer approved legend drugs as provided in RCW 69.41.080 and herein.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-030, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-030 Approved legend drugs.** (1) The following legend drugs are hereby designated as "approved legend drugs" for use by registered humane societies or animal control agencies for limited purposes:

- (a) Acetylpromazine.
- (b) Ketamine.
- (c) Xylazine.

(2) A humane society or animal control agency shall not be permitted to purchase, possess, or administer approved legend drugs unless that society or agency:

(a) Is registered with the board under RCW 69.50.310 and WAC 360-36-210 to purchase, possess, and administer sodium pentobarbital;

(b) Submits to the board written policies and procedures ensuring that only those of its agents and employees who have completed a board-approved training program will possess or administer approved legend drugs; and

(c) Has on its staff at least one individual who has completed a board-approved training program.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-040, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-040 Training of personnel.** (1) Approved legend drugs may only be administered by those personnel who have completed a board-approved training program. Such training programs shall be submitted to the board for approval no later than thirty days prior to the initiation of training.

(2) Any training program shall use a text approved by the board. The board will make available a list of approved texts. Training programs shall be at least four hours in length and shall be taught by a licensed veterinarian or by a person who has completed an approved training program taught by a licensed veterinarian. Each program shall require that the trainee participate in both didactic and practical training in the use of these drugs and shall be required to score no less than seventy-five percent on a final examination. Training programs shall include the following topics:

- (a) Anatomy and physiology;
- (b) Pharmacology of the drugs;
- (c) Indications, contraindications, and adverse effects;
- (d) Human hazards;
- (e) Disposal of medical waste (needles, syringes, etc.);
- (f) Recordkeeping and security requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-050, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-050 Legend drug administration.** Humane societies and animal control agencies and the staff of those agencies may not purchase, possess, or administer controlled substances or legend drugs except sodium pentobarbital and approved legend drugs as provided herein. Provided, staff may administer legend drugs and controlled substances which have been prescribed by a licensed veterinarian for a specific animal and which drugs have been dispensed by a pharmacy or a veterinarian and are properly labeled in accordance with either RCW 18.64.246 or 69.41.050.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-060, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-060 Responsible individuals.** (1) Each agency or society registered in accordance with WAC 360-36-210 shall name a designated individual as the person who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 360-36 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage, and utilization of the sodium pentobarbital and approved legend drugs.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-070, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-070 Notification.** Each humane society and animal control agency shall promptly notify the board of its designated individual, of all employees authorized to purchase, possess, or administer approved legend drugs, and of any change in the status of these individuals.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-080, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-080 Recordkeeping and reports.** (1) A bound log book with consecutively numbered pages shall be used to record the receipt, use, and disposition of approved legend drugs. No more than one drug shall be recorded on any single page. The record shall be in sufficient detail to allow an audit to be performed.

(2) All invoices, record books, disposition records, and other records regarding approved legend drugs shall be maintained in a readily retrievable manner for no less than two years.

(3) All records shall be available for inspection by the state board of pharmacy or any officer who is authorized to enforce this chapter.

(4) A physical inventory of approved legend drugs shall be performed and reconciled with the log book no less frequently than every six months.

(5) Any discrepancy in the actual inventory of approved legend drugs shall be documented in the log book and reported immediately to the responsible supervisor who shall investigate the discrepancy. Any discrepancy which has not been corrected within seven days shall be reported to the board of pharmacy in writing.

(6) Any approved legend drug which has become unfit for use due to contamination or having passed its expiration date shall be destroyed by a supervisor and another staff member. Record of such destruction shall be made in the log book which shall be signed and dated by the individuals involved.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-090, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-090 Drug storage.** All approved legend drugs shall be stored in a substantially constructed locked cabinet or drawer. Keys to the storage area shall be restricted to those persons authorized to administer the drugs. Specifically designated agents and employees of the registrant may possess a supply of approved legend drugs for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle.

[Statutory Authority: RCW 18.64.005, and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-100, filed 2/4/91, effective 3/7/91.]

**WAC 246-886-100 Violations.** The board may suspend or revoke a registration issued under chapter 69.50 RCW if the board determines that any agent or employee of a registered humane society or animal control agency has purchased, possessed, or administered legend drugs in violation of RCW 69.41.080 or this chapter or has otherwise demonstrated inadequate knowledge in the administration of legend drugs. The board's revocation or suspension of a registration as provided herein would restrict the registered entity's ability to use both approved legend drugs and sodium pentobarbital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-886-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-04-056 (Order 140B), § 360-35-110, filed 2/4/91, effective 3/7/91.]

## Chapter 246-887 WAC

### PHARMACY--REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

#### WAC

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| 246-887-200 | Other controlled substance registrants—Requirements. |

**WAC 246-887-020 Uniform Controlled Substances Act.** (1) Consistent with the concept of uniformity where possible with the federal regulations for controlled substances (21 CFR), the federal regulations are specifically made applicable to registrants in this state by virtue of RCW 69.50.306. Although those regulations are automatically applicable to registrants in this state, the board is nevertheless adopting as its own regulations the existing regulations of the federal government published in the Code of Federal Regulations revised as of April 1, 1989, and all references made therein to the director or the secretary shall have reference to the board of pharmacy, and the following sections are not applicable: Section 1301.11-.13, section 1301.31, section 1301.43-.57, section 1303, section 1308.41-.48, and section 1316.31-.67. The following specific rules shall take precedence over the federal rules adopted herein by reference, and therefore any inconsistencies shall be resolved in favor of the following specific rules.

(2) Registrations under chapter 69.50 RCW shall be for an annual period with the registration period ending on a date to coincide with those license renewal dates as found in rules promulgated under chapter 18.64 RCW.

(3) A separate registration is required for each place of business (as defined in section 1301.23) where controlled substances are manufactured, distributed or dispensed. Application for registration must be made on forms supplied by the pharmacy board, and all information called for thereon must be supplied unless the information is not applicable, in which case it must be indicated. An applicant for registration must hold the appropriate wholesaler, manufacturer or pharmacy license provided for in chapter 18.64 RCW.

(4) Every registrant shall be required to keep inventory records required by section 1304.04 (of the federal rules which have been adopted by reference by Rule 1) and must maintain said inventory records for a period of five years from the date of inventory. Such registrants are further required to keep a record of receipt and distribution of controlled substances. Such record shall include:

(a) Invoices, orders, receipts, etc. showing the date, supplier and quantity of drug received, and the name of the drug;

(b) Distribution records; i.e., invoices, etc. from wholesalers and manufacturers and prescriptions records for dispensers;

(c) In the event of a loss by theft or destruction, two copies of DEA 106 (report of theft or loss of controlled substances) must be transmitted to the federal authorities and a copy must be sent to the board;

(d) For transfers of controlled substances from one dispenser to another, a record of the transfer must be

made at the time of transfer indicating the drug, quantity, date of transfer, who it was transferred to and from whom. Said record must be retained by both the transferee and the transferor. These transfers can only be made in emergencies pursuant to section 1307.11 (federal rules).

(5) The records must be maintained separately for Schedule II drugs. The records for Schedule III, IV and V drugs may be maintained either separately or in a form that is readily retrievable from the business records of the registrant. Prescription records will be deemed readily retrievable if the prescription has been stamped in red ink in the lower right hand corner with the letter "C" no less than one inch high, and said prescriptions are filed in a consecutively numbered prescription file which includes prescription and noncontrolled substances.

(6) A federal order form is required for each distribution of a Schedule I or II controlled substance, and said forms along with other records required to be kept must be made readily available to authorized employees of the board.

(7) Schedule II drugs require that a dispenser have a signed prescription in his possession prior to dispensing said drugs. An exception is permitted in an "emergency." An emergency exists when the immediate administration of the drug is necessary for proper treatment and no alternative treatment is available, and further, it is not possible for the physician to provide a written prescription for the drug at that time. If a Schedule II drug is dispensed in an emergency, the practitioner must deliver a signed prescription to the dispenser within 72 hours, and further he must note on the prescription that it was filled on an emergency basis.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 89-17-023 (Order 226), § 360-36-010, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.301, 87-10-029 (Order 206), § 360-36-010, filed 5/1/87. Statutory Authority: RCW 18.64.005(4), 85-06-010 (Order 193), § 360-36-010, filed 2/22/85. Statutory Authority: RCW 69.50.301, 80-05-074 (Order 154, Resolution No. 4/80), § 360-36-010, filed 4/28/80; 79-10-007 (Order 151, Resolution No. 9/79), § 360-36-010, filed 9/6/79. Statutory Authority: RCW 69.50.301 and chapter 69.50 RCW. 78-02-070 (Order 140), § 360-36-010, filed 1/25/78; Order 132, § 360-36-010, filed 5/4/77; Order 108, § 360-36-010, filed 10/26/71.]

**WAC 246-887-030 Dispensing Schedule V controlled substances.** (1) Those drugs classified in Schedule V of the Uniform Controlled Substances Act (RCW 69.50.212) which can be dispensed without a prescription can be so distributed only for the medical purpose(s) indicated on the manufacturer's label (e.g., cough syrups may only be dispensed for the treatment of coughs) and shall be dispensed in accordance with the following rules.

(2) Only a licensed pharmacist or a pharmacy intern may dispense a Schedule V drug. The pharmacist or pharmacy intern making the sale is responsible for the recording of the required information in the Schedule V register book. The pharmacist or pharmacy intern shall not sell a Schedule V drug to a person below the age of

21 and shall require the purchaser to supply identification so that the purchaser's true name, address and age can be verified. The pharmacist must keep the Schedule V drugs in a safe place not accessible to members of the public. The name and address of the pharmacy must be placed on the bottle or vial of each Schedule V drug sold and the pharmacist or pharmacy intern dispensing the product must place the date of sale and his/her initials on the label at the time of sale. The pharmacist or pharmacy intern is required to show every purchaser of a Schedule V product a copy of subsections (3) and (4) of this rule (sections relating to purchaser(s) of Schedule V drugs).

(3) No person shall obtain a Schedule V drug without a practitioner's prescription unless he/she complies with the following:

(a) The product must be purchased as a medicine for its indicated medical use only;

(b) The purchaser must sign the Schedule V register book with his/her true name and address and supply proof of identification.

(c) The purchaser cannot purchase more than 120 mls (four fluid ounces) of Schedule V cough preparations, nor more than 240 mls (eight fluid ounces) of Schedule V anti-diarrheal preparations.

(4) In the absence of a practitioner's prescription, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain, within a ninety-six hour period, more than the maximum quantity set forth in subsection (3)(c) of this rule. Further, no pharmacist or pharmacy shall sell to any person, nor shall any person obtain more than twice the maximum quantity set forth in (3)(c) above in any sixty-day period.

(5)(a) Every pharmacy handling Schedule V drugs must keep a Schedule V register book in which the following statement must appear at the top of each page: "I have not obtained any Schedule V preparations within the last ninety-six hours, nor obtained Schedule V preparations more than twice within the last sixty days. This is my true name and address." All sales of Schedule V preparations without a practitioner's prescription shall be recorded in the Schedule V register book and the following information must be recorded therein:

- (i) Printed name of purchaser
- (ii) Signature of purchaser
- (iii) Address of purchaser
- (iv) Name of the Schedule V preparation sold
- (v) Quantity of Schedule V preparation sold
- (vi) Date of sale
- (vii) Initials or name of pharmacist or pharmacy intern who sold the Schedule V drug
- (viii) Proof of identification: A unique identification number from a driver's license or from other state or federally issued photo identification card.

(b) All register books used to record the sale of Schedule V preparations shall conform to the following standards:

- (i) The book shall be 8 1/2 inches wide, 11 inches long.
- (ii) The book shall be securely bound, not loose leaf or spiral bound.



(iii) The book shall have its pages consecutively numbered with a unique number assigned to each book and identified on each page.

(iv) Each page shall consist of an original and duplicate. If any sales are recorded, the duplicate sheet must be mailed to the board of pharmacy when completed or on the last day of each month, whichever is earlier.

(3) All pharmacy records relating to Schedule V drugs shall be open to examination by state board of pharmacy investigators during normal business hours. The refusal to permit such examination shall constitute grounds for the suspension or revocation of the pharmacist's license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-36-020, filed 12/17/82. Statutory Authority: RCW 18.64.005 and 69.41.075. 82-19-022 (Order 169), § 360-36-020, filed 9/8/82; Order 108, § 360-36-020, filed 10/26/71.]

**WAC 246-887-040 Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3).** The board of pharmacy hereby designates, the following Schedule II controlled substances as nonnarcotic stimulants for purposes of RCW 69.50.402 (a)(3):

(1) Amphetamine sulfate in any of its generic forms and under the following brand names:

- (a) Benzedrine (SKF);
- (b) Benzedrine spansules (SKF);

(2) Dextroamphetamine sulfate in any of its generic forms and under the following brand names:

- (a) Dexampex (Lemmon);
- (b) Dexedrine (SKF);
- (c) Ferndex (Ferndale);
- (d) Dexedrine spansules (SKF);
- (e) Diphylets (Tutag).

(3) Dextroamphetamine HCL in any of its generic forms and under the following brand names:

- (a) Daro (Fellows).

(4) Dextroamphetamine tannate in any of its generic forms and under the following brand names:

- (a) Obotan (Mallinckrodt);
- (b) Obotan forte (Mallinckrodt).

(5) Methamphetamine HCL (Desoxyephedrine HCL) in any of its generic forms and under the following brand names:

- (a) Desoxyn (Abbott);
- (b) Methampex (Lemmon);
- (c) Obedrin-LA (Beecham Labs.).

(6) Amphetamine complex in any of its generic forms and under the following brand names:

- (a) Biphetamine 7 1/2 (Pennwalt);
- (b) Biphetamine 12 1/2 (Pennwalt);
- (c) Biphetamine 20 (Pennwalt).

(7) Combined amphetamines sold under the following brand names:

- (a) Amphaplex-10 and 20 (Palmedico);
- (b) Obetrol-10 and 20 (Obetrol);
- (c) Delcobese-5, 10, 15, and 20mg. (Delco);
- (d) Dexamyl (SKF);
- (e) Eskatrol (SKF).

(8) Phenmetrazine HCL in any of its generic forms and under the following brand name:

- (a) Preludin (Boehringer-Ingelheim).

(9) Methylphenidate HCL in any of its generic forms and under the following brand name:

- (a) Ritalin (Ciba).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 79-08-069 (Order 148, Resolution No. 7-79), § 360-36-115, filed 7/24/79.]

**WAC 246-887-050 Sodium pentobarbital for animal euthanasia.** (1) Registration eligibility. Any humane society or animal control agency who designates a responsible individual under WAC 360-36-260 may apply to the Washington state board of pharmacy for a limited registration under chapter 69.50 RCW (Controlled Substances Act) to purchase, possess and administer sodium pentobarbital. The sodium pentobarbital will be used only to euthanize injured, sick, homeless or unwanted domestic pets and domestic or wild animals.

(2) Sodium pentobarbital restrictions. Sodium pentobarbital obtained under this limited registration shall be labeled "For veterinary use only." The board will make available a list of approved products.

(3) Sodium pentobarbital storage. The registered location supply of sodium pentobarbital shall be kept or stored in a safe or a substantial well-built double-locked drawer or cabinet.

(a) Registrants may designate only the following agents to possess and administer sodium pentobarbital at locations other than the registered location:

- (i) Humane officer;
- (ii) Animal control enforcement officer;
- (iii) Animal control authority;
- (iv) Peace officer authorized by police chief, sheriff or county commissioners.

(b) Specially designated agents of the registrant may possess a supply of sodium pentobarbital for emergency field use. Such emergency supply shall be stored in a locked metal box securely attached to the vehicle. The designated agent shall be responsible to insure that the sodium pentobarbital is present at the beginning and is present or accounted for at the end of each shift. A log book shall be kept in which all receipts and use of sodium pentobarbital from the emergency supply shall be recorded.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-210, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-210, filed 11/8/77.]

**WAC 246-887-060 Sodium pentobarbital administration.** All agencies registered under WAC 360-36-210 will establish written policies and procedures to insure that any of their agents or personnel which administer sodium pentobarbital for animal euthanasia have received sufficient training in its handling and administration, and have demonstrated adequate knowledge of the potentials and hazards, and proper techniques to be used in administering the drug. A copy of the written policies

and procedures shall be filed with the board at the time of initial application for registration. The board shall be notified in writing of any individuals who have qualified to administer sodium pentobarbital or of any amendments or deletions to the policies and procedures.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-250, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-250, filed 11/8/77.]

**WAC 246-887-070 Sodium pentobarbital records and reports.** (1) Each agency or society registered in accordance with WAC 360-36-210 shall designate an individual as the registrant who shall be responsible for maintaining all records and submitting all reports required by applicable federal or state law or regulation, including chapter 360-36 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-260, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-260, filed 11/8/77.]

**WAC 246-887-080 Sodium pentobarbital registration disciplinary action.** In addition to any criminal or civil liabilities that may occur, the board may deny, suspend, or revoke registration upon determination that (1) the registration was procured through fraud or misrepresentation, (2) the registrant or any agent or employee of the registrant has violated any of the federal or state laws related to drugs, or has violated any of the rules or regulations of the board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-270, filed 8/8/89, effective 9/8/89; Order 138, § 360-36-270, filed 11/8/77.]

**WAC 246-887-090 Authority to control.** Pursuant to the authority granted to the board of pharmacy in RCW 69.50.201, the board has considered the following factors with regards to each of the substances listed in this chapter and in chapter 69.50 RCW:

- (1) The actual or relative potential for abuse;
- (2) The scientific evidence of its pharmacological effect, if known;
- (3) The state of current scientific knowledge regarding the substance;
- (4) The history and current pattern of abuse;
- (5) The scope, duration, and significance of abuse;
- (6) The risk to the public health;
- (7) The potential of the substance to produce psychic or psychological dependence liability; and
- (8) Whether the substance is an immediate precursor of a substance already controlled under the Uniform Controlled Substances Act (chapter 69.50 RCW).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-400, filed 11/7/84.]

**WAC 246-887-100 Schedule I.** The board finds that the following substances have high potential for abuse and have no accepted medical use in treatment in the United States or that they lack accepted safety for use in treatment under medical supervision. The board, therefore, places each of the following substances in Schedule I.

(a) The controlled substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name, are included in Schedule I.

(b) Opiates. Unless specifically excepted or unless listed in another schedule, any of the following opiates, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of these isomers, esters, ethers, and salts is possible within the specific chemical designation:

- (1) Acetylmethadol;
- (2) Allylprodine;
- (3) Alphacetylmethadol;
- (4) Alphameprodine;
- (5) Alphamethadol;
- (6) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl) ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
- (7) Benzethidine;
- (8) Betacetylmethadol;
- (9) Betameprodine;
- (10) Betamethadol;
- (11) Betaprodine;
- (12) Clonitazene;
- (13) Dextromoramide;
- (14) Diampromide;
- (15) Diethylthiambutene;
- (16) Difenoxy;
- (17) Dimenoxadol;
- (18) Dimepheptanol;
- (19) Dimethylthiambutene;
- (20) Dioxaphetyl butyrate;
- (21) Dipipanone;
- (22) Ethylmethylthiambutene;
- (23) Etonitazene;
- (24) Etoxadine;
- (25) Furethidine;
- (26) Hydroxypethidine;
- (27) Ketobemidone;
- (28) Levomoramide;
- (29) Levophenacylmorphan;
- (30) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
- (31) Morpheridine;
- (32) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);
- (33) Noracetylmethadol;
- (34) Norlevorphanol;
- (35) Normethadone;
- (36) Norpipanone;

(37) PEPAP (1-(2-phenethyl)-4-phenyl-4-acetoxypiperidine);

- (38) Phenadoxone;
- (39) Phenampromide;
- (40) Phenomorphan;
- (41) Phenoperidine;
- (42) Piritramide;
- (43) Propheptazine;
- (44) Properidine;
- (45) Propiram;
- (46) Racemoramide;
- (47) Tilidine;
- (48) Trimeperidine.

(c) Opium derivatives. Unless specifically excepted or unless listed in another schedule, any of the following opium derivatives, their salts, isomers, and salts of isomers, whenever the existence of these salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Acetorphine;
- (2) Acetyldihydrocodeine;
- (3) Benzylmorphine;
- (4) Codeine methylbromide;
- (5) Codeine-N-Oxide;
- (6) Cyprenorphine;
- (7) Desomorphine;
- (8) Dihydromorphine;
- (9) Drotebanol;
- (10) Etorphine (except hydrochloride salt);
- (11) Heroin;
- (12) Hydromorphanol;
- (13) Methyldesorphine;
- (14) Methyldihydromorphine;
- (15) Morphine methylbromide;
- (16) Morphine methylsulfonate;
- (17) Morphine-N-Oxide;
- (18) Myrophine;
- (19) Nicocodeine;
- (20) Nicomorphine;
- (21) Normorphine;
- (22) Pholcodine;
- (23) Thebacon.

(d) Hallucinogenic substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following hallucinogenic substances, or which contains any of its salts, isomers, and salts of isomers, whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation (for purposes of paragraph (d) of this section, only, the term "isomer" includes the optical, position, and geometric isomers.):

- (1) 4-bromo-2,5-dimethoxy-amphetamine: Some trade or other names: 4-bromo-2,5-dimethoxy-*a*-methylphenethylamine; 4-bromo-2,5-DMA;
- (2) 2,5-dimethoxyamphetamine: Some trade or other names: 2,5-dimethoxy-*a*-methylphenethylamine; 2,5-DMA;

(3) 4-methoxyamphetamine: Some trade or other names: 4-methoxy-*a*-methylphenethylamine; paramethoxyamphetamine, PMA;

- (4) 5-methoxy-3,4-methylenedioxy-amphetamine;
- (5) 4-methyl-2,5-dimethoxy-amphetamine: Some trade and other names: 4-methyl-2,5-dimethoxy-*a*-methylphenethylamine; "DOM"; and "STP";
- (6) 3,4-methylenedioxy amphetamine;
- (7) 3,4-methylenedioxymethamphetamine (MDMA);
- (8) 3,4,5-trimethoxy amphetamine;
- (9) Bufotenine: Some trade or other names: 3-(beta-Dimethylaminoethyl)-5-hydroxyindole; 3-(2-dimethylaminoethyl)-5-indolol; N, N-dimethylserotonin; 5-hydroxy-N,N-dimethyltryptamine; mappine;
- (10) Diethyltryptamine: Some trade or other names: N,N-Diethyltryptamine; DET;
- (11) Dimethyltryptamine: Some trade or other names: DMT;

(12) Ibogaine: Some trade or other names: 7-Ethyl-6,6 beta,7,8,9,10,12,13,-octahydro-2-methoxy-6,9-methano-5H-pyndo (1',2'1,2) azepino (5,4-b) indole; Tabernanthe iboga;

- (13) Lysergic acid diethylamide;
- (14) Marihuana;
- (15) Mescaline;

(16) Parahexyl-7374; some trade or other names: 3-Hexyl-1-hydroxy-7, 8, 9, 10-tetrahydro-6, 6, 9-trimethyl-6H-dibenzo[b,d]pyran; synhexyl;

(17) Peyote, meaning all parts of the plant presently classified botanically as *Lophophora Williamsii* Lemaire, whether growing or not, the seeds thereof, any extract from any part of such plant, and every compound, manufacture, salts, derivative, mixture, or preparation of such plant, its seeds, or extracts; (interprets 21 USC § 812 (c), Schedule I (c)(12))

- (18) N-ethyl-3-piperidyl benzilate;
- (19) N-methyl-3-piperidyl benzilate;
- (20) Psilocybin;
- (21) Psilocyn;

(22) Tetrahydrocannabinols, synthetic equivalents of the substances contained in the plant, or in the resinous extractives of *Cannabis*, specifically, and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:

(i) Delta 1 - cis - or trans tetrahydrocannabinol, and their optical isomers, excluding dronabinol in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration;

(ii) Delta 6 - cis - or trans tetrahydrocannabinol, and their optical isomers;

(iii) Delta 3,4 - cis - or trans tetrahydrocannabinol, and its optical isomers;

(Since nomenclature of these substances is not internationally standardized, compounds of these structures, regardless of numerical designation of atomic positions covered.)

(23) Ethylamine analog of phencyclidine: Some trade or other names: N-ethyl-1-phenylcyclohexylamine, (1-

phenylcyclohexyl) ethylamine; N-(1-phenylcyclohexyl)ethylamine; cyclohexamine; PCE;

(24) Pyrrolidine analog of phencyclidine: Some trade or other names: 1-(1-phenylcyclohexyl)pyrrolidine; PCPy; PHP;

(25) Thiophene analog of phencyclidine: Some trade or other names: 1-(1-[2-thenyl]-cyclohexyl)-piperidine; 2-thienylanalog of phencyclidine; TPCP; TCP;

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of mecloqualone having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation.

- (i) Mecloqualone;
- (ii) Methaqualone.

(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers:

- (i) Fenethyline;
- (ii) N-ethylamphetamine.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 89-17-023 (Order 226), § 360-36-410, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-410, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-410, filed 11/7/84.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

**WAC 246-887-110 Adding MPPP to Schedule I.** The Washington state board of pharmacy finds that 1-methyl-4-phenyl-4-propionoxypiperidine (MPPP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-411, filed 9/4/85.]

**WAC 246-887-120 Adding PEPAP to Schedule I.** The Washington state board of pharmacy finds that 1-(2-phenylethyl)-4-phenyl-4-acetyloxypiperidine (PEPAP) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-412, filed 9/4/85.]

**WAC 246-887-130 Adding MDMA to Schedule I.** The Washington state board of pharmacy finds that 3,4-methylenedioxymethamphetamine (MDMA) has high potential for abuse and has no medical use in treatment in the United States or lacks accepted safety for use in treatment under medical supervision, and hereby places that substance in Schedule I.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-413, filed 9/4/85.]

**WAC 246-887-140 Schedule II.** The board finds that the following substances have a high potential for abuse and have currently accepted medical use in treatment in the United States, or currently accepted medical use with severe restrictions and that the abuse of the following substances may lead to severe psychic or psychological dependence. The board, therefore, places each of the following substances in Schedule II.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule II.

(b) Substances. (Vegetable origin or chemical synthesis.) Unless specifically excepted, any of the following substances, except those listed in other schedules, whether produced directly or indirectly by extraction from substances of vegetable origin, or independently by means of chemical synthesis, or by combination of extraction and chemical synthesis:

(1) Opium and opiate, and any salt, compound, derivative, or preparation of opium or opiate, excluding apomorphine, dextrorphan, nalbuphine, naloxone, and naltrexone, and their respective salts, but including the following:

- (i) Raw opium;
- (ii) Opium extracts;
- (iii) Opium fluid;
- (iv) Powdered opium;
- (v) Granulated opium;
- (vi) Tincture of opium;
- (vii) Codeine;
- (viii) Ethylmorphine;
- (ix) Etorphine hydrochloride;
- (x) Hydrocodone;
- (xi) Hydromorphone;
- (xii) Metopon;
- (xiii) Morphine;
- (xiv) Oxycodone;
- (xv) Oxymorphone; and
- (xvi) Thebaine.

(2) Any salt, compound, isomer, derivative, or preparation thereof which is chemically equivalent or identical with any of the substances referred to in paragraph (b)(1) of this section, but not including the isoquinoline alkaloids of opium.

(3) Opium poppy and poppy straw.

(4) Coca leaves and any salt, compound, derivative, or preparation of coca leaves, and any salt, compound, derivative, or preparation thereof which is chemically

equivalent or identical with any of these substances, but not including decocainized coca leaves or extractions which do not contain cocaine or ecgonine.

(5) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrene alkaloids of the opium poppy.)

(c) Opiates. Unless specifically excepted or unless in another schedule any of the following opiates, including its isomers, esters, ethers, salts, and salts of isomers, esters, and ethers whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation, dextrorphan and levopropoxyphene excepted:

- (1) Alfentanil;
- (2) Alphaprodine;
- (3) Anileridine;
- (4) Bezitramide;
- (5) Bulk dextropropoxyphene (nondosage forms);
- (6) Dihydrocodeine;
- (7) Diphenoxylate;
- (8) Fentanyl;
- (9) Isomethadone;
- (10) Levomethorphan;
- (11) Levorphanol;
- (12) Metazocine;
- (13) Methadone;
- (14) Methadone—Intermediate, 4-cyano-2-dimethylamino-4, 4-diphenyl butane;
- (15) Moramide—Intermediate, 2-methyl-3-morpholino-1, 1-diphenylpropane-carboxylic acid;
- (16) Pethidine (meperidine);
- (17) Pethidine—Intermediate—A, 4-cyano-1-methyl-4-phenylpiperidine;
- (18) Pethidine—Intermediate—B, ethyl-4-phenylpiperidine-4-carboxylate;
- (19) Pethidine—Intermediate—C, 1-methyl-4-phenylpiperidine-4-carboxylic acid;
- (20) Phenazocine;
- (21) Piminodine;
- (22) Racemethorphan;
- (23) Racemorphan;
- (24) Sufentanil.

(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system:

- (1) Amphetamine, its salts, optical isomers, and salts of its optical isomers;
- (2) Methamphetamine, its salts, isomers, and salts of its isomers;
- (3) Phenmetrazine and its salts;
- (4) Methylphenidate.

(e) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Amobarbital;
- (2) Pentobarbital;
- (3) Phencyclidine;
- (4) Secobarbital.

(f) Immediate precursors. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances:

(1) Immediate precursor to amphetamine and methamphetamine:

(2) Phenylacetone: Some trade or other names phenyl-2-propanone, P2P, benzyl methyl ketone, methyl benzyl ketone.

(3) Immediate precursors to phencyclidine (PCP):

(i) 1-phenylcyclohexylamine;

(ii) 1-piperidinocyclohexanecarbonitrile (PCC).

(g) Hallucinogenic substances. Dronabinol (synthetic) in sesame oil and encapsulated in a soft gelatin capsule in a United States Food and Drug Administration approved drug product. (Some other names for dronabinol [6aR-trans]-6a,7,8,10a-tetrahydro-6,6,9-trimethyl-3-pentyl-6H-dibenzo[b,d]pyran-i-ol, or (-)-delta-9-(trans)-tetrahydrocannabinol.)

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-420, filed 8/8/89, effective 9/8/89; 86-16-057 (Order 200), § 360-36-420, filed 8/1/86. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-420, filed 11/7/84.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency and appear herein pursuant to the requirements of RCW 34.08.040.

**WAC 246-887-150 Schedule II immediate precursors.** (1) The board finds and designates the following substances as being the principal compound used or produced primarily for use and which are an immediate chemical intermediary used or likely to be used, in the manufacture of a Schedule II controlled substance, the control of which is necessary to prevent, curtail or limit manufacture.

(2) Unless specifically excepted or listed in another schedule, any material, compound, mixture or preparation which contains any quantity of the following substances or their salts or isomers having potential for abuse associated with the preparation of controlled substances shall be a Schedule II controlled substance.

- (a) Anthranilic acid.
- (b) Ephedrine.
- (c) Methylamine.
- (d) Phenylacetic acid.
- (e) Pseudoephedrine.
- (f) Methephedrine.
- (g) Lead acetate.
- (h) Methyl formamide.

**Provided:** That any drug or compound containing Ephedrine, or any of its salts or isomers, or Pseudoephedrine, or any of its salts or isomers that are prepared for dispensing or over-the-counter distribution and are in compliance with the Federal Food, Drug and

Cosmetic Act and applicable regulations are not controlled substances for the purpose of this section: *And Provided Further*, That any cosmetic containing lead acetate that is distributed in compliance with the Federal Food, Drug and Cosmetic Act and applicable regulations are not controlled substances.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-11-007 (Order 214), § 360-36-425, filed 5/9/88. Statutory Authority: RCW 18.64.005(11). 88-06-060 (Order 211), § 360-36-425, filed 3/2/88.]

**WAC 246-887-160 Schedule III.** The board finds that the following substances have a potential for abuse less than the substances listed in Schedules I and II, and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to moderate or low physical dependency or high psychological dependency. The board, therefore, places each of the following substances in Schedule III.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule III.

(b) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

(1) Those compounds, mixtures, or preparations in dosage unit form containing any stimulant substances listed in Schedule II which compounds, mixtures, or preparations are referred to as excepted compounds in Schedule III as published in 21 CFR 1308.13(b)(1) as of April 1, 1984, and any other drug of the quantitative composition shown in that list for those drugs or which is the same except that it contains a lesser quantity of controlled substances;

- (2) Benzphetamine;
- (3) Chlorphentermine;
- (4) Clortermine;
- (5) Phendimetrazine.

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant effect on the central nervous system:

(1) Any compound, mixture, or preparation containing:

- (i) Amobarbital;
- (ii) Secobarbital;
- (iii) Pentobarbital;

or any salt thereof and one or more other active medicinal ingredients which are not listed in any schedule;

- (2) Any suppository dosage form containing:
  - (i) Amobarbital;
  - (ii) Secobarbital;
  - (iii) Pentobarbital;

or any salt of any of these drugs and approved by the Food and Drug Administration for marketing only as a suppository;

(3) Any substance which contains any quantity of a derivative of barbituric acid, or any salt of a derivative of barbituric acid;

- (4) Chlorhexadol;
- (5) Glutethimide;
- (6) Lysergic acid;
- (7) Lysergic acid amide;
- (8) Methypylon;
- (9) Sulfondiethylmethane;
- (10) Sulfonethylmethane;
- (11) Sulfonmethane;

(12) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepin 7 (1H)—one fluprazapon.

(d) Nalorphine.

(e) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following narcotic drugs, or any salts thereof calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in paragraph (e) of this section:

(1) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium;

(2) Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(3) Not more than 300 milligrams of dihydrocodeine per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium;

(4) Not more than 300 milligrams of dihydrocodeine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(5) Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(6) Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(7) Not more than 500 milligrams of opium per 100 milliliters or per 100 grams, or not more than 25 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts;

(8) Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-430, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-430, filed 11/7/84.]

**WAC 246-887-170 Schedule IV.** The board finds that the following substances have a low potential for abuse relative to substances in Schedule III and have currently accepted medical use in treatment in the United States and that the abuse of the substances may lead to limited physical dependence or psychological dependence relative to the substances in Schedule III. The board, therefore, places each of the following substances in Schedule IV.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule IV.

(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth below:

(1) Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(2) Dextropropoxyphene (alpha-(+)-e-dimethylamino-1,2-diphenyl-3-methyl-2 propionoxybutane).

(c) Depressants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Alprazolam;
- (2) Barbital;
- (3) Bromazepam;
- (4) Carmazepam;
- (5) Chloral betaine;
- (6) Chloral hydrate;
- (7) Chlordiazepoxide;
- (8) Clobazam;
- (9) Clonazepam;
- (10) Clorazepate;
- (11) Clotiazepam;
- (12) Cloxazolam;
- (13) Delorazepam;
- (14) Diazepam;
- (15) Estazolam;
- (16) Ethchlorvynol;
- (17) Ethinamate;
- (18) Ethyl loflazepate;
- (19) Fludiazepam;
- (20) Flunitrazepam;
- (21) Flurazepam;
- (22) Halazepam;
- (23) Haloxazolam;

- (24) Ketazolam;
- (25) Loprazolam;
- (26) Lorazepam;
- (27) Lormetazepam;
- (28) Mebutamate;
- (29) Medazepam;
- (30) Meprobamate;
- (31) Methohexital;
- (32) Methylphenobarbital (mephobarbital);
- (33) Midazolam;
- (34) Nimetazepam;
- (35) Nitrazepam;
- (36) Nordiazepam;
- (37) Oxazepam;
- (38) Oxazolam;
- (39) Paraldehyde;
- (40) Petrichloral;
- (41) Phenobarbital;
- (42) Pinazepam;
- (43) Prazepam;
- (44) Quazepam;
- (45) Temazepam;
- (46) Tetrazepam;
- (47) Triazolam.

(d) Fenfluramine. Any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers (whether optical, position or geometric), and salts of such isomers, whenever the existence of such salts, isomers and salts of isomers is possible.

(e) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers (whether optical, position, or geometric), and salts of such isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation:

- (1) Diethylpropion;
- (2) Mazindol;
- (3) Pemoline (including organometallic complexes and chelates thereof);
- (4) Phentermine;
- (5) Pipradrol;
- (6) SPA ((-)-1-dimethylamino-1, 2-dephenylethane.

(f) Other substances. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts:

- (1) Pentazocine.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-440, filed 8/8/89, effective 9/8/89. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-440, filed 11/7/84.]

**WAC 246-887-180 Schedule V.** The board finds that the following substances have low potential for abuse relative to substances in Schedule IV and have

currently accepted medical use in treatment in the United States and that the substances have limited physical dependence or psychological dependence liability relative to the substance in Schedule IV. The board, therefore, places each of the following substances in Schedule V.

(a) The drugs and other substances listed in this section, by whatever official name, common or usual name, chemical name, or brand name designated, are included in Schedule V.

(b) Narcotic drugs containing nonnarcotic active medicinal ingredients. Any compound, mixture, or preparation containing any of the following narcotic drugs, or their salts calculated as the free anhydrous base or alkaloid, in limited quantities as set forth in this section, which shall include one or more nonnarcotic active medicinal ingredients in sufficient proportion to confer upon the compound, mixture, or preparation, valuable medicinal qualities other than those possessed by the narcotic drug alone:

(1) Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams;

(2) Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams;

(3) Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams;

(4) Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit;

(5) Not more than 100 milligrams of opium per 100 milliliters or per 100 grams;

(6) Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201, 69.50.203, 69.50.205, 69.50.207, 69.50.209 and 69.50.211. 84-22-062 (Order 190), § 360-36-450, filed 11/7/84.]

**WAC 246-887-190 Adding buprenorphine to Schedule V.** The Washington state board of pharmacy finds that buprenorphine has a low potential for abuse relative to substances in Schedule IV; has currently accepted medical use in treatment in the United States; and the substance has limited physical dependence or psychological dependence liability relative to the substances in Schedule IV, and hereby places that substance in Schedule V.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.44.075 [69.41.075]. 85-18-091 (Order 196), § 360-36-451, filed 9/4/85.]

**WAC 246-887-200 Other controlled substance registrants—Requirements.** (1) All persons and firms, except persons exempt from registration, shall register with the board in order legally to possess or use controlled substances.

(2) Persons or firms which are not classified as pharmacies, wholesalers, manufacturers, or researchers shall be classified as other controlled substance registrants.

Examples of persons or firms in this classification include analytical laboratories, dog handlers/trainers who use dogs for drug detection purposes, school laboratories and other agencies which have a legitimate need to use precursor chemicals as defined in WAC 360-36-425.

(3) The applicant for a controlled substance registration shall complete and return an application form supplied by the board. Either on the form or on an addendum, the applicant shall list the controlled substances to be used, the purpose for such use, and the names of the persons authorized to access the controlled substances.

(4) All controlled substances shall be stored in a substantially constructed locked cabinet. The registrant shall maintain records in sufficient detail in order to account for the receipt, use, and disposition of all controlled substances. An inventory of all controlled substances in the possession of the registrant shall be completed every two years on the anniversary of the issuance of the registration and shall be maintained for two years. Unwanted, outdated, or unusable controlled substances shall be returned to the source from which obtained or surrendered to the Federal Drug Enforcement Administration.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-887-200, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.50.201. 89-17-023 (Order 226), § 360-36-500, filed 8/8/89, effective 9/8/89.]

## Chapter 246-889 WAC

### PHARMACEUTICAL—PRECURSOR SUBSTANCE CONTROL

#### WAC

|             |                               |
|-------------|-------------------------------|
| 246-889-020 | Precursor substance defined.  |
| 246-889-030 | Reports of precursor receipt. |
| 246-889-040 | Monthly reporting option.     |

#### WAC 246-889-020 Precursor substance defined. (1)

For the purpose of this chapter a precursor substance is any of the following substances or their salts or isomers:

- (a) Anthranilic acid;
- (b) Barbituric acid;
- (c) Chlorephedrine;
- (d) Diethyl malonate;
- (e) D-lysergic acid;
- (f) Ephedrine;
- (g) Ergotamine tartrate;
- (h) Ethylamine;
- (i) Ethyl malonate;
- (j) Ethylephedrine;
- (k) Lead acetate;
- (l) Malonic acid;
- (m) Methylamine;
- (n) Methylformamide;
- (o) Methylephedrine;
- (p) Methylpseudoephedrine;
- (q) N-acetylanthranilic acid;
- (r) Norpseudoephedrine;
- (s) Phenylacetic acid;
- (t) Phenylpropanolamine;



- (u) Piperidine;
- (v) Pseudoephedrine; and
- (w) Pyrrolidine.

Provided; that this definition shall not include any drug that contains ephedrine, phenylpropanolamine, or pseudoephedrine or any cosmetic if that drug or cosmetic can be lawfully sold, transferred, or furnished over-the-counter without a prescription or by a prescription under chapter 69.04 or 69.41 RCW.

(2) The board finds that the reference to methylformamide in section 1, chapter 147, Laws of 1988, was intended to refer to methylformamide and corrects that reference by deleting "methylformamide" and adding "methylformamide." This change is based upon the finding that this revision conforms to the tests set forth in section 1(2), chapter 147, Laws of 1988.

(3) Registrants should be aware that precursor substances in subsection (1)(a), (f), (k), (m), (n), (s), and (v) of this section are also regulated as schedule II immediate precursors pursuant to WAC 360-36-425 and all applicable rules and laws governing the distribution of schedule II controlled substances must also be complied with.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-889-020, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-010, filed 7/6/88.]

#### WAC 246-889-030 Reports of precursor receipt.

(1) Any manufacturer, wholesaler, retailer, or any other person who receives from any source outside the state of Washington any precursor substance listed in WAC 360-38-010 shall submit a report of such transaction within fourteen days of the receipt of that substance.

(2) The report shall contain the following information:

- (a) Name of substance;
- (b) Quantity received;
- (c) Date received;
- (d) Name and address of firm or person receiving substance; and
- (e) Name and address of the source selling, transferring, or furnishing the substance.

(3) The report shall be on a form approved by the board: *Provided*, That in lieu of an approved form the board will accept a copy of an invoice, packing list, or other shipping document which contains the information set forth in subsection (2) of this section. Under this option purchase price information appearing on the document can be deleted.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-889-030, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-020, filed 7/6/88.]

#### WAC 246-889-040 Monthly reporting option. (1)

Permit holders who regularly transfer the same precursor substance to the same recipient can apply to the board for authorization to submit the report of said transactions on a monthly basis. Requests for monthly reporting authorization must be received at the board office at least thirty days prior to the board meeting at

which the request will be considered. The board will review each request to determine if the requirements of section 1(5), chapter 147, Laws of 1988, are met and will notify the permit holder of its decision and the reporting format that will be authorized.

(2) Permit holders may also petition the board to accept the monthly report on a computer-generated basis. The report can be furnished in hard copy, on board-approved data storage methods or by computer interface with a board-operated computer. The permit holder will be responsible for the accuracy of the report and the prompt correction of any data entry or transmission errors.

(3) The authorization to use monthly reports or computer-generated monthly reports can be rescinded at the board's discretion and with thirty days notice.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-889-040, filed 8/30/91, effective 9/30/91. Statutory Authority: 1988 c 147 § 5. 88-14-096 (Order 218), § 360-38-030, filed 7/6/88.]

### Chapter 246-891 WAC PHARMACY--PROPHYLACTICS

#### WAC

- 246-891-010 Definitions.
- 246-891-020 Conditions for the sale of condoms.
- 246-891-030 Condom standards.

**WAC 246-891-010 Definitions.** (1) The following definitions shall be applicable to these rules.

(1) "Board" shall mean the Washington state board of pharmacy;

(2) "Condom" shall mean a prophylactic consisting of a very thin sheath designed to be placed over the penis to prevent conception or venereal disease during coitus, and is commonly made of rubber, parchment skins, plastic or similar materials;

(3) "Prophylactic" shall mean any device or medical preparation or compound which is or may be used, designed, intended or which has or may have special utility, for the prevention and/or treatment of venereal diseases;

(4) "Sell" and "sale" shall, in addition to their usual and ordinary meanings, include possession in violation of the intent of this chapter, exchange, give away or gift, or any disposal.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW 91-18-057 (Order 191B), recodified as § 246-891-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-010, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-010, filed 12/17/82; Order 108, § 360-40-010, filed 10/26/71.]

**WAC 246-891-020 Conditions for the sale of condoms.** Condoms sold in this state must meet the following conditions:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture or shall bear an expiration date not more than three years after the date of manufacture. Condoms may not be sold in this state three years after the date of manufacture.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-20-038 (Order 219), § 360-40-040, filed 9/30/88. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-040, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18-81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-040, filed 12/17/82.]

**WAC 246-891-030 Condom standards.** All condoms shall meet the following standards:

(1) Rubber condoms (elastic material) shall be capable of withstanding inflation with one cubic foot of air. They shall be free from holes, imperfect rings and blisters.

(2) Nonrubber condoms (nonelastic material) shall be of suitable length, not patched, and shall be free from grease or any foreign substances that may be used as a filler for hiding imperfections or discolorations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-070, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-070, filed 12/17/82.]

### Chapter 246-893 WAC

#### PHARMACY--PUBLIC RECORDS ACCESS PURSUANT TO INITIATIVE 276

##### WAC

|             |   |
|-------------|---|
| 246-893-001 | Purpose.  |
| 246-893-010 | Definitions.  |
| 246-893-020 | Description of central and field organization of the board. |
| 246-893-030 | Operations and procedures.                                  |
| 246-893-040 | Public records available.                                   |
| 246-893-050 | Public records officer.                                     |
| 246-893-060 | Office hours.   |
| 246-893-070 | Requests for public records.                                |
| 246-893-080 | Copying.  |
| 246-893-090 | Exemptions.   |
| 246-893-100 | Review of denials of public records requests.               |
| 246-893-110 | Protection of public records.                               |
| 246-893-120 | Index of public records available.                          |
| 246-893-130 | Address where requests to be directed.                      |
| 246-893-140 | Adoption of form.   |
| 246-893-998 | Appendix A--Form.   |

**WAC 246-893-001 Purpose.** The purpose of this chapter shall be to ensure compliance by the Washington state board of pharmacy with the provisions of chapter 42.17 RCW and in particular with the sections of that act dealing with public records.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-010, filed 4/12/89; Order 113, § 360-44-010, filed 4/27/73.]

**WAC 246-893-010 Definitions.** (1) "Public record" includes any writing containing information relating to the conduct of government 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) The "Washington state board of pharmacy" is the board whose members are appointed by the governor, pursuant to RCW 18.64.001. The Washington state board of pharmacy shall hereinafter be referred to as the "board." Where appropriate, the term "board" also refers to the staff and employees of the Washington state board of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-44-020, filed 12/17/82; Order 113, § 360-44-020, filed 4/27/73.]

**WAC 246-893-020 Description of central and field organization of the board.** The board is a drug control agency. The administrative office of the board and its staff are located at 319 East 7th Avenue, Olympia, Washington 98504.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-020, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-030, filed 4/27/73.]

**WAC 246-893-030 Operations and procedures.** (1) The board of pharmacy consists of seven members, one of whom is designated as a chairperson. The members are appointed by the governor for staggered four year terms.

(2) The board meets approximately once a month in various places throughout the state. The time and place of the meeting can be learned by writing or calling the administrative office of the board.

(3) The executive secretary is the board's chief executive. The executive secretary is responsible for carrying out the board's directions and for directing the board's staff.

(4) It is the board's duty to administer the law in chapters 18.64, 18.64A, 69.04, 69.38, 69.40, 69.41, 69-43, 69.45, 69.50, 69.51, and 70.54 RCW.

(a) Chapter 18.64 RCW - Pharmacy Act - creation of board of pharmacy, definition of terms used in pharmacy act, examination and licensing of pharmacists, interns, wholesalers, shopkeepers and vendors, grounds for license suspension or revocation, unlawful practices, prescription labels and records.

(b) Chapter 18.64A RCW - Pharmacy Assistants Law - creation of pharmacy assistants, definition of terms, regulation of classifications and services, limitations on practice, grounds for certificate suspension or

revocation, applications, fees, employment of pharmacy assistants, and pharmacists liability and responsibility.

(c) Chapter 69.04 RCW – Food, Drug and Cosmetic Act. Board has joint responsibility with director of department of agriculture. Board regulates only the drug and devices portion of the act. DMSO sales and use provisions are contained in this law.

(d) Chapter 69.38 RCW – Poisons—Sales and Manufacturing Act – defines poisons, provides for exemptions, requires a poison register with the identification of purchasers, provides for the inspection of poison registers and penalties for failure to maintain a register or for giving false information and provides for licensing poison manufacturers and sellers.

(e) Chapter 69.40 RCW – Poison Act – labeling of drugs incorrectly and selling poisons without labeling.

(f) Chapter 69.41 RCW – Legend Drug Act – definition of terms, prohibited acts, regulation of sale, delivery, or possession of legend drugs, requirements for prescriptions and labels, search and seizure procedures. Penalties for violations are created and rules regarding legend drugs are authorized. The procedures and requirements for substitution of legend drugs, manufacturing standards and liability of pharmacists are outlined. Requirements for identification and labeling marking of legend drugs are created.

(g) Chapter 69.43 RCW – Precursor Drugs Act – requires certain transactions concerning certain described substances to be reported to the board, provides for the reports of out-of-state receipts, creates exemptions, a reporting form, authorizes the board to adopt rules, requires the report of theft or loss of regulated substances, creates penalties and provides for the issuance of a permit and the refusal, suspension, or revocation of permits.

(h) Chapter 69.45 RCW – Drug Samples Act – defines terms, provides for the registration of drug sample manufacturers and the maintenance of records, the storage and transportation of drug samples, the manner of distribution, the disposal of surplus, outdated or damaged samples, registration fees, penalty for violations and the confidentiality of reports.

(i) Chapter 69.50 RCW – Controlled Substances Act – places all narcotics, barbiturates, amphetamines, hallucinogenics and marijuana into five schedules. Sets standards and definitions for the five schedules. Regulates the manufacture, distribution and dispensing of controlled substances. Sets forth offenses, penalties and prohibited acts. Enforcement and administrative provisions include administrative and criminal search warrants.

(j) Chapter 69.51 RCW – Controlled Substance Therapeutic Research Act – defines terms and provides for the board's regulation of controlled substance research programs.

(k) Chapter 70.54 RCW – Laetrile – board given authority to sample and test laetrile and promulgate rules regarding it.

(5) Information concerning all licenses or registrations issued by the board may be obtained by writing or calling the administrative office of the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-040, filed 4/12/89. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-44-040, filed 12/17/82; Order 113, § 360-44-040, filed 4/27/73.]

**WAC 246-893-040 Public records available.** All public records of the board, as defined in WAC 360-44-020 are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.255, 42.17.310, WAC 360-44-100, or any other duty to withhold information as imposed by other state or federal law.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-050, filed 4/12/89; Order 113, § 360-44-050, filed 4/27/73.]

**WAC 246-893-050 Public records officer.** The board's public records shall be in the charge of the public records officer designated by the board. The person so designated shall be located in the administrative office of the board. The public records officer shall be responsible for the following: The implementation of the board's rules and regulations regarding release of public records, coordinating the staff of the board in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-060, filed 4/12/89; Order 113, § 360-44-060, filed 4/27/73.]

**WAC 246-893-060 Office hours.** Public records shall be available for inspection and copying during the customary hours of the board. For the purposes of this chapter, the customary office hours shall be from 9 a.m. to noon and 1 p.m. to 4 p.m., Monday through Friday, excluding legal holidays.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-060, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-070, filed 4/27/73.]

**WAC 246-893-070 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 board which shall be available at its administrative office. The form shall be presented to the public records officer; or to any member of the board's staff, if the public records officer is not available, at the administrative office of the board 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 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 board'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, it shall be the obligation of the public records officer or staff member to whom the request is made, to assist the member of the public in appropriately identifying the public record requested.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-080, filed 4/12/89; Order 113, § 360-44-080, filed 4/27/73.]

**WAC 246-893-080 Copying.** No fee shall be charged for the inspection of public records. The board shall charge a fee of ten cents per page of copy for providing copies of public records and for the use of the board's copy equipment. This charge is the amount necessary to reimburse the board for its actual costs incident to such copying. The copy machine will be operated by staff persons only.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-090, filed 4/12/89; Order 113, § 360-44-090, filed 4/27/73.]

**WAC 246-893-090 Exemptions.** (1) The board reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 360-44-080 is exempt under provisions of RCW 42.17.310.

(2) In addition, the board 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 RCW 42.17.255. 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 the denial, including a statement of the specific exemption authorizing the withholding of the record and a brief explanation of how the exemption applies to the record withheld.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-100, filed 4/12/89; Order 113, § 360-44-100, filed 4/27/73.]

**WAC 246-893-100 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 secretary of the board. The executive secretary shall immediately consider the matter and either affirm or reverse such denial or call a special meeting of the board 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 original denial.

(3) Administrative remedies shall not be considered exhausted until the board has returned the petition with a decision or until the close of the second business day following denial of inspection, whichever occurs first.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-100, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-110, filed 4/27/73.]

**WAC 246-893-110 Protection of public records.** No record shall be removed from the board office except by written permission of the public records officer under such conditions as are required to protect the records from damage or disorganization. No record may be marked, folded or damaged in any way nor may any record be removed from any file to which it is attached nor may the record's filing order be damaged in any way.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-110, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-120, filed 4/27/73.]

**WAC 246-893-120 Index of public records available.** (1) The board has available to all persons:

- (a) A current index which provides identifying information concerning all licenses issued by the board;
- (b) A current index to all rules and regulations adopted by the board.

(2) Final orders in the adjudication of cases are filed in the investigative file of the subject licensee.

(3) Correspondence and materials referred to therein by and with the board relating to any regulatory, supervisory or enforcement responsibilities of the agency, whereby the agency determines, or opines upon, or is about to determine or opine upon, the rights of the state, the public, a subdivision of state government, or of any private party is filed chronologically, with one copy also filed in a licensee's file, if applicable.

(4) The board has determined that it would be unduly burdensome to maintain an index, except as set forth herein, due to fiscal and personnel limitations and to the general nature and large volume of correspondence of the board.

(5) The board shall not give, sell or provide access to lists of individuals requested for commercial purposes except as authorized by RCW 42.17.260(5).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-130, filed 4/12/89; Order 113, § 360-44-130, filed 4/27/73.]

**WAC 246-893-130 Address where requests to be directed.** All communications with the board including but not limited to the submission of materials pertaining to its operations and/or the administration or enforcement of chapter 42.17 RCW and these rules; requests for copies of the board's decisions and other matters, shall be addressed as follows: Washington State Board of Pharmacy, c/o Public Records Officer, 319 East 7th Avenue, Olympia, Washington 98504.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-140, filed 4/12/89; Order 113, § 360-44-140, filed 4/27/73.]

**WAC 246-893-140 Adoption of form.** The board hereby adopts for use by all persons requesting inspection and/or copying or copies of its records, the form attached hereto as Appendix A entitled "Request for public record."

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-140, filed 8/30/91, effective 9/30/91; Order 113, § 360-44-150, filed 4/27/73.]

**WAC 246-893-998 Appendix A--Form.**

WASHINGTON STATE BOARD OF PHARMACY  
319 East Seventh Avenue — WEA Bldg.  
Olympia, Washington 98504

REQUEST FOR PUBLIC RECORDS

1. -----  
Name  
-----  
Street City State Zip  
2. ----- day of ----- 19-- at ----- O'clock -----  
Date and Time of Request  
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[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-893-998, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 42.17.250. 89-09-020 (Order 224), § 360-44-990, filed 4/12/89; Order 113, Appendix A (codified as WAC 360-44-990), filed 4/27/73.]

**Chapter 246-895 WAC  
PHARMACY--GOOD MANUFACTURING  
PRACTICE FOR FINISHED PHARMACEUTICALS**

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**WAC 246-895-010 Definitions.** (1) As used in these regulations, "act" means the Uniform Food, Drug and Cosmetic Act, chapter 69.04 RCW.

(2) The definitions and interpretations contained in the act shall be applicable to such terms used in these regulations.

(3) As used in these regulations:

(a) The term "component" means any ingredient intended for use in the manufacture of a drug product, including those that may not appear in the finished product.

(b) The term "drug product" means a finished dosage form (e.g., tablet, capsule, solution) that contains an active drug ingredient generally, but not necessarily, in association with inactive ingredients. The term also includes a finished dosage form that does not contain an active ingredient but is intended to be used as a placebo.

(c) The term "active ingredient" means any component that is intended to furnish pharmacological activity or other direct effect in the diagnosis, cure, mitigation, treatment, or prevention of disease, or to affect the structure or any function of the body of humans or other animals. The term includes those components that may undergo chemical change in the manufacture of the drug product and be present in that drug product in a modified form intended to furnish the specified activity or effect.

(d) The term "inactive ingredient" means any component other than an "active ingredient" present in a drug product.

(e) The term "batch" means a specific quantity of a drug or other material that has uniform character and quality, within specified limits, and is produced according to a single manufacturing order during the same cycle of manufacture.

(f) The term "lot" means a batch or a specific identified portion of a batch having uniform character and quality within specified limits; or, in the case of a drug product produced by continuous process, it is a specific identified amount produced in a unit of time or quantity in a manner that assures its having uniform character and quality within specified limits.

(g) The terms "lot number," "control number," or "batch number" mean any distinctive combination of letters, numbers, or symbols, or any combination of them, from which the complete history of the manufacture, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(h) The term "quality control unit" means any person or organizational element having the authority and responsibility to approve or reject components, in-process materials, packaging components, and final products.

(i) The term "strength" means:

(i) The concentration of the drug product (for example, w/w, w/v, or unit dose/volume basis); and/or

(ii) The potency, that is, the therapeutic activity of the drug product as indicated by appropriate laboratory tests or by adequately developed and controlled clinical data (expressed, for example, in terms of units by reference to a standard).

(j) The term "fiber" means any particulate contaminant with a length at least three times greater than its width.

(k) The term "nonfiber-releasing filter" means any filter, which after any appropriate pretreatment such as washing or flushing, will not release fibers into the component or drug product that is being filtered. All filters composed of asbestos are deemed to be fiber-releasing filters.

(l) The term "manufacture" means the production, preparation, propagation, compounding, or processing of a drug or other substance or device or the packaging or repackaging of such substance or device, or the labeling or relabeling of the commercial container of such substance or device, but does not include the activities of a practitioner who, as an incident to his or her administration or dispensing such substance or device in the course of his or her professional practice, prepares, compounds, packages or labels such substance or device.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-010, filed 10/10/88; Order 133, § 360-46-010, filed 8/4/77.]

**WAC 246-895-020 Finished pharmaceuticals--Manufacturing practice.** (1) The criteria in WAC 360-46-040 through 360-46-150, inclusive, shall apply in determining whether the methods used in, or the facilities or controls used for, the manufacture, processing,

packing, or holding of a drug conform to or are operated or administered in conformity with current good manufacturing practice to assure that a drug meets the requirements of the act as to safety and has the identity and strength and meets the quality and purity characteristics which it purports or is represented to possess as required by the act.

(2) The regulations in this chapter permit the use of precision automatic, mechanical, or electronic equipment in the production and control of drugs when written inspection and checking policies and procedures are used to assure proper performance.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-020, filed 10/10/88; Order 133, § 360-46-020, filed 8/4/77.]

**WAC 246-895-030 Personnel.** (1) The personnel responsible for directing the manufacture and control of the drug shall be adequate in number and background of education, training, and experience, or combination thereof, to assure that the drug has the safety, identity, strength, quality, and purity that it purports to possess. All personnel shall have capabilities commensurate with their assigned functions, a thorough understanding of the manufacturing or control operations they perform, the necessary training or experience, and adequate information concerning the reason for application of pertinent provisions of this part to their respective functions.

(2) Any person shown at any time (either by medical examination or supervisory observation) to have an apparent illness or open lesions that may adversely affect the safety or quality of drugs shall be excluded from direct contact with components, drug product containers, closures, in-process materials, and drug products until the condition is corrected or determined by competent medical personnel not to jeopardize the safety or quality of drug products. All employees shall be instructed to report to supervisory personnel any conditions that may have such an adverse effect on drug products.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-030, filed 10/10/88; Order 133, § 360-46-030, filed 8/4/77.]

**WAC 246-895-040 Buildings or facilities.** Buildings shall be maintained in a clean and orderly manner and shall be of suitable size, construction, and location to facilitate adequate cleaning, maintenance, and proper operations in the manufacturing, processing, packing, repacking, labeling, or holding of a drug. The buildings shall:

(1) Provide adequate space for:

(a) Orderly placement of equipment and materials to minimize any risk of mixups between different drugs, drug components, drug products, in-process materials, packaging materials, or labeling, and to minimize the possibility of contamination.

(b) The receipt, storage, and withholding from use of components pending sampling, identification, and testing

prior to release by the quality control unit for manufacturing or packaging.

(c) The holding of rejected components prior to disposition to preclude the possibility of their use in manufacturing or packaging procedures for which they are unsuitable.

(d) The storage of components, containers, packaging materials, and labeling.

(e) Any manufacturing and processing operations performed.

(f) Any packaging or labeling operations.

(g) Storage of finished products.

(h) Control and production-laboratory operations.

(2) Provide adequate lighting, ventilation, and screening and, when necessary for the intended production or control purposes, provide facilities for adequate air-pressure, microbiological, dust humidity, and temperature controls to:

(a) Minimize contamination of products by extraneous adulterants, including cross-contamination of one product by dust or particles of ingredients arising from the manufacture, storage, or handling of another product.

(b) Minimize dissemination of micro-organisms from one area to another.

(c) Provide suitable storage conditions for drug components, in-process materials, and finished drugs in conformance with stability information as derived under WAC 360-46-100.

(3) Provide adequate locker facilities and hot and cold water washing facilities, including soap or detergent, air drier or single service towels, and clean toilet facilities near working areas.

(4) Provide an adequate supply of potable water under continuous positive pressure in a plumbing system free of defects that could cause or contribute to contamination of any drug. Drains shall be of adequate size and, where connected directly to a sewer, shall be equipped with traps to prevent back-siphonage.

(5) Provide suitable housing and space for the care of all laboratory animals.

(6) Provide for safe and sanitary disposal of sewage, trash, and other refuse within and from the buildings and immediate premises.

(7) Be maintained in a clean, orderly, and sanitary condition. There shall be written procedures assigning responsibility for sanitation and describing the cleaning schedule and methods.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-040, filed 10/10/88; Order 133, § 360-46-040, filed 8/4/77.]

**WAC 246-895-050 Equipment.** Equipment used for the manufacture, processing, packing, labeling, holding, testing, or control of drugs shall be maintained in a clean and orderly manner and shall be of suitable design, size, construction, and location to facilitate cleaning, maintenance, and operation for its intended purpose. The equipment shall:

(1) Be so constructed that all surfaces that come into contact with a drug component, in-process material, or drug product shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quality, or purity of the drug product beyond the official or other established requirements.

(2) Be so constructed that any substances required for operation of the equipment, such as lubricants or coolants, do not contact drug products so as to alter the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(3) Be constructed and installed to facilitate adjustment, disassembly cleaning and maintenance to assure the reliability of control procedures, uniformity of production and exclusion from the drugs of contaminants from previous and current operations that might affect the safety, identity, strength, quality, or purity of the drug or its components beyond the official or other established requirements.

(4) Be of suitable type, size and accuracy for any testing, measuring, mixing, weighing, or other processing or storage operations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-050, filed 10/10/88; Order 133, § 360-46-050, filed 8/4/77.]

**WAC 246-895-060 Production and control procedures.** Production and control procedures shall include all reasonable precautions, including the following, to assure that the drugs produced have the safety, identity, strength, quality, and purity they purport to possess:

(1) Each significant step in the process, such as the selection, weighing, and measuring of components, the addition of ingredients during the process, weighing and measuring during various stages of the processing, and the determination of the finished yield, shall be performed by a competent and responsible individual and checked by a second competent and responsible individual; or if such steps in the processing are controlled by precision automatic, mechanical, or electronic equipment, their proper performance is adequately checked by one or more competent individuals. The written record of the significant steps in the process shall be identified by the individual performing these tests and by the individual charged with checking these steps. Such identifications shall be recorded immediately following the completion of such steps.

(2) All containers, lines, and equipment used during the production of a batch of a drug shall be properly identified at all times to accurately and completely indicate their contents, including batch number, and, when necessary, the stage of processing of the batch.

(3) To minimize contamination and prevent mixups, equipment, utensils, and containers shall be thoroughly and appropriately cleaned and properly stored and have previous batch identification removed or obliterated between batches or at suitable intervals in continuous production operations.

(4) Appropriate written procedures, designed to prevent objectionable microorganisms in drug products not requiring to be sterile, shall be established and followed.

(5) Appropriate written procedures, designed to prevent microbiological contamination of drug products purporting to be sterile, shall be established and followed. Such procedures shall include validation of any sterilization process.

(6) Appropriate procedures shall be established to minimize the hazard of cross-contamination of any drugs while being manufactured or stored.

(7) To assure the uniformity and integrity of products, there shall be adequate in-process controls, such as checking the weights and disintegration times of tablets, the adequacy of mixing, the homogeneity of suspensions, and the clarity of solutions. In-process sampling shall be done at appropriate intervals using suitable equipment.

(8) Representative samples of all dosage form drugs shall be tested to determine their conformance with the specifications for the product before distribution.

(9) Procedures shall be instituted whereby review and approval of all production and control records, including packaging and labeling, shall be made prior to the release or distribution of a batch. A thorough investigation of any unexplained discrepancy or the failure of a batch to meet any of its specifications shall be undertaken whether or not the batch has already been distributed. This investigation shall be undertaken by a competent and responsible individual and shall extend to other batches of the same drug and other drugs that may have been associated with the specific failure. A written record of the investigation shall be made and shall include the conclusions and followup.

(10) Returned goods shall be identified as such and held. If the conditions under which returned goods have been held, stored, or shipped prior to or during their return, or the condition of the product, its container, carton, or labeling as a result of storage or shipping, cast doubt on the safety, identity, strength, quality, or purity of the drug product, the returned goods shall be destroyed or subjected to adequate examination or testing to assure that the material meets all appropriate standards or specifications before being returned to stock for warehouse distribution or repacking. If the product is neither destroyed nor returned to stock, it may be reprocessed provided the final product meets all its standards and specifications. Records of returned goods shall be maintained and shall indicate the quantity returned, date, and actual disposition of the product. If the reason for returned goods implicates associated batches, an appropriate investigation shall be made in accordance with the requirements of subsection (9) of this section.

(11) Filters used in the manufacture, processing, or packaging of components of drug products for parenteral injection in humans shall not release fibers into such products. No asbestos-containing or other fiber-releasing filter may be used in the manufacture, processing, or packaging of such products. Filtration, as needed, shall be through a non-fiber-releasing filter.

(12) Appropriate procedures shall be established to destroy beyond recognition and retrievability any and all

components or drug products that are to be discarded or destroyed for any reason.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-060, filed 10/10/88; Order 133, § 360-46-060, filed 8/4/77.]

**WAC 246-895-070 Components.** All components and other materials used in the manufacture, processing, and packaging of drug products, and materials necessary for building and equipment maintenance, upon receipt shall be stored and handled in a safe, sanitary, and orderly manner. Adequate measures shall be taken to prevent mixups and cross-contamination affecting drugs and drug products. Components shall be withheld from use until they have been identified, sampled, and tested for conformance with established specifications and are released by a quality control unit. Control of components shall include the following:

(1) Each container of component shall be examined visually for damage or contamination prior to use, including examination for breakage of seals when indicated.

(2) An adequate number of samples shall be taken from a representative number of component containers from each lot and shall be subjected to one or more tests to establish the specific identity.

(3) Sample containers shall be identified so that the following information can be determined: Name of the material sampled, the lot number, the container from which the sample was taken, and the name of the person who collected the sample.

(4) Containers from which samples have been taken shall be marked to show that samples have been removed from them.

(5) Representative samples of components liable to contamination with filth, insect infestation, or other extraneous contaminants shall be appropriately examined.

(6) Representative samples of all components intended for use as active ingredients shall be tested to determine their strength in order to assure conformance with appropriate specifications.

(7) Representative samples of components liable to microbiological contamination shall be subjected to microbiological tests prior to use. Such components shall not contain microorganisms that are objectionable in view of their intended use.

(8) Approved components shall be appropriately identified and retested as necessary to assure that they conform to appropriate specifications of identity, strength, quality, and purity at time of use. This requires the following:

(a) Approved components shall be handled and stored to guard against contaminating or being contaminated by other drugs or components.

(b) Approved components shall be rotated in such a manner that the oldest stock is used first.

(c) Rejected components shall be identified and held to preclude their use in manufacturing or processing procedures for which they are unsuitable.



(9) Appropriate records shall be maintained, including the following:

(a) The identity and quantity of the component, the name of the supplier, the supplier's lot number, and the date of receipt.

(b) Examinations and tests performed and rejected components and their disposition.

(c) An individual inventory and record for each component used in each batch of drug manufactured or processed.

(10) An appropriately identified reserve sample of all active ingredients consisting of at least twice the quantity necessary for all required tests, except those for sterility and determination of the presence of pyrogens, shall be retained for at least two years after distribution of the last drug lot incorporating the component has been completed or one year after the expiration date of this last drug lot, whichever is longer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-070, filed 10/10/88; Order 133, § 360-46-070, filed 8/4/77.]

**WAC 246-895-080 Component and drug product containers and closures.** (1) Component and drug product containers and closures shall:

(a) Not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product or its components beyond the official or established requirements;

(b) Provide adequate protection against foreseeable external factors in storage and use that can cause deterioration or contamination of the drug product; and

(c) Be clean and, where indicated by the nature of the drug, sterilized and processed to remove pyrogenic properties to assure that they are suitable for their intended use.

Containers and their components for parenterals shall be cleansed with water which has been filtered through a nonfiber-releasing filter.

(2) Standards or specifications, methods of testing, and, where indicated, processing to remove pyrogenic properties shall be written and followed for component and drug product containers and closures.

(3) Except as provided for in WAC 360-46-082, drug product containers and closures shall not be reused for component or drug product packaging.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-080, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-081, filed 12/9/87.]

**WAC 246-895-090 Reuse of teat dip containers and closures.** The reuse of teat dip containers and closures shall be allowed under the following circumstances:

(1) Teat dip containers for reuse must have attached a labelling panel bearing product name, brand name and distributor address if marketed by other than the manufacturer, manufacturer name and address, product strength, quantity, expiration date, directions for use,

and appropriate cautionary statements for the product contained within.

(2) All reusable teat dip containers will be hot stamped for permanent identification as teat dip containers. The hot stamp shall imprint on the plastic container, in an immutable manner, the words "teat dip only" and the manufacturer's name. Teat dip manufacturers may only refill containers bearing their company name.

(3) With cooperation from dairy producers, dairy sanitarians will take random samples of teat dip in reusable containers while on regular farm inspections. The samples, along with appropriate label information, will be forwarded to the board of pharmacy for analysis to insure that the product meets label specifications and is free of contamination.

(4) Reusable teat dip containers shall not be reactive, additive, or absorptive so as to alter the safety, identity, strength, quantity, or purity of the product.

(5) Upon return to the manufacturer, reusable teat dip containers shall be cleaned and sanitized. To insure adequate cleaning occurs, the board of pharmacy may require a manufacturer to submit and have approved a cleaning procedure. Containers showing structural damage, or any signs of being used for substances or materials other than teat dip shall not be reused as teat dip containers.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11). 88-01-025 (Order 208), § 360-46-082, filed 12/9/87.]

**WAC 246-895-100 Laboratory controls.** Laboratory controls shall include the establishment of scientifically sound and appropriate written specifications, standards, and test procedures to assure that components, in-processed drugs, and finished products conform to appropriate standards of identity, strength, quality and purity. Laboratory controls shall include:

(1) The establishment of master records containing appropriate specifications for the acceptance of each lot of drug components, product containers, and their components used in drug production and packaging and a description of the sampling and testing procedures used for them. Said samples shall be representative and adequately identified. Such records shall also provide for appropriate retesting of drug components, product containers, and their components subject to deterioration.

(2) A reserve sample of all active ingredients as required by WAC 360-46-070(2).

(3) The establishment of master records, when needed, containing specifications and a description of sampling and testing procedures for in-process drug preparations. Such samples shall be adequately representative and properly identified.

(4) The establishment of master records containing a description of sampling procedures and appropriate specifications for finished drug products. Such samples shall be adequately representative and properly identified.

(5) Adequate provisions for checking the identity and strength of drug products for all active ingredients and for assuring:

(a) Sterility of drugs purported to be sterile and freedom from objectionable microorganisms for those drugs which should be so by virtue of their intended use.

(b) The absence of pyrogens for those drugs purporting to be pyrogen-free.

(c) Minimal contamination of ophthalmic ointments by foreign particles and harsh or abrasive substances.

(d) That the drug release pattern of sustained release products is tested by laboratory methods to assure conformance to the release specifications.

(6) Adequate provision for auditing the reliability, accuracy, precision, and performance of laboratory test procedures and laboratory instruments used.

(7) A properly identified reserve sample of the finished product (stored in the same immediate container-closure system in which the drug is marketed) consisting of at least twice the quantity necessary to perform all the required tests, except those for sterility and determination of the absence of pyrogens, and stored under conditions consistent with product labeling shall be retained for at least two years after the drug distribution has been completed or one year after the drug's expiration date, whichever is longer.

(8) Provision for retaining complete records of all laboratory data relating to each batch or lot of drug to which they apply. Such records shall be retained for at least two years after distribution has been completed or one year after the drug's expiration date, whichever is longer.

(9) Provision that animals shall be maintained and controlled in a manner that assures suitability for their intended use. They shall be identified and appropriate records maintained to determine the history of use.

(10) Provision that firms which manufacture nonpenicillin products (including certifiable antibiotic products) on the same premises or use the same equipment as that used for manufacturing penicillin products, or that operate under any circumstances that may reasonably be regarded as conducive to contamination of other drugs by penicillin, shall test such nonpenicillin products to determine whether any have become cross-contaminated by penicillin. Such products shall not be marketed if intended for use in humans and the product is contaminated with an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for parenteral administration, or an amount of penicillin equivalent to 0.5 unit or more of penicillin G per maximum single dose recommended in the labeling of a drug intended for oral use.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-090, filed 10/10/88; Order 133, § 360-46-090, filed 8/4/77.]

**WAC 246-895-110 Stability.** There shall be written procedures for assurance of the stability of finished drug products. This stability shall be:

(1) Determined by reliable, meaningful, and specific test methods.

(2) Determined on products in the same container-closure system in which they are marketed.

(3) Determined on any dry drug product that is to be reconstituted at the time of dispensing (as directed in its labeling), as well as on the reconstituted product.

(4) Recorded and maintained in such manner that the stability data may be utilized in establishing product expiration dates.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-110, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-100, filed 10/10/88; Order 133, § 360-46-100, filed 8/4/77.]

**WAC 246-895-120 Expiration dating.** To assure that drug products liable to deterioration meet appropriate standards of identity, strength, quality, and purity at the time of use, the label of all such drugs shall have suitable expiration dates which relate to stability tests performed on the product.

(1) Expiration dates appearing on the drug labeling shall be justified by readily available data from stability studies such as described in WAC 360-46-100.

(2) Expiration dates shall be related to appropriate storage conditions stated on the labeling wherever the expiration date appears.

(3) When the drug is marketed in the dry state for use in preparing a liquid product, the labeling shall bear expiration information for the reconstituted product as well as an expiration date for the dry product.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-120, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-110, filed 8/4/77.]

**WAC 246-895-130 Packaging and labeling.** Packaging and labeling operations shall be adequately controlled: To assure that only those drug products that have met the standards and specifications established in their master production and control records shall be distributed; to prevent mixups between drugs during filling, packaging, and labeling operations; to assure that correct labels and labeling are employed for the drug; and to identify the finished product with a lot or control number that permits determination of the history of the manufacture and control of the batch. An hour, day, or shift code is appropriate as a lot or control number for drug products manufactured or processed in continuous production equipment. Packaging and labeling operations shall:

(1) Be separated (physically or spatially) from operations on other drugs in a manner adequate to avoid mixups and minimize cross-contamination. Two or more packaging or labeling operations having drugs, containers, or labeling similar in appearance shall not be in process simultaneously on adjacent or nearby lines unless these operations are separated either physically or spatially.

(2) Provide for an inspection of the facilities prior to use to assure that all drugs and previously used packaging and labeling materials have been removed.

(3) Include the following labeling controls:

(a) The holding of labels and package labeling upon receipt pending review and proofing against an approved final copy by a competent and responsible individual to assure that they are accurate regarding identity, content, and conformity with the approved copy before release to inventory.

(b) The maintenance and storage of each type of label and package labeling representing different products, strength, dosage forms, or quantity of contents in such a manner as to prevent mixups and provide proper identification.

(c) A suitable system for assuring that only current labels and package labeling are retained and that stocks of obsolete labels and package labeling are destroyed.

(d) Restriction of access to labels and package labeling to authorized personnel.

(e) Avoidance of gang printing of cut labels, cartons, or inserts when the labels, cartons, or inserts are for different products or different strengths of the same products or are of the same size and have identical or similar format and/or color schemes. If gang printing is employed, packaging and labeling operations shall provide for added control procedures. These added controls should consider sheet layout, stacking, cutting, and handling during and after printing.

(4) Provide strict control of the package labeling issued for use with the drug. Such issue shall be carefully checked by a competent and responsible person for identity and conformity to the labeling specified in the batch production record. Said record shall identify the labeling and the quantities issued and used and shall reasonably reconcile any discrepancy between the quantity of drug finished and the quantities of labeling issued. All excess package labeling bearing lot or control numbers shall be destroyed. In event of any significant unexplained discrepancy, an investigation should be carried out according to WAC 360-46-060 (9).

(5) Provide for adequate examination or laboratory testing of representative samples of finished products after packaging and labeling to safeguard against any errors in the finishing operations and to prevent distribution of any batch until all specified tests have been met.

(6) Provide for compliance with the Poison Prevention Packaging Act, (16 CFR Part 1700).

(7) Provide for compliance with WAC 360-46-080(2).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-120, filed 10/10/88; Order 133, § 360-46-120, filed 8/4/77.]

**WAC 246-895-140 Master production and control records--Batch production and control records.** (1) To assure uniformity from batch to batch, a master production and control record for each drug product and each batch size of drug product shall be prepared, dated, and signed or initialed by a competent and responsible

individual and shall be independently checked, reconciled, dated, and signed or initialed by a second competent and responsible individual. The master production and control record shall include:

(a) The name of the product, description of the dosage form, and a specimen or copy of each label and all other labeling associated with the retail or bulk unit, including copies of such labeling signed or initialed and dated by the person or persons responsible for approval of such labeling.

(b) The name and weight or measure of each active ingredient per dosage unit or per unit of weight or measure of the finished drug and a statement of the total weight or measure of any dosage unit.

(c) A complete list of ingredients designated by names or codes sufficiently specific to indicate any special quality characteristic; and accurate statement of the weight or measure of each ingredient regardless of whether it appears in the finished product, except that reasonable variations may be permitted in the amount of components necessary in the preparation in dosage form provided that provisions for such variations are included in the master production and control record; an appropriate statement concerning any calculated excess of an ingredient; an appropriate statement of theoretical weight or measure at various stages of processing; and a statement of the theoretical yield.

(d) A description of the containers, closures, and packaging and finishing materials.

(e) Manufacturing and control instructions, procedures, specifications special notations, and precautions to be followed.

(2) The batch production and control record shall be prepared for each batch of drug produced and shall include complete information relating to the production and control of each batch. These records shall be retained for at least two years after the batch distribution is complete or at least one year after the batch expiration date, whichever is longer. These records shall identify the specific labeling and lot or control numbers used on the batch and shall be readily available during such retention period. The batch record shall include:

(a) An accurate reproduction of the appropriate master formula record checked, dated, and signed or initialed by a competent and responsible individual.

(b) A record of each significant step in the manufacturing, processing, packaging, labeling testing, and controlling of the batch, including: Dates; individual major equipment and lines employed; specific identification of each batch of components used; weights and measures of components and products used in the course of processing; in-process and laboratory control results; and identifications of the individual(s) actively performing and the individual(s) directly supervising or checking each significant step in the operation.

(c) A batch number that identifies all the production and control documents relating to the history of the batch and all lot or control numbers associated with the batch.

(d) A record of any investigation made according to WAC 360-46-060 (9).

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-130, filed 10/10/88; Order 133, § 360-46-130, filed 8/4/77.]

**WAC 246-895-150 Distribution records.** (1) Finished goods warehouse control and distribution procedures shall include a system by which the distribution of each lot of drug can be readily determined to facilitate its recall if necessary. Records within the system shall contain the name and address of the consignee, date and quantity shipped, and lot or control number of the drug. Records shall be retained for at least two years after the distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

(2) To assure the quality of the product, finished goods warehouse control shall also include a system whereby the oldest approved stock is distributed whenever possible.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-150, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-140, filed 8/4/77.]

**WAC 246-895-160 Complaint files.** Records shall be maintained of all written and oral complaints regarding each product. An investigation of each complaint shall be made in accordance with WAC 360-46-060(8). The record of each investigation shall be maintained for at least two years after distribution of the drug has been completed or one year after the expiration date of the drug, whichever is longer.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-160, filed 8/30/91, effective 9/30/91; Order 133, § 360-46-150, filed 8/4/77.]

**WAC 246-895-170 Variance and procedure.** Licensees may request that the board issue a variance from specific requirements of WAC 360-46-040 through 360-46-150. The request must be in writing and must explain why the criteria should not apply and how the public's safety would be protected. Issuance of a variance shall be based on the information supplied by the manufacturer requesting the variance, as well as any other information available as a result of any investigation by the board and/or any other relevant information available. After due consideration of all the information, the board may issue or deny the requested variance. Any variance granted shall be limited to the particular case described in the request and shall be posted at the manufacturing location during the time it is in effect. Variances will be reviewed at least every three years. Variances shall be subject to withdrawal or modification at any time if the board finds the variance has resulted in actual or potential harm to the public.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-895-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-21-025 (Order 220), § 360-46-160, filed 10/10/88.]

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## Chapter 246-897 WAC PHARMACY--DRUG AVAILABILITY

### WAC

|             |                               |
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| 246-897-020 | Availability.                 |
| 246-897-030 | License.                      |
| 246-897-040 | License application.          |
| 246-897-050 | Good manufacturing practices. |
| 246-897-060 | Identity.                     |
| 246-897-120 | Availability.                 |
| 246-897-130 | License.                      |
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| 246-897-150 | Good manufacturing practices. |
| 246-897-160 | Purity.                       |
| 246-897-170 | Contents.                     |
| 246-897-180 | Labeling.                     |
| 246-897-190 | Other forms of DMSO.          |

**WAC 246-897-020 Availability.** Amygdalin (laetrile) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations. Amygdalin (laetrile) imported into the state of Washington shall be so imported in conformity with federal regulations and/or court decisions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-020, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-010, filed 10/5/77.]

**WAC 246-897-030 License.** Manufacturers and/or wholesale distributors of amygdalin (laetrile) shall be licensed by the state board of pharmacy, as provided in RCW 18.64.045.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-030, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-020, filed 10/5/77.]

**WAC 246-897-040 License application.** Applications for the production of amygdalin (laetrile) for use pursuant to chapter 122, Laws of 1977, 1st ex. sess., shall be filed with the board of pharmacy. Such applications shall include:

- (1) A full list of the articles used as components of such drug;
- (2) A full statement of the composition of such drug;
- (3) A full description of the methods used in, and the facilities and controls used for, the manufacture, processing, and packing of such drug;
- (4) Such samples of such drug and of the articles used as components thereof as the board may require; and
- (5) Specimen of the labeling proposed to be used for such drug. Labels must include the name of the drug (amygdalin or laetrile), its strength per unit, manufacturer's name and address, lot number, and expiration date, if any.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-040, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-030, filed 10/5/77.]

**WAC 246-897-050 Good manufacturing practices.** Manufacturers of amygdalin (laetrile) shall conform to the standards for good manufacturing practices of finished pharmaceuticals, as provided in WAC 360-46-010 through 360-46-150.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-050, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-040, filed 10/5/77.]

**WAC 246-897-060 Identity.** Certification of batches of amygdalin (laetrile) shall be made under the direction of the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-060, filed 8/30/91, effective 9/30/91; Order 135, § 360-47-050, filed 10/5/77.]

**WAC 246-897-120 Availability.** DMSO for topical use (i.e., for application to the skin) shall be available in intrastate commerce to the citizens of the state of Washington in accordance with all applicable state laws and regulations.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-010, filed 11/2/81.]

**WAC 246-897-130 License.** Manufacturers and/or wholesale distributors of DMSO must have a license issued by the state board of pharmacy, as provided in RCW 18.64.045 and/or RCW 18.64.046.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-020, filed 11/2/81.]

**WAC 246-897-140 License application.** Applications for the manufacture of DMSO for use pursuant to chapter 69.04 RCW shall be filed with the board of pharmacy. Such applications shall include:

- (1) A full list of the articles used as components of such drug;
- (2) A full statement of the composition of such drug;
- (3) A full description of the methods used in, and the facilities and controls used for, the manufacture, processing, and packing in such drug;
- (4) Such samples of such drug and of the articles used as components thereof as the board may require; and
- (5) Specimen of the labeling proposed to be used for such drug;
- (6) Specific information under the following section headings and in the following order:
  - (a) Description.
  - (b) Clinical pharmacology.
  - (c) Indications and usage.
  - (d) Contraindications.
  - (e) Warnings.
  - (f) Precautions.
  - (g) Adverse reactions.
  - (h) Overdosage.
  - (i) Dosage and administration.
  - (j) How supplied.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-140, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-030, filed 11/2/81.]

**WAC 246-897-150 Good manufacturing practices.** Manufacturers of DMSO shall conform to the standards for good manufacturing practices of finished pharmaceuticals, as provided in WAC 360-46-010 through 360-46-150. Further, manufacturers shall comply with the state Food, Drug, and Cosmetic Act, chapter 69.04 RCW.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-150, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-040, filed 11/2/81.]

**WAC 246-897-160 Purity.** (1) Certification of batches of DMSO shall be made as required by the state board of pharmacy, with the costs for required testing, including purity and potency, to be borne by the manufacturer and/or wholesale distributor. The manufacturer and/or wholesale distributor shall be held totally responsible for the quality of the drug product, in accordance with RCW 18.64.270.

Such batch testing shall be required upon commencement of manufacture of DMSO and thereafter as the state board of pharmacy shall require.

(2) DMSO shall be packaged in tightly closed light resistant glass containers. Such containers, including lids, caps, or other closures, shall have been tested by the DMSO manufacturer and shown not to interact with the contents. Such test results must be submitted to the state board of pharmacy upon request.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-160, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-050, filed 11/2/81.]

**WAC 246-897-170 Contents.** DMSO made available to the public for topical use, must contain purified dimethyl sulfoxide (meeting or exceeding FDA approved drug grade) and in addition may contain one or more of the following ingredients:

- Carboxypolymethylene (pharmaceutical grade)
- Sodium Carbonate, USP
- Sodium Chloride, USP
- Urea, USP
- Purified water, USP

Any batch found to contain any ingredient not on the above list shall result in the product being declared to be adulterated in accordance with RCW 69.04.430.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-170, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-060, filed 11/2/81.]

**WAC 246-897-180 Labeling.** (1) The labeling of topical DMSO shall include the following:

(a) The name and place of business of the manufacturer, the packer, and the distributor. (Each one must appear and be identified.)

(b) Adequate directions for use under which a lay person can safely use the drugs, including "**Warning** -Be sure that the skin is clean before using this product."

(c) Statements of those conditions, purposes, or uses for which such drug is intended, recommended, or suggested in any oral, written, printed, or graphic advertising, except that no such statement shall refer to conditions, uses, or purposes for which the drug can be safely used only under the supervision of a practitioner licensed by law and for which it is advertised solely to such practitioner.

(d) The dosage for each of the uses for which it is intended and usual quantities for persons of different physical conditions.

(e) Frequency of application.

(f) Duration of application.

(g) The proprietary name of the drug.

(h) The established name of the drug.

(i) An identifying lot or control number.

(j) The date of manufacture.

(k) The strength of the solution expressed as a percentage weight in volume at 68°F. (20°C.).

(l) Net contents of container.

(m) Warnings: The labeling shall describe serious adverse reactions and potential safety hazards, limitations in use, and steps that should be taken if they occur. The labeling shall be revised to include a warning as soon as there is reasonable evidence of an association of a serious hazard with the drug; a casual relationship need not have been provided. In addition to any warning labeling developed by the manufacturer, all immediate containers of DMSO must prominently show the following warnings:

(i) "FOR EXTERNAL USE ONLY"

(ii) "**Warning** -Use only as directed. Keep out of reach of children."

(iii) "**Caution** -Discontinue use if excessive irritation of the skin develops. Avoid getting into the eyes or on mucous membranes."

(iv) "**Caution** -If symptoms persist for more than 10 days, consult a physician."

(v) "In conditions affecting children under 6 years of age consult a physician."

(vi) "In case of accidental ingestion, contact a physician immediately."

(vii) "There is no evidence that this product may be safely used by pregnant women or nursing mothers."

(viii) "**Warning** -Be sure that skin is clean before using this product, which is a powerful solvent. Grease, chemicals, or any other substance could be absorbed into the skin along with the DMSO."

(o) Disclaimer. Each label must state:

"DMSO has not been approved under federal law for use in interstate commerce in the treatment of any condition or disease state in humans other than interstitial cystitis. Testing for safety and efficacy has not been performed by any agency of the state of Washington. Persons using this product do so at their own risk."

(p) Label locations. The immediate container label must show items: a, b, e, g, h, i, j, k, l, m, i, ii, and v. All other information specified in this section shall be shown

in the patient package insert which must be attached to the container when sold.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-180, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-070, filed 11/2/81.]

**WAC 246-897-190 Other forms of DMSO.** The board of pharmacy hereby declares that all forms of DMSO intended for medical use, for other than topical application, are legend drugs as defined in chapter 69.41 RCW.

Such other forms shall meet all of the other requirements of this chapter.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-897-190, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.075 and 1981 c 50 § 1. 81-22-048 (Order 164), § 360-48-080, filed 11/2/81.]

### Chapter 246-899 WAC

### PHARMACEUTICAL--DRUG PRODUCT SUBSTITUTION

#### WAC

|             |  |
|-------------|--|
| 246-899-020 | Dispensing responsibilities.   |
| 246-899-030 | Product selection responsibilities.  |
| 246-899-040 | Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation. |
| 246-899-050 | Out-of-state prescriptions.  |

#### WAC 246-899-020 Dispensing responsibilities.

When the pharmacist dispenses, with the practitioner's authorization, a therapeutically equivalent drug product, the following information shall be noted:

(a) On oral prescriptions, the pharmacist shall indicate on the permanent prescription record, if substitution is permitted.

(b) The manufacturer or distributor of the drug product actually dispensed or its national drug code number or short name code or trade name shall be noted on the permanent record, or on the patient medication record if this document is utilized for providing and recording refills. This requirement shall also apply to refill prescriptions when a different distributor or manufacturer's product is used.

(c) The generic or trade name of the drug actually dispensed shall be noted on the prescription label or package label. For combination drug products, the generic names of the drugs combined or the trade name of the manufacturer or distributor shall be noted on the prescription label. For prescriptions compounded with multiple ingredients, the label designation will be left to the discretion of the pharmacist.

(d) For institutionalized and closed system patients, the pharmacist may identify the manufacturer or distributor of the product actually dispensed through pharmacy purchasing records or packaging records, and a published formulary designation may be used on the label.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-010, filed 11/29/79; Order 143, § 360-49-010, filed 12/9/77.]

**WAC 246-899-030 Product selection responsibilities.** (1) The determination of the drug product to be dispensed on a prescription is a professional responsibility of the pharmacist, and the pharmacist shall not dispense any product that in his/her professional opinion does not meet adequate standards.

(2) Pharmacists may utilize as the basis for their decisions on therapeutically equivalent drug products:

(a) Available drug product information from federal and state agencies, official compendia, and drug manufacturers, or

(b) Other scientific or professional resources, or

(c) The federal food and drug administration "approved drug products" as a board approved reference for a positive formulary of therapeutically equivalent products within the limitations stipulated in that publication.

(3) Those pharmacies that fill prescriptions based on prior authorization for therapeutically equivalent drug substitution must have available for inspection and review such authorization documentation in the institutional records or in the pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 69.41.180. 79-12-063 (Order 152), § 360-49-020, filed 11/29/79; Order 143, § 360-49-020, filed 12/9/77.]

**WAC 246-899-040 Manufacturers, wholesalers, distributors, pharmacy location, requirement that drug products offered for sale comply with 21 USC 355—Immediate suspension and subsequent revocation of licenses authorized for violation.** (1) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety when generic drugs are substituted for brand name drugs pursuant to chapter 110, Laws of 1979, drug products which are offered for sale by, or stored at the premises of, any manufacturer, distributor, wholesaler or pharmacy location must have an approved new drug application (NDA) or abbreviated new drug application (ANDA) designation by the Federal Food and Drug Administration pursuant to 21 USC 355 unless they are exempt from the requirements for such a designation.

(2) In order to provide for enforcement of RCW 69.41.100 through 69.41.180 and to protect the public health and safety drug products offered for sale by, or stored at the premises of, a manufacturer, wholesaler, distributor or pharmacy location which do not have the required NDA or ANDA, or exemption therefrom referenced in subsection (1) of this section, are hereby declared to be contraband and subject to surrender to and destruction by the Washington state board of pharmacy. This surrender and destruction shall take place as specified below.

(3) The board shall publish in its newsletter the source from which the current list compiled by the Federal Food and Drug Administration of generic drugs which do not have an NDA or ANDA and are not exempt from such a requirement and are therefore contraband as provided in subsection (2) of this section may be obtained. The board shall also respond to both written and telephone inquiries from any source regarding the status of any generic drug.

(4) Whenever it is made to appear to the board that a manufacturer, wholesaler, distributor or pharmacy location within the state of Washington is in possession of a stock of drugs which are contraband as defined in subsection (2) of this section, a representative of the board shall confirm with the Federal Food and Drug Administration, by telephone, that the particular drug or drugs involved do not have the required NDA or ANDA and that they are not exempt from this requirement. Upon receipt of this confirmation, the board shall direct such of its investigative personnel as it deem necessary to proceed to the premises of the manufacturer, wholesaler, distributor or pharmacy location and to then inform the owner, or person in charge, of the contraband status of the drugs in question.

(5) The pharmacy board investigative personnel shall offer the owner, or person in charge, of the premises at which the drug products are being kept the opportunity to immediately voluntarily surrender to the board all stocks of the drug products whether kept at the premises of the manufacturer, wholesaler, distributor, or pharmacy location, or at any separate storage facility under the control of the manufacturer, wholesaler, distributor or retailer, which are contraband under subsection (2) of this section. A receipt shall be given to the owner, or person in charge, for all drug products voluntarily surrendered.

(6) All drug products voluntarily surrendered pursuant to subsection (5) of this section shall be destroyed by the board of pharmacy unless they are ordered returned to the manufacturer, wholesaler, distributor or pharmacy location by order of a court of competent jurisdiction. No destruction of any drug products surrendered will be accomplished until thirty days after the date of their surrender to the board.

(7) Retention, dispensing, promotion or advertisement, of any drug products by a manufacturer, wholesaler, distributor or pharmacy location, either at their business premises or at any separate storage facility after notification of their contraband status under subsection (2) of this section shall constitute a direct and immediate danger to the public health and safety and will be good and sufficient cause for the immediate summary suspension and subsequent revocation of any license issued by the board of pharmacy to the manufacturer, wholesaler, distributor or pharmacy location and will also constitute good and sufficient cause for revocation of any license issued by the board of pharmacy to the owner of any manufacturer, wholesaler, distributor or pharmacy location or any person in charge thereof who knowingly retains, dispenses, promotes or advertises, any drug products which are contraband under

subsection (2) of this section after notification of their status.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 87-18-066 (Order 207), § 360-49-040, filed 9/2/87. Statutory Authority: RCW 69.41.180. 80-14-012 (Order 157, Resolution No. 9/80), § 360-49-040, filed 9/22/80; 80-02-113 (Order 153, Resolution No. 1/80), § 360-49-040, filed 1/28/80.]

**WAC 246-899-050 Out-of-state prescriptions.** (1) When dispensing a prescription issued by a practitioner licensed in a state other than Washington, and recognized in RCW 69.41.030, the pharmacist must honor the instructions of the practitioner regarding substitution. These instructions may be on a prescription blank different than that required for Washington practitioners by RCW 69.41.120 and may include the use of the words "dispense as written," words of similar meaning, a checkoff box, or some other indication or intent.

(2) If the practitioner has not clearly provided instructions regarding substitution, a pharmacist may substitute a therapeutically equivalent generic drug only if the pharmacist has determined substitution is permitted by one of the following means:

(a) The pharmacist has personal knowledge and is familiar with the laws and rules regarding substitution in the state of origin; or

(b) The pharmacist obtains oral or written authorization from the practitioner; or

(c) The pharmacist obtains current information regarding the manner in which an out-of-state practitioner provides instruction from:

(i) The Washington state board of pharmacy; or

(ii) The board of pharmacy in the state, other than Washington, in which the practitioner practices; or

(iii) Some other professional source.

(3) Drug product selection shall be based on Washington law and rule as set forth in WAC 360-49-020.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-899-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-13-004 (Order 174B), § 360-49-050, filed 6/7/91, effective 7/8/91.]

## Chapter 246-901 WAC PHARMACY ASSISTANTS

### WAC

|             |  |
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| 246-901-030 | Level A education and training.  |
| 246-901-040 | Limitations, trainees.   |
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| 246-901-090 | Identification.  |
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| 246-901-130 | Pharmacist to pharmacy assistant ratio.                                    |

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**WAC 246-901-020 Level A pharmacy assistants utilization.** (1) Level A pharmacy assistants may assist in performing, under the immediate supervision and control of a licensed pharmacist, manipulative, nondiscretionary functions associated with the practice of pharmacy.

(2) Immediate supervision shall include visual and/or physical proximity that will insure adequate safety controls, except that the board of pharmacy may apply the standards of the joint commission on accreditation of hospitals for facilities licensed pursuant to chapters 70-.41 or 71.12 RCW.

(3) The following shall not be considered to be manipulative and nondiscretionary functions associated with the practice of pharmacy:

(a) Consultation with the prescriber regarding the patient and his prescription.

(b) Receipt of a verbal prescription other than refill approval or denial from a prescriber.

(c) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system.

(d) Interpretation and identification of the contents of the prescription document.

(e) Determination of the product required for the prescription.

(f) Extemporaneous compounding of the prescription, except in accordance with written policies and procedures in accordance with WAC 360-52-090(2), whereby the accuracy, correct procedure and preparation, and safety of pharmaceutical constituents can be verified by the pharmacist.

(g) Interpretation of data in a patient medication record system.

(h) Final check on all aspects of the completed prescription and assumption of the responsibility for the filled prescription, including but not limited to accuracy of drug, strength, labeling, and proper container.

(i) Dispense prescriptions to patient with proper patient information as required by WAC 360-16-250.

(j) Any duty required by law, rule or regulation to be performed only by a registered pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-020, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-010, filed 12/9/77.]

### WAC 246-901-030 Level A education and training.

(1) The education and/or training of Level A pharmacy assistants shall be obtained in one of the following manners:

(a) Formal academic program for pharmacy assistant training approved by the board.

(b) On-the-job training program following guidelines approved by the board.

(2) The minimum educational requirement shall be high school graduation or G.E.D.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-030, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-020, filed 12/9/77.]



**WAC 246-901-040 Limitations, trainees.** An individual enrolled in a training program for Level A pharmacy assistants will perform Level A functions only under the immediate supervision of a pharmacist preceptor or a delegated alternate pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-040, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-030, filed 12/9/77.]

**WAC 246-901-050 Level A program approval. (1)** Program standards. The board will establish standards by which programs designed to train Level A pharmacy assistants shall be judged.

(2) Approval. In order for a program for training pharmacy assistants to be considered for approval by the board, the director of the program, who shall be a pharmacist, shall submit to the board a description of the course of training offered, including subjects taught, method of teaching, and practical experience provided. The director of the program shall also advise the board concerning the skills and knowledge which are obtained in such course, and the method by which the proficiency of the pharmacy assistant in those skills and knowledge was tested or ascertained. The board may require such additional information from program sponsors as it desires.

(3) Program change. The board shall be informed and shall grant approval before any significant change in program can be implemented.

(4) Reapproval. Each approved program will be reexamined at intervals to be determined by the board. Approval will be continued or withdrawn following each reexamination.

(5) Registry. A registry of approved programs shall be maintained by the board which shall be available upon request to interested persons.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-050, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-040, filed 12/9/77.]

**WAC 246-901-060 Level A certification.** Any person completing an approved pharmacy assistant training program and who wishes to perform in that capacity shall apply to the board for certification as a Level A pharmacy assistant, on forms to be supplied by the board, which shall include a verification of program competency by a notarized statement of the program director and a declaration by the applicant that he has never been found guilty by any court of competent jurisdiction of any violation of any laws relating to drugs or the practice of pharmacy.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-060, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-050, filed 6/30/88; Order 141, § 360-52-050, filed 12/9/77.]

**WAC 246-901-070 Level B pharmacy assistants utilization.** Level B pharmacy assistants may perform, under the general supervision of a licensed pharmacist, duties including typing of prescription labels, filing, re-filing, bookkeeping, pricing or determination of cost or

charge, stocking, delivery, nonprofessional phone inquiries, and documentation of third party reimbursements.

Level B pharmacy assistants may prepackage and label drugs for subsequent use in prescription dispensing operations. However, they cannot count, pour, or label for individual prescriptions.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-070, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-060, filed 6/30/88. Statutory Authority: RCW 18.64.005(11) and 18.64A.030. 80-02-113 (Order 153, Resolution No. 1/80), § 360-52-060, filed 1/28/80. Statutory Authority: RCW 69.50.201. 79-04-048 (Order 147, Resolution No. 3-79), § 360-52-060, filed 3/27/79; Order 141, § 360-52-060, filed 12/9/77.]

**WAC 246-901-080 Level B certification programs.**

(1) Training. No formal training or educational program will be required by the board, and there will be no age or educational restrictions. The supervising pharmacist shall thoroughly instruct the Level B pharmacy assistant in the limitations of the functions he may perform.

(2) Record of certifications. All pharmacies employing Level B pharmacy assistants shall complete a certification application on a form approved by the board, such form to include a declaration by the applicant that he or she has never been found guilty by any court of competent jurisdiction of any violation of any laws relating to drugs or the practice of pharmacy, for each Level B pharmacy assistant employed. The completed form will be witnessed by the responsible pharmacist for the pharmacy and will be produced for inspection on the request of the board or its agents. The fee for certification will be included in the fee for authorization to utilize the services of pharmacy assistants.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-080, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-070, filed 12/9/77.]

**WAC 246-901-090 Identification.** All Level A pharmacy assistants must wear badges or tags clearly identifying them as Level A pharmacy assistants while on duty. Those pharmacy assistants working within the pharmacy and having contact with patients or the general public shall wear badges or tags clearly identifying their status.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-090, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-080, filed 12/9/77.]

**WAC 246-901-100 Board approval of pharmacies utilizing pharmacy assistants. (1)** Application. All licensed pharmacies may apply on a form supplied by the board for permission to utilize the services of pharmacy assistants.

(2) Utilization plan for Level A pharmacy assistants. The application for approval must describe the manner in which the pharmacy assistants will be utilized and supervised, including job descriptions, task analysis or similar type documents that define the duties performed and the conditions under which they are performed, number of positions in each category, as well as other information as may be required by the board. The board will be notified of all changes to the utilization plan. A

copy of the utilization plan must be maintained in the pharmacy.

(3) Utilization plan for Level B pharmacy assistants. The application for approval shall list the job title or function of the pharmacy assistant.

(4) The board may give conditional approval for pilot or demonstration projects for innovative applications in the utilization of pharmacy assistants.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-100, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64A.030. 88-14-043 (Order 217), § 360-52-090, filed 6/30/88; Order 141, § 360-52-090, filed 12/9/77.]

#### **WAC 246-901-110 Level A experience equivalency.**

Individuals who are employed in a pharmacy and who were performing as Level A pharmacy assistants prior to May 28, 1977 and have been continuously employed as Level A assistants since that date, or who have 1,040 hours employment performing Level A pharmacy assistant functions within the last eighteen months, shall be considered to have met the educational and/or training requirements upon verification to the board, in a notarized statement by the appropriate supervising or director pharmacist(s), as to the skill and knowledge of the individual, taking into consideration the approved guidelines. The Level A assistant may, under these conditions apply for certification to the board.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-110, filed 8/30/91, effective 9/30/91; Order 141, § 360-52-100, filed 12/9/77.]

#### **WAC 246-901-120 Pharmacy assistant AIDS prevention and information education requirements. (1) Definitions.**

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus-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 October 1, 1989, persons applying for certification as a pharmacy assistant shall submit, in addition to the other requirements, evidence to show compliance with the AIDS education requirements of subsection (4) of this section, or shall certify that they will comply with the AIDS education requirement no later than December 31, 1989.

(3) 1989 renewal of certification. Effective with the renewal period beginning October 1, 1989, all persons making application for certification renewal in 1989 shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Pharmacy assistants may submit compliance documentation with their renewal or at any time prior to December 31, 1989.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that covers the required

subjects. Such education and training shall be a minimum of four clock hours and may include, but is not limited to, the following: Etiology and epidemiology; testing; infection control guidelines; clinical manifestations and treatment; legal economic and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective October 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include the one-time requirement of 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 pharmacy assistant 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 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-120, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 89-04-015 (Order 222), § 360-52-110, filed 1/23/89.]

**WAC 246-901-130 Pharmacist to pharmacy assistant ratio.** (1) RCW 18.64A.040 establishes a ratio of pharmacists to Level A pharmacy assistants who are performing Level A functions. This ratio is one to one in most pharmacies, including hospital outpatient activities and one to three in pharmacies associated with inpatient hospital services.

(2) In determining which pharmacists may be included in the calculation of the ratio, the board will consider approval of pharmacy assistant utilization plans which include all pharmacists within the pharmacy who are engaged in the actual practice of pharmacy. When the pharmacy provides service to inpatients of a hospital or extended care facility, pharmacists who are practicing pharmacy outside of the confines of the licensed pharmacy (e.g., performing nursing unit inspections, reviewing charts, consulting with health professional staff) may be included in the ratio, provided:

(a) There are sufficient numbers of pharmacists within the pharmacy to properly supervise the work of the pharmacy assistants;

(b) The pharmacy is not open to the public;

(c) The medications are being checked by another health professional before being given to the patient;

(d) Drug orders are not dispensed from the pharmacy without being checked by a licensed pharmacist or pharmacy intern.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-901-130, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 91-11-040 (Order 169B), § 360-52-120, filed 5/10/91, effective 6/10/91.]

## Chapter 246-903 WAC

## NUCLEAR PHARMACIES AND PHARMACISTS

## WAC

|             |                                 |
|-------------|---------------------------------|
| 246-903-001 | Purpose and scope.              |
| 246-903-010 | Definitions.                    |
| 246-903-020 | Nuclear pharmacies.             |
| 246-903-030 | Nuclear pharmacists.            |
| 246-903-040 | Minimum equipment requirements. |

**WAC 246-903-001 Purpose and scope.** (1) No person may lawfully provide radiopharmaceutical services unless he or she is a nuclear pharmacist, or is performing radiopharmaceutical services under the supervision of a nuclear pharmacist, and is acting in accordance with the state board of pharmacy and state radiation control agency regulations.

(2) These regulations shall not apply to anyone who is an "authorized practitioner" as that term is defined in section 2 of these regulations.

(3) The requirements imposed by these nuclear pharmacy regulations shall apply in addition to, and not in place of, any other requirements contained in regulations of the state board of pharmacy, the state radiation control agency, or any other state or federal agency.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-001, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-010, filed 2/1/79.]

**WAC 246-903-010 Definitions.** (1) A "nuclear pharmacy" is a class A pharmacy providing radiopharmaceutical services.

(2) "Nuclear pharmacist" means a licensed pharmacist who has submitted evidence to the board of pharmacy that he or she meets the requirements of WAC 360-54-040 of these regulations regarding training, education, and experience, and who has received notification by letter from the board of pharmacy that, based on the evidence submitted, he or she is recognized by the board of pharmacy as qualified to provide radiopharmaceutical services.

(3) "Radiopharmaceutical service" shall mean, but shall not be limited to, the compounding, dispensing, labeling and delivery of radiopharmaceuticals; the participation in radiopharmaceutical selection and radiopharmaceutical utilization reviews; the proper and safe storage and distribution of radiopharmaceuticals; the maintenance of radiopharmaceutical quality assurance; the responsibility for advising, where necessary or where regulated, of therapeutic values, hazards and use of radiopharmaceuticals; and the offering or performing of those acts, services, operations or transactions necessary in the conduct, operation management and control of a nuclear pharmacy.

(4) A "radiopharmaceutical" is any substance defined as a drug in section 201(g)(1) of the Federal Food, Drug and Cosmetic Act which exhibits spontaneous disintegration of unstable nuclei with the emission of nuclear particles or photons and includes any such drug which is intended to be made radioactive. This definition includes nonradioactive reagent kits and nuclide generators which

are intended to be used in the preparation of any such substance but does not include drugs such as carbon-containing compounds or potassium-containing compounds or potassium-containing salts which contain trace quantities of naturally occurring radionuclides.

(5) "Radiopharmaceutical quality assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment authentication of product history and the keeping of proper records.

(6) "Internal test assessment" means, but is not limited to, conducting those tests of quality assurance necessary to insure the integrity of the test.

(7) "Authentication of product history" means, but is not limited to, identifying the purchasing source, the ultimate fate, and intermediate handling of any component of a radiopharmaceutical.

(8) "Authorized practitioner" means a practitioner duly authorized by law to possess, use, and administer radiopharmaceuticals.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-010, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-020, filed 2/1/79.]

**WAC 246-903-020 Nuclear pharmacies.** (1) A permit to operate a nuclear pharmacy providing radiopharmaceutical services shall only be issued to a qualified nuclear pharmacist. All personnel performing tasks in the preparation and distribution of radiopharmaceuticals shall be under the supervision of a nuclear pharmacist. The nuclear pharmacist shall be responsible for all operations of the licensed area. In emergency situations, in the nuclear pharmacist's absence, he or she may designate one or more qualified, registered or certified health care personnel to have access to the licensed area. These individuals may obtain radiopharmaceuticals for the immediate emergency and must document such withdrawals in the control system.

(2) Nuclear pharmacies shall have adequate space, commensurate with the scope of services to be provided. The nuclear pharmacy area shall be separate from the pharmacy areas for nonradiopharmaceuticals and shall be secured from access by unauthorized personnel. A nuclear pharmacy handling radiopharmaceuticals exclusively may be exempted from the general space requirements for pharmacies by obtaining a waiver from the state board of pharmacy. Detailed floor plans shall be submitted to the state board of pharmacy and the state radiation control agency before approval of the license.

(3) Nuclear pharmacies shall only dispense radiopharmaceuticals which comply with accepted professional standards of radiopharmaceutical quality assurance.

(4) Nuclear pharmacies shall maintain records of acquisition and disposition of all radiopharmaceuticals in accordance with applicable regulations of the state board of pharmacy, the state radiation control agency and other state and federal agencies.

(5) For nuclear pharmacies handling radiopharmaceuticals exclusively, the state board of pharmacy may waive regulations pertaining to the pharmacy permits for nonradiopharmaceuticals for requirements that do not pertain to the practice of nuclear pharmacy.

(6) Radiopharmaceuticals are to be dispensed only upon a prescription from a practitioner authorized to possess, use and administer radiopharmaceuticals. A nuclear pharmacy may also furnish radiopharmaceuticals for office use to these practitioners.

(7) A nuclear pharmacist may transfer to authorized persons radioactive materials not intended for drug use, in accordance with regulations of the state radiation control agency.

(8) In addition to any labeling requirements of the state board of pharmacy for nonradiopharmaceuticals, the immediate outer container of the radiopharmaceutical to be dispensed shall also be labeled with: 1) Standard radiation symbol; 2) the words "caution-radioactive material"; 3) the name of the radiopharmaceutical; 4) the amount of radioactive material contained, in millicuries or microcuries; 5) if a liquid, the volume in milliliters; 6) the requested calibration time for the amount of radioactivity contained; 7) expiration data, if applicable; and 8) specific concentration of radioactivity.

(9) The immediate container shall be labeled with: 1) The standard radiation symbol; 2) the words "caution-radioactive material"; 3) the name of the nuclear pharmacy; 4) the prescription number; 5) the name of the radiopharmaceutical; (6) the date; and (7) the amount of radioactive material contained in millicuries or microcuries.

(10) The amount of radioactivity shall be determined by radiometric methods for each individual preparation immediately prior to dispensing.

(11) Nuclear pharmacies may redistribute NDA approved radiopharmaceuticals if the pharmacy does not process the radiopharmaceuticals in any manner or violate the product packaging.

(12) The nuclear pharmacy shall have the current revisions of state laws and regulations of the state board of pharmacy and state radiation control agency.

(13) The nuclear pharmacy shall maintain a library commensurate with the level of radiopharmaceutical service to be provided. A detailed library listing shall be submitted to the state board of pharmacy and state radiation control agency before approval of the license.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-030, filed 2/1/79.]

**WAC 246-903-030 Nuclear pharmacists.** In order for a pharmacist to qualify under these regulations as a nuclear pharmacist, he or she must:

(1) Meet minimal standards of training and experience in the handling of radioactive materials in accordance with the requirements of the state radiation control agency; and,

(2) Be a pharmacist licensed to practice in Washington; and,

(3) Submit to the board of pharmacy either:

(a) Certification that he or she has completed a minimum of 6 months on-the-job training under the supervision of a qualified nuclear pharmacist in a nuclear pharmacy providing radiopharmaceutical services, or

(b) Certification that he or she has completed a nuclear pharmacy training program in an accredited college of pharmacy or

(c) That upon application to the board in affidavit form, and upon the furnishing of such other information as the board may require, the board may grant partial or equivalent credit for education and experience gained in programs not sponsored by an accredited college of pharmacy, if, in the opinion of the board, the education and experience gained by participants in these programs would provide the same level of competence as participation in a program at an accredited college of pharmacy; and

(4) Receive a letter of notification from the board of pharmacy that the evidence submitted that the pharmacist meets the requirements of subsections 1, 2, and 3 above has been accepted by the board and that, based thereon, the pharmacist is recognized by the board as a nuclear pharmacist.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-040, filed 2/1/79.]

**WAC 246-903-040 Minimum equipment requirements.** (1) Nuclear pharmacies shall have adequate equipment commensurate with the scope of radiopharmaceutical services to be provided. A detailed list of equipment and description of use must be submitted to the state board of pharmacy and radiation control agency before approval of the license.

(2) The state board of pharmacy may, for good cause shown, waive regulations pertaining to the equipment and supplies required for nuclear pharmacies handling radiopharmaceuticals exclusively.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-903-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(9). 79-02-061 (Order 145, Resolution No. 1-79), § 360-54-050, filed 2/1/79.]

## Chapter 246-905 WAC

### PHARMACY--HOME DIALYSIS PROGRAM

#### WAC

|             |                                     |
|-------------|-------------------------------------|
| 246-905-020 | Home dialysis program—Legend drugs. |
| 246-905-030 | Pharmacist consultant.              |
| 246-905-040 | Records.                            |
| 246-905-050 | Quality assurance.                  |

**WAC 246-905-020 Home dialysis program--Legend drugs.** Pursuant to RCW 18.64.257 and 69.41.032, a Medicare-approved dialysis center or facility operating a

Medicare-approved home dialysis program may sell, deliver, possess and/or dispense directly to its home dialysis patients in cases or full shelf package lots, if prescribed by a physician, the following legend drugs:

- (a) Sterile heparin, 1000u/ml, in vials;
- (b) Sterile potassium chloride, 2mEq/ml, for injection;
- (c) Commercially available dialysate; and,
- (d) Sterile sodium chloride, 0.9%, for injection in containers of not less than 150ml.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-010, filed 2/25/88.]

**WAC 246-905-030 Pharmacist consultant.** Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall have an agreement with a pharmacist which provides for consultation as necessary. This shall include advice on the drug distribution process to home dialysis patients and on the location used for storage and distribution of the authorized drugs, which shall be reasonably separated from other activities and shall be secure.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-020, filed 2/25/88.]

**WAC 246-905-040 Records.** (1) A record of shipment shall be attached to the prescriber's order and shall include: The name of the patient, strengths, and quantities of drugs; the manufacturers' names; date of shipment; names of persons who selected, assembled and packaged for shipment; and, the name of the pharmacist or designated individual responsible for the distribution.

(2) Prescription and drug distribution records shall be maintained in accordance with board of pharmacy record retention requirements.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-030, filed 2/25/88.]

**WAC 246-905-050 Quality assurance.** Home dialysis programs involved in the distribution of legend drugs as permitted by RCW 18.64.257 and 69.41.032, shall develop a quality assurance program for drug distribution and shall maintain records of drug distribution errors and other problems, including loss due to damage or theft.

[Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-905-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-06-026 (Order 210), § 360-60-040, filed 2/25/88.]

**Chapter 246-907 WAC**

**PHARMACEUTICAL LICENSING PERIODS AND FEES**

WAC  
246-907-020 Licensing periods.

246-907-030 Fees.  
246-907-040 Fee payment.

**WAC 246-907-020 Licensing periods.** (1) The following are established by the board of pharmacy as the licensing periods for each license specified:

(a) Pharmacist licenses will expire on February 1 of each year.

(b) Pharmacy location, controlled substance registration (pharmacy), pharmacy assistant utilization, and shopkeeper differential hours licenses will expire on June 1 of each year.

(c) All other licenses, permits, or registrations will expire on October 1 of each year.

(2) Any license, permit, or registration that is not renewed on or before the expiration date established herein shall expire and shall no longer be valid to practice or conduct the activity for which it is issued. Any license, permit, or registration that has not been renewed within sixty days of the expiration date shall be renewed only upon payment of the renewal fee and penalty fee as specified in WAC 360-18-020.

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified as § 246-907-020, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-14-042 (Order 216), § 360-18-010, filed 6/30/88. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-18-010, filed 12/17/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-010, filed 4/28/80.]

**WAC 246-907-030 Fees.** The following fees shall be charged by the board of pharmacy:

|   |          |
|---|----------|
| <b>(a) PHARMACY LOCATION</b>                    |          |
| Original pharmacy fee                           | \$285.00 |
| Original pharmacy assistant utilization fee     | 50.00    |
| Renewal pharmacy fee                            | 200.00   |
| Renewal pharmacy assistant utilization fee      | 75.00    |
| Penalty pharmacy fee                            | 275.00   |
| <b>(b) VENDOR</b>                               |          |
| Original fee                                    | 60.00    |
| Renewal fee                                     | 60.00    |
| Penalty fee                                     | 60.00    |
| <b>(c) PHARMACIST</b>                           |          |
| Exam fee (full exam)                            | 275.00   |
| Reexamination fee (jurisprudence portion)       | 40.00    |
| Original license fee                            | 125.00   |
| Renewal fee, active and inactive license        | 115.00   |
| Penalty fee                                     | 115.00   |
| Reciprocity fee                                 | 250.00   |
| Certification of license status to other states | 20.00    |
| <b>(d) SHOPKEEPER</b>                           |          |
| <b>(i) SHOPKEEPER - sixteen or more drugs</b>   |          |
| Original fee                                    | 25.00    |
| Renewal fee                                     | 25.00    |
| Penalty fee                                     | 10.00    |

|  |        |
|--|--------|
| (ii) SHOPKEEPER – with differential hours                        |        |
| Original fee   | 25.00  |
| Renewal fee  | 25.00  |
| Penalty fee  | 10.00  |
| (e) DRUG MANUFACTURER  |        |
| Original fee   | 450.00 |
| Renewal fee  | 450.00 |
| Penalty fee  | 450.00 |
| (f) DRUG WHOLESALER – full line                                  |        |
| Original fee   | 450.00 |
| Renewal fee  | 450.00 |
| Penalty fee  | 450.00 |
| (g) DRUG WHOLESALER – OTC only                                   |        |
| Original fee   | 250.00 |
| Renewal fee  | 250.00 |
| Penalty fee  | 250.00 |
| (h) DRUG WHOLESALER – export                                     |        |
| Original fee   | 450.00 |
| Renewal fee  | 450.00 |
| Penalty  | 450.00 |
| (i) PHARMACY ASSISTANT – Level "A"                               |        |
| Original fee   | 40.00  |
| Renewal fee  | 30.00  |
| (j) PHARMACY INTERN  |        |
| Original registration fee  | 15.00  |
| Renewal registration fee   | 15.00  |
| (k) CONTROLLED SUBSTANCES ACT (CSA)<br>REGISTRATIONS             |        |
| Dispensing registration fee (i.e.<br>pharmacies)                 | 65.00  |
| Dispensing renewal fee (i.e.<br>pharmacies)                      | 55.00  |
| Distributors registration fee (i.e.<br>wholesalers)              | 90.00  |
| Distributors renewal fee (i.e.<br>wholesalers)                   | 90.00  |
| Manufacturers registration fee                                   | 90.00  |
| Manufacturers renewal fee  | 90.00  |
| Physician assistant registration fee                             | 15.00  |
| Physician assistant renewal fee                                  | 10.00  |
| ARNP with prescriptive authorization<br>registration fee         | 20.00  |
| ARNP with prescriptive authorization<br>renewal fee              | 20.00  |
| Sodium pentobarbital for animal<br>ethanization registration fee | 30.00  |
| Sodium pentobarbital for animal<br>ethanization renewal fee      | 30.00  |
| (l) LEGEND DRUG SAMPLE – distributor<br>registration fees        |        |
| Original fee   | 285.00 |
| Renewal fee  | 200.00 |
| (m) POISON MANUFACTURER/SELLER – license fees                    |        |
| Original fee   | 30.00  |
| Renewal fee  | 30.00  |

|                              |        |
|------------------------------|--------|
| (n) Facility inspection fee  | 150.00 |
| (o) PRECURSOR CONTROL PERMIT |        |
| Original fee                 | 50.00  |
| Renewal fee                  | 50.00  |

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), re-codified as § 246-907-030, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 360-18-020, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 18.64.005. 89-04-015 (Order 222), § 360-18-020, filed 1/23/89; 88-14-042 (Order 216), § 360-18-020, filed 6/30/88; 88-07-011 (Order 209), § 360-18-020, filed 3/3/88; 87-18-066 (Order 207), § 360-18-020, filed 9/2/87. Statutory Authority: RCW 18.64.005(4). 85-22-033 (Order 196), § 360-18-020, filed 10/31/85; 85-06-010 (Order 193), § 360-18-020, filed 2/22/85. Statutory Authority: RCW 18.64.005. 84-17-142 (Order 189), § 360-18-020, filed 8/22/84; 84-04-030 (Order 184), § 360-18-020, filed 1/25/84; 83-22-034 (Order 177), § 360-18-020, filed 10/26/83. Statutory Authority: RCW 18.64.005 and 18.64A.020. 83-18-021 (Order 175), § 360-18-020, filed 8/30/83. Statutory Authority: RCW 18.64.005(12). 82-12-041 (Order 168), § 360-18-020, filed 5/28/82. Statutory Authority: RCW 18.64.005 (4) and (11). 80-08-035 (Order 155, Resolution No. 6/80), § 360-18-020, filed 6/26/80, effective 9/30/80; 80-05-074 (Order 154, Resolution No. 4/80), § 360-18-020, filed 4/28/80.]

**WAC 246-907-040 Fee payment.** (1) A licensed pharmacist, wholesaler, or manufacturer shall pay a facility inspection fee in lieu of the original license fee when there is only a change of facility location within the premises identified by the license address. Any change of location to a different address shall require a new application and payment of the original license fee.

(2) An original license fee shall be paid whenever there is any change in ownership, including change in business structure or organizational structure such as a change from sole proprietorship to a corporation, or a change of more than fifty percent ownership in a corporation.

(3) All fees are charged on an annual basis and will not be prorated.

[Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), re-codified as § 246-907-040, filed 9/10/91, effective 10/11/91. Statutory Authority: RCW 18.64.005. 88-07-011 (Order 209), § 360-18-025, filed 3/3/88.]

## Chapter 246-915 WAC PHYSICAL THERAPISTS

### WAC

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**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 a graduate of an approved school of physical therapy who is eligible for licensure but has not been licensed to practice physical therapy in Washington state, or an individual who has received an associate degree as a physical therapist assistant from an approved school.

(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, 91-05-094 (Order 144B), § 246-915-010, filed 2/20/91, effective 3/23/91; 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 246-915-015 Examination appeal procedures.**

(1) Any candidate who takes the state written examination for licensure and does not pass may request informal review by the board of his or her examination results. The request must be in writing and must be received by the department of health, professional licensing services division within thirty days of the postmark on the notification of the examination results. The board 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 board 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 health office in Olympia for an appointment to appear personally to review incorrect answers on failed examinations.

(b) The candidate will be provided a form to complete in the department of health office in Olympia in defense of his or her 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) 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 board.

(e) The candidate may not bring in any resource materials for use while completing the informal review form.

(f) The candidate will not be allowed to remove any notes or materials from the office upon leaving.

(g) The candidate must comply with all procedural and security requirements for examination appeals established by the department of health.

(h) The board will review and evaluate the comments submitted by the candidate on the forms provided for the informal review and make its decision regarding the candidate.

(i) The candidate will be notified in writing of the board'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 the board pursuant to the Administrative Procedure Act. Such hearing must be requested within thirty days of the postmark of the result of the board'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 board will not consider any challenges to examination scores unless the total revised score could result in a passing score.

(4) Prior to scheduling the hearing the candidate or the state's attorney may petition to appear 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 board.

(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 18.74.023, 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.]

**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 approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Not less than 1.0 standard deviation below the national mean for the examination approved by the board beginning February 28, 1991; or

(b) Not less than sixty percent raw score on each of the three examination parts for the examination approved by the board prior to February 28, 1991.

(2) If a candidate fails to receive a passing score on the examination, he or she will be required to retake the examination.

(3) Where necessary, applicant's score will be rounded off to the nearest whole number.

[Statutory Authority: RCW 18.74.023, 91-14-006 (Order 178B), § 246-915-030, filed 6/21/91, effective 7/22/91; 91-05-094 (Order 144B), § 246-915-030, filed 2/20/91, effective 3/23/91; 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 and the passing score approved by the board.

(2) If the decision to extend reciprocity is based on an examination other than the examination approved in WAC 246-915-030(1), 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 secretary 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.

(4) If a licensee has not worked in physical therapy in the last three years, the applicant may be granted reciprocity under the following conditions:

(a) The board may require reexamination of an applicant who has not been actively 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, 91-05-094 (Order 144B), § 246-915-040, filed 2/20/91, effective 3/23/91; 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 secretary 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 secretary.

(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, 91-05-094 (Order 144B), § 246-915-050, filed 2/20/91, effective 3/23/91; 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.]

**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) Licensees are responsible for annual renewal of a license whether or not they receive notification from the department.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; 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 246-915-110 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 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 applicant or licensee shall:

(a) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(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. 91-05-094 (Order 144B), § 246-915-110, filed 2/20/91, effective 3/23/91; 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 246-915-130 Initial evaluation--Referral--Nonreferral--Recommendations--Follow-up.** (1) Initial evaluation of a 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 patient visit with the appropriate recordkeeping as defined in WAC 246-915-200.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-130, filed 2/20/91, effective 3/23/91; 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) Following an evaluation or reevaluation by the licensed physical therapist, the tasks delegated to and performed by the physical therapist aide are to be determined, taught, supervised, and documented by the licensed physical therapist and shall remain the responsibility of the supervising licensed physical therapist. A separate record shall be maintained by the licensed physical therapist documenting training and proficiency of the aide to perform the delegated tasks. The supervising licensed physical therapist must be on the premises while treatment is performed.

(8) Provide discharge planning.

(9) Individuals involved in direct patient care in a physical therapy setting who do not qualify as a physical therapist or physical therapist assistant, shall require direct or immediate supervision.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-140, filed 2/20/91, effective 3/23/91; 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 and aides 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. 91-05-094 (Order 144B), § 246-915-150, filed 2/20/91, effective 3/23/91; 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 Personnel identification.** (1) Each person shall wear a badge identifying his or her clinical title, and/or role in the facility as a physical therapist, 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 in the state of Washington.

(2) A license or certified copy of the license shall be posted in a safe, conspicuous location at the licensee's work site. The licensee's address may be blocked out before posting the license or certified copy of the license.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-160, filed 2/20/91, effective 3/23/91; 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 if treatment is performed more than once a day, reevaluation must be performed at least once a week.

(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. 91-05-094 (Order 144B), § 246-915-170, filed 2/20/91, effective 3/23/91; 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.

(4) It is the licensee's responsibility to recognize the boundaries of his or her own professional competencies and that he or she uses only those in which he or she can prove training and experience.

(5) Physical therapists shall recognize the need for continuing education and shall be open to new procedures and changes.

(6) It is the licensee's responsibility to represent his or her academic credentials in a way that is not misleading to the public.

(7) It is the responsibility of the physical therapist to refrain from undertaking any activity in which his or her personal problems are likely to lead to inadequate performance or harm to a client and/or colleague.

(8) A physical therapist shall not use or allow to be used any form of public communication or advertising

connected with his or her profession or in his or her professional capacity as a physical therapist which:

- (a) Is false, fraudulent, deceptive, or misleading;
- (b) Uses testimonials;
- (c) Guarantees any treatment or result;
- (d) Makes claims of professional superiority.

[Statutory Authority: RCW 18.74.023. 91-05-094 (Order 144B), § 246-915-180, filed 2/20/91, effective 3/23/91; 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 246-915-210 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 Health  
1300 Quince Street  
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. 91-05-094 (Order 144B), § 246-915-210, filed 2/20/91, effective 3/23/91; 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 246-915-300 Philosophy governing voluntary substance abuse monitoring programs.** The board recognizes the need to establish a means of proactively providing early recognition and treatment options for physical therapists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such physical therapists be treated and their treatment monitored so that they can return to or continue to practice their profession in a way which safeguards the public. To accomplish this the board shall approve voluntary substance abuse monitoring programs and shall refer physical therapists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.74.023. 91-14-006 (Order 178B), § 246-915-300, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-310 Terms used in WAC 246-915-300 through 246-915-330.** (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 WAC 246-915-320 which enters into a contract with physical therapists who have substance

abuse problems regarding the required components of the physical therapist's recovery activity and oversees the physical therapist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating physical therapists.

(2) "Contract" is a comprehensive, structured agreement between the recovering physical therapist and the approved monitoring program stipulating the physical therapist's consent to comply with the monitoring program and its required components of the physical therapist'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 70.96A.020(2) or 69.54.030 to provide intensive alcoholism or drug treatment if located within Washington state. Drug and alcohol treatment programs located out-of-state 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 physical therapist'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 physical therapist and the physical therapist'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) "Support group" is a group of health care professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced health care professional facilitator in which physical therapists 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, a 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 being tested.

(9) "Health care professional" is an individual who is licensed, certified or registered in Washington to engage in the delivery of health care to patients.

[Statutory Authority: RCW 18.74.023, 91-14-006 (Order 178B), § 246-915-310, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-320 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. A monitoring program approved by the board may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program will not provide evaluation or treatment to the participating physical therapists.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of physical therapy as defined in this chapter to be able to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Support groups;
- (e) The physical therapy work environment; and
- (f) The ability of the physical therapist to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the physical therapist and the board to oversee the physical therapist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff will determine, on an individual basis, whether a physical therapist will be prohibited from engaging in the practice of physical therapy for a period of time and restrictions, if any, on the physical therapist'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 physical therapist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any physical therapist who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of physical therapy for those participating in the program.

[Statutory Authority: RCW 18.74.023, 91-14-006 (Order 178B), § 246-915-320, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-330 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the physical therapist may accept board referral into the approved substance abuse monitoring program.

(a) The physical therapist 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. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist 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:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist 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 physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist 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 physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The physical therapist may be subject to disciplinary action under RCW 18.130.160 if the physical therapist 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 physical therapist who is not being investigated by the board or subject to current disciplinary action or 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 physical therapist 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. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The physical therapist 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:

(i) The physical therapist will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The physical therapist 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 physical therapist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The physical therapist 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 physical therapist will submit to random drug screening as specified by the approved monitoring program.

(vi) The physical therapist will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The physical therapist will comply with employment conditions and restrictions as defined by the contract.

(viii) The physical therapist shall sign a waiver allowing the approved monitoring program to release information to the board if the physical therapist does not comply with the requirements of this contract.

(c) The physical therapist 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 RCW 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 18.74.023. 91-14-006 (Order 178B), § 246-915-330, filed 6/21/91, effective 7/22/91.]

**WAC 246-915-990 Physical therapy fees.** The following fees shall be charged by the professional licensing services division of the department of health:

| Title of Fee              | Fee      |
|---------------------------|----------|
| Application—Nonrefundable | \$150.00 |
| License renewal           | 70.00    |
| Late renewal penalty      | 70.00    |
| Duplicate license         | 15.00    |
| Certification             | 25.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-915-990, filed 6/6/91, effective 7/7/91; 91-05-004 (Order 128), § 246-915-990, filed 2/7/91, effective 3/10/91. 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 246-917 WAC**  
**PHYSICIANS AND SURGEONS--BOARD OF**  
**MEDICAL EXAMINERS**

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**WAC 246-917-020 Board meetings.** Regular medical board meetings shall be held at least four times yearly. Additional regular or special meetings may be called at discretion of the chair or quorum of the board.

[Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-917-020, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-917-020, filed 2/26/91, effective 3/29/91; Order PL 136, § 308-52-010, filed 11/16/72; Rules (part), filed 12/18/63.]

**WAC 246-917-025 Refunds.** Application, registration, or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-917-025, filed 10/2/91, effective 11/2/91.]

**WAC 246-917-026 Application withdrawals.** An application for a license may not be withdrawn after the board or the reviewing board member determines that grounds exist for denial of the license or for the issuance of a conditional license. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017. 91-24-051 (Order 218B), § 246-917-026, filed 11/27/91, effective 12/28/91.]

**WAC 246-917-030 Approved United States and Canadian medical schools.** For the purposes of the Medical Practice Act the board approves those medical schools listed as accredited medical schools in the United States set forth in Appendix II, Table I, and as accredited schools in Canada set forth in Appendix III, Table

I, as published in the Journal of the American Medical Association for March 7, 1980.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-917-030, filed 2/26/91, effective 3/29/91; 81-03-079 (Order PL 369), § 308-52-120, filed 1/21/81; Order PL-278, § 308-52-120, filed 11/16/77.]

**WAC 246-917-040 Postgraduate medical training defined.** (1) For the purposes of this chapter, postgraduate medical training shall be considered to mean clinical training approved by the board in general medicine or surgery, or a recognized specialty or sub-specialty in the field of medicine or surgery. The training must be acquired after completion of a formal course of undergraduate medical instruction outlined in RCW 18.71-.055. Clinical performance deemed unsatisfactory by the program performance evaluation will not be accepted. This definition shall be considered to include, but not be limited to, internships, residencies and fellowships in medical or surgical subjects.

(2) The board approves the following postgraduate clinical training courses:

(a) Programs accredited by the American Medical Association Accreditation Council for Graduate Medical Education which are listed in the 1984-85 directory of residency programs, or programs approved by the American Medical Association Accreditation Council at the time of residency.

(b) Preregistration training programs approved as of July 1, 1982 by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training Programs, or programs approved by the Canadian National Joint Committee on Accreditation of Preregistration Physician Training Programs at the time of residency.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-917-040, filed 2/26/91, effective 3/29/91; 89-12-053 (Order PM 849), § 308-52-255, filed 6/5/89; 85-11-048 (Order PL 530), § 308-52-255, filed 5/16/85; 84-19-021 (Order PL 481), § 308-52-255, filed 9/12/84; 84-15-068 (Order PL 473), § 308-52-255, filed 7/18/84; 81-03-079 (Order PL 369), § 308-52-255, filed 1/21/81.]

**WAC 246-917-050 Foreign medical graduates.** (1) Except in unusual circumstances, which shall be considered individually by the board, all graduates of foreign medical schools who were not licensed in another state prior to 1958 must have obtained the certificate granted by the educational council for foreign medical graduates or must qualify for exemption as provided for in other sections of these rules and regulations.

(2) A United States citizen or resident alien who has obtained his medical education in a medical school outside the United States, Canada, or Puerto Rico shall be eligible for licensure in the state of Washington if he has satisfied the following requirements:

(a) Has completed all of the formal academic requirements for graduation from a medical school outside the United States, provided that such medical school provides a resident course of professional instruction equivalent to that required under RCW 18.71.055 for

approval of United States and Canadian schools. An internship and/or social service in a foreign country shall not be considered to be a part of the formal academic requirements.

(b) Has successfully completed one academic year of supervised clinical training in a program approved by the board. Approval of such program shall be based on the following requirements:

(i) The program shall be sponsored by a board-approved United States medical school.

(ii) The school must provide supervision equivalent to that given undergraduate medical students.

(iii) Admission to such a program shall be contingent upon review of the applicant's academic achievement, completion of the formal academic curriculum of the foreign medical school, and the attainment of a score satisfactory to the medical school in a qualifying examination acceptable to the board such as part 1 of the national board examination, or day-1 of flex examination, or the ECFMG examination.

(iv) The program must include experience in each of the major clinical disciplines.

(c) Has completed the postgraduate clinical hospital training required by the board of all applicants for licensure.

(d) Has passed the examination required by the board of all applicants for licensure.

(3) Satisfaction of the requirements of section (2) of these rules and regulations shall substitute for the completion of any foreign internship and/or social service required by the foreign medical school or government as a condition to the awarding of a medical degree or licensure, and no such requirements shall be a condition of licensure as a physician in this state.

(4) Certification by the ECFMG shall not be a condition of licensure as a physician in this state for candidates who have successfully completed the requirements of section (2) of these rules and regulations.

(5) All persons issued a license to practice medicine and surgery by the board of medical examiners shall possess all the rights and privileges thereof, including the use of the title "doctor of medicine" and the initials "M.D."

(6) Graduates of foreign medical schools who do not qualify for licensure under these rules and regulations will be required to meet the rules previously adopted by the board.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-050, filed 2/26/91, effective 3/29/91; 81-03-079 (Order PL 369), § 308-52-040, filed 1/21/81; Order PL 240, § 308-52-040, filed 2/19/76; Order PL 183, § 308-52-040, filed 2/10/75; Order PL 136, § 308-52-040, filed 11/16/72; Rules (part), filed 12/18/63.]

**WAC 246-917-060 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 July 1, 1989 persons who submit an application for licensure shall submit, prior to being granted a license and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (4) or shall certify that such requirements will be satisfied by the date of the applicant's first renewal.

(3) 1989 renewal of licenses. Effective with the renewal period beginning July 1, 1989, through 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 (4). Renewal applicants who have documented hardship which prevents obtaining the required education on AIDS may petition the board for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that qualifies for continuing medical education credit. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may 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 July 1, 1989, the requirement for licensure, renewal, or reinstatement of any license that is lapsed, inactive, or revoked or actually suspended for a term during which the licensee did not obtain the required AIDS education 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 licensee or applicant for licensure 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 education and training and description of the learning;

(iii) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-060, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 70.24.270. 89-06-076 (Order PM 821), § 308-52-620, filed 3/1/89.]

**WAC 246-917-070 Credentialing of physician and surgeons.** All completed applications, for either limited or full licensure, must be reviewed by a member of the board or a designee authorized in writing by the board, prior to examination and/or licensure.

[Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-917-070, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-917-070, filed 2/26/91, effective 3/29/91.]

Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-600, filed 10/13/88.]

**WAC 246-917-080 Examinations.** Examinations shall be given twice yearly in the months of June and December.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-080, filed 2/26/91, effective 3/29/91; Order PL 136, § 308-52-030, filed 11/16/72; Rules (part), filed 12/18/63.]

**WAC 246-917-090 Applications for examination.** All applications for medical license by examination in the state of Washington shall be complete and on file in the office of the board of medical examiners, professional licensing services division, department of health no later than September 1 or March 1.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-090, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.72.070. 90-05-001 (Order 031), § 308-52-100, filed 2/8/90, effective 3/11/90. Statutory Authority: RCW 18.71.017. 84-15-068 (Order PL 473), § 308-52-100, filed 7/18/84; Order PL 136, § 308-52-100, filed 11/16/72; Rules (part), filed 1/12/65.]

**WAC 246-917-100 Examination scores.** Examinations given by the Washington state board of medical examiners:

(a) The board adopts the examination of the federation of state licensing boards as the examination given by the board.

(b) The minimal passing scores for each component of the FLEX I and II examinations shall be seventy-five percent.

(c) Applications for examination shall remain valid for two years (four examination cycles). Applicants who do not pass the examination within the two-year period must submit a new application and meet the licensure eligibility requirements in effect at the time of the new application.

Applicants who do not pass the examination after three sittings shall demonstrate evidence satisfactory to the board of having completed a remedial or refresher medical course approved by the board prior to being permitted to take the examination again. Applicants who do not pass after the fourth sitting may not take the examination without completing another residency program or satisfying any other conditions specified by the board.

(d) Applicants will be eligible to take FLEX I after completion of medical school and satisfactory verification of good standing in a board-approved postgraduate training program. FLEX II may only be taken after having completed or substantially completed the first year of postgraduate training: *Provided*, That after completing or substantially completing one year of a board-approved postgraduate training program, an applicant has the option of taking FLEX II or taking both FLEX I and FLEX II in a single sitting.

[Statutory Authority: RCW 18.71.017. 91-06-038 (Order 148B), § 246-917-100, filed 2/28/91, effective 3/31/91; 91-06-030 (Order 147B), recodified as § 246-917-100, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.17.070 [18.71.070]. 90-18-009 (Order 083), § 308-52-260, filed 8/24/90, effective 9/24/90.]

Statutory Authority: RCW 18.71.017. 89-06-077 (Order PM 822), § 308-52-260, filed 3/1/89; 85-03-084 (Order PL 508), § 308-52-260, filed 1/18/85; 79-06-063 (Order PL 304), § 308-52-260, filed 5/23/79; 78-04-028 (Order PL 284, Resolution No. 78-139), § 308-52-260, filed 3/14/78; Order PL 240, § 308-52-260, filed 2/19/76.]

**WAC 246-917-110 FLEX examination standards.** Reciprocity applicants who were licensed by passing the FLEX examination will be eligible for examination waiver if the applicant received a FLEX weighed average score of at least 75. The score may be obtained in a single setting of the three-day examination or by averaging the individual day scores from different examinations. The individual day scores will be averaged according to the following formula:

Day 1 equals 1/6.

Day 2 equals 2/6.

Day 3 equals 3/6.

The overall average score shall be truncated to the nearest whole number (i.e., an average of 74.9 equals 74). Single subject averaging is not permitted. All FLEX scores must be submitted directly from the federation of state medical boards. FLEX scores reported by other states will not be accepted.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-110, filed 2/26/91, effective 3/29/91; 89-12-053 (Order PM 849), § 308-52-265, filed 6/5/89.]

**WAC 246-917-120 Examinations accepted for reciprocity or waiver.** (1) The board of medical examiners may accept certain examinations as a basis for reciprocity or waiver of examination. These include the examinations given by the federation of state licensing boards (FLEX), and those given by other states. The minimum passing score will depend upon the quality of the examination using the FLEX I and II examination as a guide.

(2) An applicant who has satisfactorily passed examinations given by the National Board of Medical Examiners; or the Medical Council of Canada and holds a valid LMCC certificate obtained after 1969, may be granted a license without examination: *Provided*, That the applicant has not previously failed to pass an examination held in this state.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-917-120, filed 2/26/91, effective 3/29/91; 86-03-056 (Order PL 577), § 308-52-270, filed 1/15/86; 85-03-084 (Order PL 508), § 308-52-270, filed 1/18/85; 78-04-028 (Order PL 284, Resolution No. 78-139), § 308-52-270, filed 3/14/78; Order PL 268, § 308-52-270, filed 5/11/77; Order PL 240, § 308-52-270, filed 2/19/76.]

**WAC 246-917-121 Special purpose examination.** (1) The board of medical examiners, upon review of an application for licensure by endorsement, may require an applicant to pass the special purpose examination (SPEX) or any other examination deemed appropriate. An applicant may be required to take an examination when the board has concerns with the applicant's ability to practice competently for reasons which may include but are not limited to the following:

(a) Resolved or pending malpractice suits;

(b) Pending action by another state licensing authority;

(c) Actions pertaining to privileges at any institution; or

(d) Not having practiced for an interval of time.

(2) The minimum passing score on the SPEX examination shall be seventy-five. The passing score for any other examination under this rule shall be determined by the board.

[Statutory Authority: RCW 18.71.017, 91-20-170 (Order 203B), § 246-917-121, filed 10/2/91, effective 11/2/91.]

**WAC 246-917-130 License renewal.** The physician and surgeon license shall be renewed annually. The date of renewal shall be the licensee's birth date.

An initial license shall expire on the licensee's next birth date. However, if the licensee's next birth date is within three months of the initial date of licensure, the original license shall expire on his or her second birth date following original licensure. Before the expiration date of a license, a courtesy renewal notice will be mailed to the last address on file of every person holding a current license. The licensee is responsible for renewing his or her license prior to the expiration date regardless of whether the licensee receives the courtesy notice. Should the licensee fail to renew his or her license prior to the expiration date, 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 licensure under the statutory conditions then in force.

[Statutory Authority: RCW 18.71.017, 91-20-170 (Order 203B), § 246-917-130, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-917-130, filed 2/26/91, effective 3/29/91; Order PL 242, § 308-52-320, filed 3/15/76.]

**WAC 246-917-140 Scope.** This regulation governs all physicians licensed pursuant to chapter 18.71 RCW who wish to renew their licenses to practice in the state of Washington.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-140, filed 2/26/91, effective 3/29/91; Order PL 247, § 308-52-400, filed 5/17/76.]

**WAC 246-917-150 General requirements.** (1) The Washington state board of medical examiners requires one hundred fifty credit hours of continuing education every three years.

(2) In lieu of the one hundred fifty hours of continuing medical education the board will accept a current physician's recognition award of the American Medical Association, or a current certificate of continuing education from either the American Academy of Family Physicians or the American College of Obstetricians and Gynecologists and will consider approval of other programs as they are developed. The board will also accept certification or recertification by a specialty board as the equivalent of one hundred fifty hours of continuing medical education. The certification or recertification must be obtained in the three years preceding application for renewal.

(3) In case licensees fail to meet the requirements because of illness or other extenuating circumstances, each case will be considered by the board on an individual

basis; and when circumstances justify it, the board may grant an extension of time.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-150, filed 2/26/91, effective 3/29/91; 89-12-053 (Order PM 849), § 308-52-405, filed 6/5/89. Statutory Authority: RCW 18.71.080 and 18.71A.020, 85-23-043 (Order PL 565), § 308-52-405, filed 11/18/85. Statutory Authority: RCW 18.71.017, 79-06-063 (Order PL 304), § 308-52-405, filed 5/23/79; Order PL 247, § 308-52-405, filed 5/17/76.]

**WAC 246-917-160 CME requirements during cycle revision.** (1) The current three year CME cycle will be revised so that approximately one-third of the licensed physicians will report their CME in each calendar year.

(2) During the implementation of the revised CME cycle, physicians must show evidence of continuing medical education as follows:

(a) Current licensees as of January 1, 1982.

(i) Physicians whose last name initial is A through G must have obtained at least fifty hours of CME by their renewal date in 1983.

(ii) Physicians whose last name initial is H through O must have obtained at least one hundred hours of CME by their renewal date in 1984.

(iii) Physicians whose last name initial is P through Z must have obtained one hundred and fifty hours by their renewal date in 1985.

(b) New licensees. Applicants who qualify for licensure after January 1, 1982 will comply with the CME requirements then in effect.

(3) After the revision is complete in 1985 all physicians will report one hundred and fifty hours every three years as required by WAC 308-52-405.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020, 85-23-043 (Order PL 565), § 308-52-406, filed 11/18/85. Statutory Authority: RCW 18.71.080, 81-23-051 (Order PL 386), § 308-52-406, filed 11/18/81.]

**WAC 246-917-170 Categories of creditable continuing medical education activities.** The following are categories of creditable continuing medical education activities approved by the board. A maximum of sixty credit hours may be earned in each category, except Category I in which one hundred fifty hours may be obtained.

- Category I Continuing medical education activities with accredited sponsorship
- Category II Continuing medical education activities with non-accredited sponsorship
- Category III Teaching medical physicians or the allied health services
- Category IV Books, papers, publications, exhibits
- Category V Nonsupervised: Self-assessment, self-instruction, specialty board examination preparation, quality of care and/or utilization review.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020, 85-23-043 (Order PL 565), § 308-52-410, filed 11/18/85; Order PL 247, § 308-52-410, filed 5/17/76.]



**WAC 246-917-180 Continuing medical education requirement.** (1) It is mandatory that credit hours be earned in at least three categories. The credits must be earned in the thirty-six month period preceding application for renewal of licensure.

(2) One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing medical education requirement.

(3)(a) **Category I: Continuing medical education activities with accredited sponsorship.** A maximum of one hundred fifty credit hours may be earned in Category I. The board has approved the standards adopted by the accreditation council for continuing medical education or its designated intra-state accrediting agency, the Washington state medical association, in accrediting organizations and institutions offering continuing medical education programs, and will accept attendance at such programs offered by organizations and institutions so recognized as credit towards the licensee's continuing medical education requirement for annual renewal of licensure.

(b) **Category II: Continuing medical education activities with nonaccredited sponsorship.** A maximum of sixty credit hours may be earned by attendance at continuing medical education programs that are not approved in accordance with the provisions of Category I.

(c) **Category III: Teaching medical physicians or the allied health services.** A maximum of sixty credit hours may be earned for serving as an instructor of medical students, house staff, other physicians or allied health professionals from a hospital or institution with a formal training program if the hospital or institution has approved the instruction.

(d) **Category IV: Books, papers, publications, exhibits.**

(i) A maximum of sixty credit hours may be earned under Category IV, with specific subcategories listed below. Credit may be earned only during the thirty-six month period following presentation or publication.

(ii) Ten credit hours may be claimed for a paper, exhibit, publication, or for each chapter of a book that is authored and published. A paper must be published in a recognized medical journal. A paper that is presented at a meeting or an exhibit that is shown must be to physicians or allied health professionals. Credit may be claimed only once for the scientific materials presented. Credit should be claimed as of the date materials were presented or published.

Medical editing cannot be accepted in this or any other category for credit.

(e) **Category V: Nonsupervised.**

(i) A maximum of sixty credit hours may be earned under Category V. Credit may be earned only for the thirty-six month period following the year in which the study, preparation, care and/or review occurred.

(ii) **Self-assessment:** Credit hours may be earned for completion of a multimedia medical education program.

(iii) **Self-instruction:** Credit hours may be earned for the independent reading of scientific journals and books.

(iv) **Specialty board examination preparation:** Credit hours may be earned for preparation for specialty board certification or recertification examinations.

(v) **Quality care and/or utilization review:** Credit hours may be earned for participation on a staff committee for quality of care and/or utilization review in a hospital or institution or government agency.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-180, filed 2/26/91, effective 3/29/91; 89-12-053 (Order PM 849), § 308-52-415, filed 6/5/89. Statutory Authority: RCW 18.71.080 and 18.71A.020, 85-23-043 (Order PL 565), § 308-52-415, filed 11/18/85; Order PL 247, § 308-52-415, filed 5/17/76.]

**WAC 246-917-190 Approval not required.** (1) It will be unnecessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing medical education program sponsors need not apply for nor expect to receive prior board approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited 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 medical education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-190, filed 2/26/91, effective 3/29/91; Order PL 247, § 308-52-420, filed 5/17/76.]

**WAC 246-917-200 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 medical 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 medical education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-917-200, filed 2/26/91, effective 3/29/91; Order PL 247, § 308-52-425, filed 5/17/76.]

**WAC 246-917-210 Brief adjudicative proceedings--Denials based on failure to meet education, experience, or examination prerequisites for licensure.** The board adopts RCW 34.05.482 and 34.05.485 through 34.05.494 for adjudicative proceedings requested by applicants, who are denied a license under chapters 18.71 and 18.71A RCW for failure to meet the education, experience, or examination prerequisites for licensure. The sole issue at the adjudicative proceeding shall be whether the applicant meets the education, experience, and examination prerequisites for the issuance of a license.

[Statutory Authority: Chapters 18.71 and 34.05 RCW, 91-18-036 (Order 192B), § 246-917-210, filed 8/29/91, effective 9/29/91.]

**WAC 246-917-990 Physician and surgeon fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee  | Fee      |
|---|----------|
| <b>Physician and surgeons:</b>                                  |          |
| Application with examination or reexamination (both components) | \$600.00 |
| Examination or reexamination (component I)                      | 295.00   |
| Examination or reexamination (component II)                     | 320.00   |
| Applicants (without full examination)                           | 300.00   |
| Renewal   | 107.50   |
| Renewal effective April 1, 1991                                 | 100.00   |
| Late renewal penalty  | 50.00    |
| Disciplinary assessment   | 107.50   |
| Disciplinary assessment effective April 1, 1991                 | 100.00   |
| Surcharge-impaired physician                                    | 25.00    |
| Certification   | 50.00    |
| Duplicate license   | 15.00    |
| <b>Limited license:</b>   |          |
| Limited license application                                     | 200.00   |
| Renewal   | 107.50   |
| Renewal effective April 1, 1991                                 | 100.00   |
| Duplicate license   | 15.00    |
| Disciplinary assessment   | 107.50   |
| Disciplinary assessment effective April 1, 1991                 | 100.00   |
| Surcharge-impaired physician                                    | 25.00    |

[Statutory Authority: RCW 43.70.040, 91-06-027 (Order 131), § 246-917-990, filed 2/26/91, effective 3/29/91.]

### Chapter 246-918 WAC

#### PHYSICIANS ASSISTANTS—BOARD OF MEDICAL EXAMINERS

##### WAC

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**WAC 246-918-020 Physicians' assistants—Scope of jurisdiction.** Chapter 18.71A RCW defines a physician's assistant as ". . . a person who is enrolled in, or has satisfactorily completed, a board approved program to prepare persons to practice medicine to a limited extent." The board will consider as falling within its jurisdiction all individuals who meet the above requirement, who assume responsibility for direct patient care involving patient contact and who are not registered, certified or licensed by another agency of the state.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-918-020, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-136, filed 3/14/78.]

**WAC 246-918-030 Noncertified physician assistant prescriptions.** A noncertified physician assistant may issue written or oral prescriptions as provided herein when approved by the board and assigned by the supervising physician(s).

(1) A noncertified physician assistant may not prescribe controlled substances unless especially approved by the board. A noncertified physician assistant may issue prescriptions for legend drugs for a patient who is under the care of the physician(s) responsible for the supervision of the noncertified physician assistant.

(a) Written prescriptions shall include the name, address and telephone number of the physician; the name and address of the patient and the date on which the prescription was written.

(b) The noncertified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A." Written prescriptions must include the noncertified physician assistant's license number.

(c) Written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A." and the physician assistant's license number.

(2) A noncertified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the by-laws, rules and regulations of the institution, order

pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a noncertified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Noncertified physician assistants may dispense medications the noncertified physician assistant has prescribed from office supplies. The noncertified physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-030, filed 3/26/91, effective 4/26/91. Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-030, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-135, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-135, filed 3/10/83; 82-03-022 (Order PL 390), § 308-52-135, filed 1/14/82; 79-10-041 (Order PL 317), § 308-52-135, filed 9/13/79; Order PL 264, § 308-52-135, filed 3/15/77.]

**WAC 246-918-035 Certified physician assistant prescriptions.** A certified physician assistant may issue written or oral prescriptions as provided herein when approved by the board.

(1) Written prescriptions shall include the name, address and telephone number of the physician; the name and address of the patient and the date on which the prescription was written.

(a) The certified physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A.-C." Written prescriptions must include the certified physician assistant's license number.

(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the supervising physician's D.E.A. registration number, followed by the letters "P.A.-C" and the physician assistant's license number.

(2) A certified physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the by-laws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the physician(s) responsible for his or her supervision.

(3) The license of a certified physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Certified physician assistants may dispense medications the certified physician assistant has prescribed from office supplies. The certified physician assistant shall comply with the state laws concerning prescription labeling requirements.

[Statutory Authority: RCW 18.71A.020. 91-08-007 (Order 153B), § 246-918-035, filed 3/26/91, effective 4/26/91.]

**WAC 246-918-040 Emergency narcotic administration.** (1) When approved by the board in the physician assistant utilization plan, a physician may issue a standing written order, authorizing his or her physician assistant to administer a Schedule II narcotic controlled substance to the physician's patient in severe pain as an emergency pain relieving measure while efforts are being

made to contact a physician or transport the patient for further emergency medical care.

(2) The authorization shall only be for the direct administration of a narcotic to a patient in an emergency. A physician must personally issue any prescription for Schedule II controlled substances which are not directly administered to a patient in an emergency pursuant to this regulation.

(3) A record of the emergency narcotic administration shall be maintained which shall include the date, time, patient's name, name of the physician assistant, name and strength of narcotic drug administered and nature of emergency.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-040, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-132, filed 1/21/81.]

**WAC 246-918-050 Physician assistant qualifications effective January 1, 1990.** Individuals applying to the board under chapter 18.71A RCW after December 31, 1989, shall be required to have graduated from a board approved physician assistant program and be NCCPA examination eligible.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-050, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-165, filed 9/27/89, effective 10/28/89.]

**WAC 246-918-060 Physician assistants--Program approval.** No physician shall be entitled to register a physician assistant who has not successfully completed a program of training approved by the board in accordance with these rules.

(1) Standards. The board will establish standards by which programs designed to produce the various types of physician assistants shall be judged. If the council of medical education of the American Medical Association has defined "essentials" for such program, these shall be regarded as minimal criteria.

(2) Procedure.

(a) In order for a program for training physician assistants to be considered for approval by the board, 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 of the program shall also advise the board concerning the medical skills which are attained in such course, and the methods 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.

(b) The board will approve programs in terms of the skills attained by its graduates and the specialty for which the physician assistant is trained.

(c) Reapproval. Programs maintaining *Committee on Allied Health Education and Accreditation* 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

*Committee on Allied Health Education and Accreditation* 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.

(d) Registry. 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.

(3)(a) Where an application for program approval has been pending for one year and has not been approved due to the absence of program standards promulgated by the board, a program may apply for provisional approval.

(b) Such approval is solely for the limited purpose of availing the program's students of the exemption contained in RCW 18.71.030(8) and shall end when the board makes a final determination as to program approval pursuant to this section.

(c) Provisional approval as defined in subsection (b) above can be granted if the program:

(i) Needs such approval in order for the clinical elements of its educational regimen to proceed on schedule;

(ii) Has established the likelihood of satisfying the relevant program approval guidelines in their current form;

(iii) Will otherwise comply with the terms of RCW 18.71.030(8); and

(iv) Agrees to such other safeguards as the board may stipulate to ensure patient safety.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-060, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-138, filed 2/23/88; 85-03-083 (Order PL 507), § 308-52-138, filed 1/18/85; 83-03-031 (Order PL 421), § 308-52-138, filed 1/14/83; 81-03-078 (Order PL 368), § 308-52-138, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-138, filed 3/14/78.]

**WAC 246-918-070 Credentialing of physician assistants.** All completed applications, for either original or transfer licensure, must be reviewed by a member of the board or a designee authorized in writing by the board, prior to licensure.

[Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-918-070, filed 10/2/91, effective 11/2/91; 91-06-030 (Order 147B), recodified as § 246-918-070, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-610, filed 10/13/88.]

**WAC 246-918-080 Physician assistant--Registration.** (1) Classification. Each physician assistant will be classified according to the specialty or content of his or her training program.

(2) Registration procedure. Applications shall be made jointly by the physician and the assistant on forms supplied by the board. Applications and supporting documents must be on file in the board office prior to consideration for registration.

(3) Registration expiration and renewal. Physician assistant original registration will be issued to expire on the physician assistant's next birthdate. Each registered

assistant and the registering physician shall be required to submit an application and fees annually for renewal of their registration at least sixty days prior to the expiration of the registration. Application for renewal shall be submitted on forms provided by the board. A physician assistant may allow his or her registration to expire for no longer than three years and reinstate it by submitting an application with all the required documents and application fee. After three years registration expiration, the physician assistant will be considered a new applicant and will have to meet all statutes and rules in effect at the time of the new application.

(4) Change of registration. In the event that a physician assistant who is currently registered desires to become associated with another physician. Application for transfer of registration shall be made on forms provided by the board.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-080, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-06-077 (Order PM 822), § 308-52-139, filed 3/1/89. Statutory Authority: RCW 18.71.017 and 18.71A.020. 88-21-047 (Order PM 782), § 308-52-139, filed 10/13/88. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-139, filed 2/23/88; 86-12-031 (Order PM 599), § 308-52-139, filed 5/29/86; 82-24-013 (Order PL 412), § 308-52-139, filed 11/19/82; 81-03-078 (Order PL 368), § 308-52-139, filed 1/21/81; 80-15-031 (Order PL-353), § 308-52-139, filed 10/8/80; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-139, filed 3/14/78.]

**WAC 246-918-090 Physician assistant--Utilization.** (1) Limitations, number.

(a) No physician shall supervise more than two graduate physician assistants without special authorization by the board.

(b) The number of physician assistants in excess of two who may be supervised by a single physician in settings as outlined in subsection (2) of this section shall be established by the board on an individual basis.

(2) Limitations, health care institutions. A physician assistant working in or for a hospital, clinic, long term care facility, or other health care organization shall be registered and supervised in the same manner as any other physician assistant and his or her functions shall be limited to those approved by the board. The extent to which a physician assistant may practice and write orders is subject to the bylaws of the facility. His or her responsibilities, if any, to other physicians must be defined in the application for registration. The physician may be permitted, at the discretion of the board, to utilize the physician assistant in a manner consistent with the standards set forth in WAC 308-52-150.

(3) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his 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.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-090, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), §

308-52-140, filed 2/23/88; 86-16-054 (Order PM 609), § 308-52-140, filed 8/1/86; 86-12-031 (Order PM 599), § 308-52-140, filed 5/29/86; 83-07-014 (Order PL 428), § 308-52-140, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-140, filed 11/19/82; 82-03-022 (Order PL 390), § 308-52-140, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-140, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-140, filed 3/14/78.]

**WAC 246-918-100 Physician assistants--Responsibility of supervising physician.** It shall be the responsibility of the supervising physician to insure that:

(1) Adequate supervision and review of the work of the physician assistant is provided.

(a) The supervising physician shall review and countersign pertinent notes and orders concerning patient care provided by the physician assistant, if such care is rendered without direct consultation with the physician. The time period for such review and countersignature shall be established in the utilization plan and will depend upon the practice setting. Patient charts which reflect physician assistant care rendered with direct physician consultation need not be countersigned.

(b) In the temporary absence of the supervising physician, the physician assistant may carry out those tasks for which he is registered, if the supervisory and review mechanisms noted above are provided by a delegated alternate physician supervisor.

(c) The physician assistant may not function as such if these supervisory and review functions are impossible.

(2) The physician assistant employed by him, at all times when meeting or treating patients, wears an identifying badge in a prominent place on his person identifying him as a physician assistant.

(3) No physician's assistant in his employ advertises himself in any manner which would tend to mislead the public generally or the patients of the physician as to his role.

(4) The physician's assistant in his employ performs only those tasks which have been authorized by the board. If the physician assistant is being trained to perform additional tasks beyond those authorized, such training may be carried out only under the direct, personal supervision of the supervising physician or a qualified person designated by him.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-918-100, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-12-031 (Order PM 599), § 308-52-141, filed 5/29/86; 81-03-078 (Order PL 368), § 308-52-141, filed 1/21/81; 78-04-029 (Order PL 285, Resolution No. 78-140), § 308-52-141, filed 3/14/78.]

**WAC 246-918-110 Termination of supervision.** Upon termination of employment, the board shall require the supervising physician and physician assistant to submit a written report including the reasons for termination of the relationship and an evaluation of the physician assistant's performance. Such report shall be submitted to the board within fifteen days following termination of supervision.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-918-110, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-24-068 (Order PM 627), § 308-52-146, filed 12/3/86.]

**WAC 246-918-120 Remote site--Utilization--Limitations, geographic.** (1) No physician assistant shall be utilized in a place geographically separated from the supervising physician without the express permission of the board. A remote site shall be defined as a setting physically separate from the supervising physician's primary place for meeting patients or a setting where a supervising physician is present less than twenty-five percent of the practice time of the physician assistant.

(2) Special permission may be granted to utilize a physician assistant in a remote site if:

(a) There is a demonstrated need for such utilization;

(b) Adequate provision for immediate communication between the primary or alternate physician and the physician assistant exists;

(c) A mechanism has been developed to provide for the establishment of a direct physician-patient relationship between the supervising physician and patients who may be seen initially by the physician assistant;

(d) The responsible physician spends at least ten percent of the practice time of the physician assistant in the remote office. In the case of part time or unique practice settings, the sponsoring physician may petition the board to modify the on-site requirement providing the sponsoring physician demonstrates that adequate supervision is being maintained by an alternate method. The board will consider each request on an individual basis;

(e) All patient activities, functions, services and treatment measures are properly documented in written form by the physician assistant and reviewed and countersigned by the supervising physician;

(f) The provisions of WAC 308-52-141(4) are met;

(g) The waiting room and offices of all facilities approved as remote sites must have posted a printed announcement that the (named) sponsor is responsible for all care rendered, and the (named) individual providing the care is a physician assistant. Identification of the clinic on the outside facade must include the names of the physician sponsor and the physician assistant.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-918-120, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-147, filed 2/23/88.]

**WAC 246-918-130 Noncertified physician assistants.** (1) Individuals will be considered as noncertified physician assistants as follows:

(a) Individuals who have graduated from a board approved training program and who have not passed the National Commission on Certification of Physician's Assistants (NCCPA) initial certification examination.

(b) Individuals who are foreign medical graduates who have been certified by the Educational Commission for Foreign Medical Graduates (ECFMG).

(2) On or after March 1, 1988, applicants for original registration will be designated noncertified and considered for registration as follows:

(a) A noncertified physician assistant may perform services for which he or she has been trained as outlined in the procedure reference and guideline established by the board.

(i) The noncertified physician assistant may not practice in a remote site, or prescribe controlled substances unless specially approved by the board.

(ii) A noncertified physician assistant and supervising physician shall ensure that, with respect to each patient, all activities, functions, services and treatment measures are immediately and properly documented in written form by the noncertified physician assistant. Every written entry shall be reviewed and countersigned by the supervising physician within two working days unless a different time period is authorized by the board.

(3) The application for registration of a noncertified physician assistant must include a detailed plan describing the manner in which the noncertified physician assistant will be utilized. The board will grant specific approval for the tasks which may be performed by the specialized, noncertified physician assistant based upon the curriculum of the program from which the noncertified physician assistant graduated as contained in the files of the board. In the case of the noncertified family practice (primary care) and noncertified pediatric physician assistants, the board will issue a list of tasks which noncertified physician assistants are commonly trained to perform. No physician assistant shall be registered to perform tasks not contained in the program approval.

(4) It shall be the responsibility of the supervising physician to ensure that adequate supervision and review of the work of the noncertified physician assistant is provided.

(a) In the temporary absence of the supervising physician, the noncertified physician assistant may carry out those tasks for which they are registered, if the supervisory and review mechanisms noted above are provided by a delegated alternate physician supervisor.

(b) The noncertified physician assistant may not function as such if these supervisory and review functions are impossible.

(5) The noncertified physician assistant, at all times when meeting or treating patients, must wear an identifying badge in a prominent place on his or her person identifying him or her as a physician assistant.

(6) No noncertified physician assistant may advertise themselves in any manner which would tend to mislead the public generally or the patients of the physician as to their role.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-130, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-148, filed 2/23/88.]

#### **WAC 246-918-140 Certified physician assistants.**

(1) On or after March 1, 1988, individuals who have graduated from a board approved training program and who have passed the National Commission on Certification of Physician's Assistants (NCCPA) initial certification examination will be considered as certified physician assistants.

(2) A certified physician assistant may provide those services which he or she is competent to perform and which are consistent with the certified physician assistant's education, training, and experience.

(3) The supervising physician shall be responsible for determining the tasks and degree of supervision required for performance of special tasks in accordance with the board approved standard utilization plan. Any task or level of supervision in excess of those authorized must be supported by a written explanation describing the physician assistant's training, experience and demonstrated ability. The board may approve expanded tasks or supervision levels on an individual basis. If the certified physician assistant is being trained to perform additional tasks beyond those authorized, such training may be carried out only under the direct, personal supervision of the supervising physician or a qualified person designated by him or her. Evidence that is satisfactory to the board must be submitted demonstrating that he or she has been trained in that function and his or her competence has been properly and adequately tested. Requests for approval of newly acquired skill may be considered by a reviewing board member or at any regular meeting of the board.

(4) The functions of the certified physician assistant include performing diagnostic, therapeutic preventive and health maintenance services in any setting in which the physician renders care in order to allow more effective and focused application of the physician's particular knowledge and skills. The certified physician assistant is accountable for their own actions.

(5) It shall be the responsibility of the supervising physician to ensure adequate supervision and review of the work of the physician assistant is provided.

(a) The supervising physician shall review and countersign pertinent notes and orders concerning patient care provided by the physician assistant, if such care is rendered without direct consultation with the physician. The time period for such review and countersignature shall be established in the utilization plan and will depend upon the practice setting. Patient charts which reflect physician assistant care rendered with direct physician consultation need not be countersigned.

(b) In the temporary absence of the supervising physician, the physician assistant may carry out those tasks for which they are registered, of the supervisory and review mechanisms noted above are provided by a delegated alternate physician supervisor.

(c) The certified physician assistant may not function as such if these supervisory and review functions are impossible.

(6) The certified physician assistant must, at all times when meeting or treating patients, wear an identifying badge in a prominent place on his or her person identifying him or her as a certified physician assistant.

(7) No certified physician assistant may advertise themselves in any manner which would tend to mislead the public generally or the patients of the physician as to their role.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-140, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 88-06-008 (Order PM 706), § 308-52-149, filed 2/23/88.]

**WAC 246-918-150 Assistance or consultation with other physicians.** (1) Physician sponsor. A physician assistant may assist or consult with a physician other than his or her sponsor or alternate concerning the care or treatment of the sponsor's patients, provided it is done with the knowledge and concurrence of the sponsor. The sponsor must maintain on file a written statement which instructs the physician assistant as to who may be assisted or consulted and under what circumstances or if no list is possible, then the method to be used in determining who may be consulted or assisted. The sponsor retains primary responsibility for the performance of his or her physician assistant.

(2) Responsibility of a nonsponsoring physician. A nonsponsoring physician utilizing or advising a physician assistant as indicated in section (1) of this rule, shall assume responsibility for patient services provided by a physician assistant if the physician:

(a) Knowingly requests that patient services be rendered by the physician assistant; or

(b) Knowingly consults with the physician assistant concerning the rendering of patient services.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-918-150, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 83-03-031 (Order PL 421), § 308-52-150, filed 1/14/83.]

**WAC 246-918-160 Physician assistant applications--Denial.** (1) Applications may only be denied or modified by a vote of the board. The executive secretary or application committee may refer an application to the board without giving approval.

(2) An application by a physician to supervise a physician assistant may be denied or modified under any of the following conditions:

(a) The physician assistant has not graduated from an approved program or a foreign medical school acceptable to the board;

(b) The utilization plan submitted does not meet the requirements for utilization or supervision as outlined in the regulations;

(c) The physician assistant is found to not be physically or mentally capable of safely carrying on the practice of medicine. The board may require any applicant to submit to such examination or examinations as it deems necessary to determine an applicant's physical and/or mental capability to safely practice medicine;

(d) The physician assistant's registration or other professional license(s) has been revoked, suspended or restricted by any licensing agency, or he or she has been guilty of any conduct which would constitute grounds for refusal, revocation or suspension of such registration under the laws of the state of Washington.

(e) The utilization plan delegates to the physician assistant tasks for which he or she is not adequately trained to perform;

(f) The physician sponsor or alternate has had his or her license revoked or suspended, or restricted to such degree that it could reasonably affect his or her ability to properly supervise a physician assistant. A physician's

mental or physical impairment could also affect his or her ability to supervise;

(g) The physician assistant has filed with the board, any false, fraudulent or forged statement or documents for the purpose of obtaining the registration.

(3) In the event an application is denied or modified, the physician applying may request a hearing to present evidence as to why the application should be approved. Only the sponsoring physician may appeal a board decision: *Provided, however*, That if the decision reflects on the character, competence or conduct of the physician assistant, he or she will be given the opportunity to exonerate him or herself.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified as § 246-918-160, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 82-24-013 (Order PL 412), § 308-52-160, filed 11/19/82.]

**WAC 246-918-170 Physician assistant 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 70.24 RCW.

(2) Application for registration. Effective July 1, 1989 persons who submit an application for physician assistant registration shall submit, prior to being granted a registration and in addition to the other requirements, evidence to show compliance with the educational requirements of subsection (4) or shall certify that such requirements will be satisfied by the date of the applicant's first renewal.

(3) 1989 renewal of registration. Effective with the renewal period beginning July 1, 1989, through June 30, 1990, all persons making application for physician assistant renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Renewal applicants who have documented hardship which prevents obtaining the required education on AIDS may petition the board for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that qualifies for continuing medical education credit. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may 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 July 1, 1989, the requirement for registration, renewal, or reinstatement of any registration that is lapsed, inactive, or revoked or

actually suspended for a term during which the physician assistant did not obtain the required 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 physician assistant or applicant for registration 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 education and training and description of the learning;

(iii) Be prepared to validate, through submission of these records, that education and training has taken place.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-170, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 70.24.270. 89-08-063 (Order PM 831), § 308-52-190, filed 4/3/89.]

**WAC 246-918-180 General continuing medical education requirements.** (1) All registered physician assistants will be required to show evidence of fifty credit hours of continuing medical education by their registration renewal date in 1982.

(2) In lieu of fifty hours of continuing medical education the board will accept a current certification with the National Commission for the Certification of Physician Assistants and will consider approval of other programs as they are developed.

(3) If a registered physician assistant fails to meet the requirements because of illness 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.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-180, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-03-022 (Order PL 390), § 308-52-201, filed 1/14/82; 81-03-078 (Order PL 368), § 308-52-201, filed 1/21/81.]

**WAC 246-918-190 Categories of creditable continuing medical education activities.** (1) The board approves the following categories of creditable continuing medical education activities for physician assistants. A minimum of twenty credit hours must be earned in category I.

- |             |  |
|-------------|--|
| Category I  | Continuing medical education activities with accredited sponsorship  |
| Category II | Continuing medical education activities with nonaccredited sponsorship and other meritorious learning experience |

(2) The board adopts the standards approved by the American Academy of Physician Assistants for the evaluation of continuing medical education requirements in determining the acceptance and category of any continuing medical education experience.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-190, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-205, filed 1/21/81.]

**WAC 246-918-200 Continuing medical education clock hour credit requirement.** (1) The credits must be earned in the year preceding application for renewal of registration.

(2) One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing medical education requirement.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-200, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-211, filed 1/21/81.]

**WAC 246-918-210 Prior activity approval not required.** (1) It will not be necessary for a physician assistant to inquire into the prior approval of any continuing medical education. The board will accept any continuing medical education that reasonably falls within these regulations and relies upon each individual physician assistant's integrity in complying with this requirement.

(2) Continuing medical education program sponsors need not apply for nor expect to receive prior board approval for a formal continuing medical education program. The continuing medical education category will depend solely upon the accredited 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 medical education for physician assistants that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-210, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-215, filed 1/21/81.]

**WAC 246-918-220 Certification of compliance.** (1) In conjunction with the application for renewal of registration a physician assistant shall submit an affidavit of compliance with the fifty hour continuing medical education requirement on a form supplied by the board.

(2) The board reserves the right to require a physician assistant to submit evidence in addition to the affidavit to demonstrate compliance with the fifty hour continuing medical education requirement. Accordingly, it is the responsibility of a physician assistant to maintain evidence of such compliance.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-220, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 81-03-078 (Order PL 368), § 308-52-221, filed 1/21/81.]

**WAC 246-918-230 Practice of medicine--Surgical procedures.** The following duties constitute the practice of medicine under chapters 18.71 and 18.71A RCW if performed by persons who are not registered, certified, or licensed by an agency of the state to perform these



tasks when utilized by surgeons as assistants and are not otherwise exempted by RCW 18.71.030:

(1) Assisting surgeons in opening incisions by use of any surgical method including laser, scalpel, scissors, or cautery;

(2) Assisting surgeons in closing of incisions by use of suture material, staples, or other means;

(3) Controlling bleeding with direct tissue contact by the clamping and tying of blood vessels, cautery, and surgical clips;

(4) Suturing or stapling tissue; and

(5) Tying of closing sutures in any tissues.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-230, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-13-002 (Order PM 850), § 308-52-630, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-240 Noncertified physician assistant—Surgical assistant.** (1) Any persons performing the tasks outlined in WAC 308-52-630 who are not licensed, registered, or certified by an agency of the state to perform those tasks must register with the board of medical examiners as a noncertified physician assistant—surgical assistant hereinafter referred to as a surgical assistant.

(2) The board establishes the following standards for program approval for surgical assistants.

(3) The board shall require the completion of the following board approved program prior to December 31, 1989, for those applying to register as surgical assistants. Those seeking registration shall submit with their application the following:

(a) Documented proof of 4,000 hours of experience or 2,000 surgical cases as first assistants to surgeons on major surgical procedures within the five years immediately preceding the date of application for registration;

(b) Letters of reference from three practicing surgeons licensed in the state of Washington;

(c) Letters of reference from the hospital(s) in which the applicant trained or assisted the surgeons;

(d) The surgical assistant performs only those tasks which have been authorized by the board; and

(e) Document eight college level academic hours of anatomy and physiology or other didactic equivalence as approved by the board.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-240, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-13-002 (Order PM 850), § 308-52-640, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-250 Basic surgical assistant duties.** The surgical assistant who is not eligible to take the NCCPA certifying exam shall:

(1) Function only in the operating room as approved by the board;

(2) Only be allowed to close skin and subcutaneous tissue, placing suture ligatures, clamping, tying and clipping of blood vessels, use of cautery for hemostasis under direct supervision;

(3) Not be allowed to perform any independent surgical procedures, even under direct supervision, and will be allowed to only assist the operating surgeon;

(4) Have no prescriptive authority; and

(5) Not write any progress notes or order on hospitalized patients.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-250, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-13-002 (Order PM 850), § 308-52-650, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-260 Surgical assistant—Utilization and supervision.** (1) Utilization plan. The application for registration of a surgical assistant must include a detailed plan describing the manner in which the surgical assistant will be utilized. Such utilization plan shall specify which surgical assistant tasks set forth in WAC 308-52-650 will be performed by the surgical assistant.

(2) Limitations, geographic. No surgical assistant shall be utilized in a place geographically separated from the institution in which the assistant and the supervising physician are authorized to practice.

(3) Responsibility of supervising physician(s). Each surgical assistant shall perform those tasks he or she is authorized to perform only under the supervision and control of the supervising physician(s), but such supervision and control shall not be construed to necessarily require the personal presence of the supervising physician at the place where the services are rendered. It shall be the responsibility of the supervising physician(s) to insure that:

(a) The operating surgeon in each case directly supervises and reviews the work of the surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The surgical assistant, at all times when meeting with patients, wears an identifying badge in a prominent place on his or her person identifying him or her as a surgical assistant (noncertified physician assistant);

(c) The surgical assistant does not advertise himself or herself in any manner which would tend to mislead the public or patients as to his or her role.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-260, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-13-002 (Order PM 850), § 308-52-660, filed 6/8/89, effective 9/30/89.]

**WAC 246-918-270 Major surgical procedures.** The board defines major surgical procedures as those procedures performed in a hospital which the physician requires a first assistant and is documented in the operative report.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-270, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 89-20-023, § 308-52-680, filed 9/27/89, effective 10/28/89.]

**WAC 246-918-280 Surgical assistant program requirements reconsideration.** Applicants who submitted their application by December 31, 1989 and were determined as not meeting the requirements as set forth in WAC 308-52-640 may petition the board to reconsider

their application with the submission of additional documentation to establish competency. The board will evaluate the additional documentation of competence on an individual case basis.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-918-280, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 89-20-023, § 308-52-690, filed 9/27/89, effective 10/28/89.]

**WAC 246-918-290 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. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the [(issuing)] [(licensing)] agency rather than from the applicant. Individuals 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 of 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 18.71.017. 91-06-030 (Order 147B), re-codified as § 246-918-290, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020. 85-23-043 (Order PL 565), § 308-52-500, filed 11/18/85. Statutory Authority: RCW 18.71A.020. 83-07-014 (Order PL 428), § 308-52-500, filed 3/10/83; 79-06-055 (Order PL 301), § 308-52-500, filed 5/22/79.]

**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 246-918-300 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 308-52-500 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. Any clinical instruction conducted in this state must be approved by the board prior to initiation. 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, two acupuncturists from the board's acupuncture advisory committee, 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 not to 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 is 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 Personnel 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 three years of full time acupuncture practice experience. One year full time acupuncture practice is defined as a minimum of one thousand patient hours.

(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) Clinical training shall be established to guarantee that student apprentices shall be exposed to a broad representation of styles and techniques. The required training hours for student observation and supervised clinical practice shall be obtained from a minimum of three instructors. No more than forty percent of the clinical instruction shall be obtained from any one instructor.

(d) 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. A medical doctor may only supervise two acupuncture assistant instructors per clinical instruction period.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-300, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 86-16-054 (Order PM 609), § 308-52-502, filed 8/1/86; 83-07-014 (Order PL 428), § 308-52-502, filed 3/10/83.]

**WAC 246-918-310 Acupuncture—Definition.** (1) 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) Infra-red.

(h) Sonopuncture.

(i) Laser puncture.

(j) Dietary advice.

(k) Manipulative therapies.

(l) Point injection therapy (aquapuncture).

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 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-310, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020, 83-07-014 (Order PL 428), § 308-52-504, filed 3/10/83; 82-24-013 (Order PL 412), § 308-52-504, filed 11/19/82.]

**WAC 246-918-320 Acupuncture equivalency examination.** (a) Applicants for registration must pass an examination prescribed by the board.

(b) The examination shall be written and practical and shall examine the applicant's knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(c) Each applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

[Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), re-codified as § 246-918-320, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71.080 and 18.71A.020, 85-23-043 (Order PL 565), § 308-52-510, filed 11/18/85. Statutory Authority: RCW 18.71A.020, 79-06-055 (Order PL 301), § 308-52-510, filed 5/22/79.]

**WAC 246-918-330 Acupuncture examination review procedures.** (1) Each applicant who takes the examination for registration and does not pass will be provided, upon written request received within thirty days of receipt of the examination results, information indicating the areas of the examination in which the applicant was deficient.

(2) Any unsuccessful applicant, after being advised by the committee of the areas of deficiency in the examination, may request informal 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 receipt of notification of the examination results. The request must state the specific reason or reasons why the applicant feels the results of the examination should be changed. The board will not set aside its prior determination unless the applicant proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the examination committee. The board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(3) The procedure for filing an informal review is as follows:

(a) Contact the Olympia board office for an appointment to appear personally to review failed examinations.

(b) Applicant will be provided a form to complete in the Olympia board office in defense of examination answers.

(c) Applicant will be identified only by applicant number for the purpose of this proceeding. Letters of

reference or requests for special consideration will not be read or considered by the board.

(d) Applicant may not bring in notes or texts for use while completing the informal review form.

(e) Applicant will not be allowed to take any notes or materials from the office upon leaving.

(f) The board will schedule a closed session meeting to review the exams and forms completed by the applicant for the purpose of informal review.

(g) Applicants will be notified in writing of the results.

(4) Any applicant who is not satisfied with the result of the examination review may request a formal hearing to be held before the board pursuant to the Administrative Procedure Act. Such hearing must be requested within thirty days of receipt of the result of the board's review of the examination results. The request must state the specific reason or reasons why the applicant feels the results of the examination should be changed. The board will not set aside its prior determination unless the applicant proves the challenged score was the result of fraud, coercion, arbitrariness or manifest unfairness by the committee. The board will not consider any challenges to examination scores unless the total revised score could result in issuance of a license.

(5) The hearing will not be scheduled until after the applicant 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.

(6) 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; and such order or statement shall control the subsequent course of the proceeding unless modified for good cause by subsequent order.

(7) Applicants will receive at least twenty days notice of the time and place of the formal hearing. The hearing will be restricted to the specific reasons the applicant has identified as the basis for a change in the examination score.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-330, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 86-16-054 (Order PM 609), § 308-52-515, filed 8/1/86.]

**WAC 246-918-340 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 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-340, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-530, filed 5/22/79.]

**WAC 246-918-350 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 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-350, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 79-06-055 (Order PL 301), § 308-52-540, filed 5/22/79.]

**WAC 246-918-360 X-rays and laboratory tests.** X-ray and laboratory tests are not approved techniques for use by physicians' acupuncture assistants, and use of such techniques is expressly prohibited.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-360, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-570, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-570, filed 5/22/79.]

**WAC 246-918-370 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 registrant'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.

(4) Representation of the physician's acupuncture assistant, by the assistant or the supervising physician, as a physical therapist, chiropractor, drugless healer or masseur except when the assistant is licensed as such.

[Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified as § 246-918-370, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 18.71A.020. 82-24-013 (Order PL 412), § 308-52-580, filed 11/19/82; 79-06-055 (Order PL 301), § 308-52-580, filed 5/22/79.]

**WAC 246-918-990 Fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee            | Fee     |
|-------------------------|---------|
| Physician's assistants: |         |
| Application             | \$50.00 |
| Renewal                 | 35.00   |
| Duplicate license       | 15.00   |

[Statutory Authority: RCW 43.70.040, 91-06-027 (Order 131), § 246-918-990, filed 2/26/91, effective 3/29/91.]

### Chapter 246-920 WAC PHYSICIANS AND SURGEONS--MEDICAL DISCIPLINARY BOARD

#### WAC

|             |                           |
|-------------|---------------------------|
| 246-920-730 | Health care institutions. |
| 246-920-820 | Repealed.                 |
| 246-920-830 | Repealed.                 |
| 246-920-840 | Repealed.                 |
| 246-920-850 | Repealed.                 |
| 246-920-860 | Repealed.                 |
| 246-920-870 | Repealed.                 |
| 246-920-880 | Repealed.                 |

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

|             |  |
|-------------|--|
| 246-920-820 | Election years in congressional districts. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150.  |
| 246-920-830 | Residential requirement. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150.  |
| 246-920-840 | Nominating petitions. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150. |
| 246-920-850 | Eligibility requirement in elections. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150.   |
| 246-920-860 | Time of election--Ballots. [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.] Repealed by 91-20-168 (Order   |

|             |   |
|-------------|---|
| 246-920-870 | 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150. Identification by congressional district. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150. |
| 246-920-880 | Ballots. [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.] Repealed by 91-20-168 (Order 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150.   |

**WAC 246-920-730 Health care institutions.** The chief administrator or executive officer of any health care institutions, which includes, but is not limited to, hospitals, 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: Chapter 18.72 RCW, 91-17-015 (Order 190B), § 246-920-730, filed 8/13/91, effective 9/13/91. 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 246-920-820 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-830 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-840 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-850 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-860 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-870 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-920-880 Repealed.** See Disposition Table at beginning of this chapter.

## Chapter 246-922 WAC

## PODIATRIC PHYSICIANS AND SURGEONS

## WAC

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**WAC 246-922-001 Scope of practice.** (1) An "ailment of the human foot" as set forth in RCW 18.22.010 is defined as any condition, symptom, disease, complaint, or disability involving the functional foot. The functional foot includes the anatomical foot and any muscle, tendon, ligament, or other soft tissue structure directly attached to the anatomical foot and which impacts upon or affects the foot or foot function and osseous structure up to and including the articulating surfaces of the ankle joint.

(2) In diagnosing or treating the ailments of the functional foot, a podiatric physician and surgeon is entitled to utilize medical, surgical, mechanical, manipulative, radiological, and electrical treatment methods and the diagnostic procedure or treatment method may be utilized upon an anatomical location other than the functional foot. The diagnosis and treatment of the foot includes diagnosis and treatment necessary for preventive care of the well foot.

(3) A podiatric physician and surgeon may examine, diagnose, and commence treatment of ailments for

which differential diagnoses include an ailment of the human foot. Upon determination that the condition presented is not an ailment of the human foot, the podiatric physician and surgeon shall obtain an appropriate consultation or make an appropriate referral to a licensed health care practitioner authorized by law to treat systemic conditions. The podiatric physician and surgeon may take emergency actions as are reasonably necessary to protect the patient's health until the intervention of a licensed health care practitioner authorized by law to treat systemic conditions.

(4) A podiatric physician and surgeon may diagnose or treat an ailment of the human foot caused by a systemic condition provided an appropriate consultation or referral for the systemic condition is made to a licensed health care practitioner authorized by law to treat systemic conditions.

(5) A podiatric physician and surgeon shall not administer a general or spinal anesthetic, however, a podiatric physician and surgeon may treat ailments of the human foot when the treatment requires use of a general or spinal anesthetic provided that the administration of the general or spinal anesthetic is by or under the supervision of a physician authorized under chapter 18.71 or 18.57 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-001, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-001, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-025, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-025, filed 2/3/87.]

**WAC 246-922-010 Definitions.** (1) Chiropractic, podiatry, and podiatric medicine and surgery shall be synonymous.

(2) "Board" shall mean the Washington state podiatric medical board.

(3) "Secretary" shall mean the secretary of the department of health.

(4) "Supervision" shall mean that a licensed podiatric physician and surgeon whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized and directed the procedures to be performed. A podiatric physician and surgeon shall be physically present in the treatment facility while the procedures are performed.

(5) "Treatment facility" means a podiatric medical office or connecting suite of offices, podiatric medical clinic, room or area with equipment to provide podiatric medical 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) "Unlicensed person" means a person who is not a podiatric physician and surgeon duly licensed pursuant to the provisions of chapter 18.22 RCW.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-010, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-010, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-020, filed 1/4/84; Order PL 128, § 308-31-020, filed 7/7/72.]

**WAC 246-922-020 Board officers.** In addition to electing a board member to serve as chairperson as required by RCW 18.22.014, the board shall also elect a vice-chairperson and a secretary from among its members.

The board shall schedule an annual election of members to the above named offices.

[Statutory Authority: RCW 18.22.015. 91-03-095 (Order 118B), recodified as § 246-922-020, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015(8). 86-01-041 (Order PL 573), § 308-31-001, filed 12/13/85.]

**WAC 246-922-030 Approved schools of podiatric medicine.** For the purpose of the laws relating to podiatric medicine, the board approves the following list of schools of podiatric medicine: California College of Podiatric Medicine, San Francisco, California; College of Podiatric Medicine and Surgery, Des Moines, Iowa; New York College of Podiatric Medicine, New York, New York; Ohio College of Podiatric Medicine, Cleveland, Ohio; Pennsylvania College of Podiatric Medicine, Philadelphia, Pennsylvania; Dr. William Scholl College of Podiatric Medicine, Chicago, Illinois; Barry University School of Podiatric Medicine, Miami Shores, Florida.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-030, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-030, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-030, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-030, filed 1/14/83.]

**WAC 246-922-040 Examinations.** (1) In order to be licensed to practice podiatric medicine and surgery in the state of Washington, all applicants except those who are seeking licensure by endorsement from another state under subsection (8) of this section, must pass Part I and Part II of the national examination prepared by the National Board of Podiatric Medical Examiners in addition to the PMLexis examination approved by the Washington state podiatric medical board as the state examination.

(2) The Washington state podiatric medical examination shall include the following topics: Medicine and general podiatric medicine, to include but not limited to, microbiological diseases, dermatology, neurology, cardiovascular-respiratory, musculoskeletal, metabolic and endocrine, medical emergencies and trauma, rheumatology; and therapeutics, to include but not limited to, pharmacology, physical medicine and rehabilitation, local therapy, systemic therapy, surgery, and biomechanics.

(3) The state examination shall be administered twice annually on the second Tuesday of June and the first Tuesday of December. Applications for examination or reexamination shall be received in the office of the professional licensing services division, department of health, no later than April 15th for the following June examination and October 1 for the following December examination.

(4) Every applicant for a podiatric physician and surgeon license shall be required to pass the state examination with a grade of at least 75.

(5) The board shall approve the method of grading each examination, and shall apply such method uniformly to all applicants taking the examination.

(6) The board and the department shall not disclose any applicant's examination score to anyone other than the applicant, unless requested to do so in writing by the applicant.

(7) The applicant will be notified, in writing, of his or her examination scores.

(8) Applicants for licensure who have been licensed by examination in another state or who have successfully passed the examinations given by the National Board of Podiatric Medical Examiners will be required to pass the state approved examination. If the examination taken in another state is the Virginia or PMLexis examination and the applicant passed the Virginia examination or PMLexis on or after June 1988 the applicant shall be deemed to have passed the approved examination in this state.

(9) Applicants failing the state approved examination whether taken in this or another state in which the Virginia or PMLexis examination was taken after June 1988 may be reexamined no more than three times. Applicants who have failed the state approved examination three times may petition the board to be permitted to retake the examination on additional occasions and the applicant must provide satisfactory evidence to the board that he or she has taken remedial measures to increase his or her likelihood of passing the examination. If the applicant does not provide satisfactory evidence to the board, the board shall deny the request to retake the examination until such time that the applicant can provide satisfactory evidence of remedial measures undertaken to increase his or her likelihood of passing the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-040, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-040, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604. 89-02-047 (Order PM 813), § 308-31-010, filed 12/30/88. Statutory Authority: RCW 18.22.015(8). 88-11-034 (Order 733), § 308-31-010, filed 5/13/88. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-010, filed 11/3/86. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-010, filed 1/14/83; Order PL 250, § 308-31-010, filed 5/28/76; Order PL 128, § 308-31-010, filed 7/7/72.]

**WAC 246-922-045 Examination conduct.** Failure to follow written or oral instructions relative to the conduct of the examination, including termination time of the examination will be considered grounds for expulsion from the examination.

Applicants will be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a test proctor. Any applicant observed talking or attempting to give or receive information, or using unauthorized materials during any portion of the examination may be expelled from the examination and deemed to have failed the examination.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-045, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-050 Identification of licensees.** Each person licensed pursuant to chapter 18.22 RCW must be clearly identified to the public as a doctor of podiatric medicine at every establishment in which he or she is engaged in the practice of podiatric medicine and surgery. Such identification must indicate the name of the licensee at or near the entrance to the licensee's office. Only the names of people actually practicing at a location may appear at that location or in any advertisements or announcements regarding that location. The name of an individual who has previously practiced at a location may remain in use in conjunction with that location for a period of no more than one year from the date that person ceases to practice at the location.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-050, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-050, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-040, filed 1/14/83.]

**WAC 246-922-055 Reciprocity requirements.** An applicant licensed in another state must file with the secretary verification of the license certified by the proper authorities of the issuing state to include the issue date, license number, current expiration date, and whether any action has been taken to revoke, suspend, restrict, or otherwise sanction the licensee for unprofessional conduct or that the licensee may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a physical or mental condition. The applicant must document that the educational standards, eligibility requirements, and examinations of that state are at least equal in all respects to those of this state.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-055, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-060 Presumption of responsibility for advertisements.** Any licensed doctor of podiatric medicine whose name, office address or place of practice is mentioned in any advertisement of any kind or character shall be presumed to have caused, allowed, permitted, approved and sanctioned such advertising and shall be presumed to be personally responsible for the content and character thereof. Once sufficient evidence of the existence of the advertisement has been introduced at any hearing before the Washington podiatric medical board, the burden of establishing proof to rebut this presumption by a preponderance of the evidence shall be upon the doctor of podiatric medicine.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-060, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-060, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-050, filed 1/14/83.]

**WAC 246-922-070 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 health 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 other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(3) Renewal of licenses. For the renewal on June 30, 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) of this section.

(4) AIDS education and training.

(a) Acceptable education and training. 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 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, suspended, or revoked 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 licensee 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 18.22.015. 91-10-041 (Order 158B), § 246-922-070, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-070, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 1988 c 206 § 604. 89-02-047 (Order PM 813), § 308-31-057, filed 12/30/88.]

**WAC 246-922-080 Advertisements prior to licensure prohibited.** Any individual who has not been licensed to practice as a podiatric physician and surgeon by the state of Washington is prohibited from advertising as practicing podiatric medicine and surgery in this state, by any means including placement of a telephone listing in any telephone directory.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-080, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-080, filed 1/18/91, effective 2/18/91. Statutory Authority: 1982 c 21 § 10. 83-03-032 (Order 418), § 308-31-060, filed 1/14/83.]



**WAC 246-922-090 Delegation of acts to unlicensed persons.** The purpose of WAC 246-922-100 and 246-922-110 is to establish guidelines on delegation of duties to persons who are not licensed to practice podiatric medicine and surgery. The podiatric medical laws of Washington state authorize the delegation of certain duties to nonpodiatric personnel and prohibit the delegation of certain other duties. The licensed podiatric physician and surgeon is ultimately responsible for all treatments performed at his direction. Duties that may be delegated to a person not licensed to practice podiatric medicine and surgery may be performed only under the supervision of a licensed podiatric physician and surgeon. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or pedal 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 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 18.22.015, 91-10-041 (Order 158B), § 246-922-090, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-090, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-100, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-100, filed 1/4/84.]

**WAC 246-922-100 Acts that may be delegated to an unlicensed person.** A podiatric physician and surgeon may allow an unlicensed person to perform the following acts under the podiatric physician and surgeon's supervision.

- (1) Patient education in foot hygiene.
- (2) Deliver a sedative drug in an oral dosage form to patient.
- (3) Give preoperative and postoperative instructions.
- (4) Assist in administration of nitrous oxide analgesia or sedation, but the unlicensed person shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the podiatric physician and surgeon. Patients must never be left unattended while nitrous oxide analgesia or sedation is administered to them. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (5) Take health histories.
- (6) Determine rate and quality of patient's radial pulses.
- (7) Measure the patient's blood pressure.
- (8) Perform a plethysmographic or doppler study.
- (9) Observe the nature of the patient's shoes and hose.
- (10) Observe and report wearing patterns on the patient's shoes.
- (11) Assist in obtaining material for a culture-sensitive test.
- (12) Take scrapings from the skin or nails of the feet, prepare them for microscopic and culture examination.
- (13) Perform weightbearing and nonweightbearing x-rays.
- (14) Photograph patient's foot disorder.
- (15) Debride hyperkeratotic lesions of the foot.

- (16) Remove and apply dressing and/or padding.
- (17) Make necessary adjustments to the biomechanical device.
- (18) Produce impression casting of the foot.
- (19) Produce the following:
  - (a) Removable impression insoles and modifications.
  - (b) Protective devices for alleviating or dispersing pressure on certain deformities or skin lesions such as ulcers, corns, calluses, digital amputation stumps (e.g., latex shields).
  - (20) Apply strap and/or pad to the foot and/or leg.
  - (21) Prepare the foot for anesthesia as needed.
  - (22) Know the indications for and application of cardiopulmonary resuscitation (CPR).
  - (23) Prepare and maintain a surgically sterile field.
  - (24) Apply flexible cast (e.g., Unna Boot).
  - (25) Apply cast material for immobilization of the foot and leg.
  - (26) Remove sutures.
  - (27) Debride nails.
  - (28) Administer physical therapy as directed by the podiatric physician and surgeon.
  - (29) Counsel and instruct patients in the basics of:
    - (a) Their examination, treatment regimen and prophylaxis for a problem.
    - (b) Patient and family foot health promotion practices.
    - (c) Patient and family care of specific diseases affecting the foot (e.g., diabetes, cerebrovascular accident, arthritis).
    - (d) Performing certain exercises and their importance.
  - (30) Give patient or family supplementary health education materials.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-100, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-100, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-110, filed 1/4/84.]

**WAC 246-922-110 Acts that may not be performed by unlicensed persons.** No podiatric physician and surgeon 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 diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human feet or adjacent structures.
- (2) Any administration of general, spinal, or injected local anesthetic of any nature in connection with a podiatric operation.
- (3) Suture.
- (4) Determine the rate and quality of patient's pedal pulses.
- (5) Perform and quantitate a neurological, musculoskeletal, or dermatological examination.
- (6) Palpation of the feet or lower extremities.
- (7) Any interprofessional communication.
- (8) Perform a biomechanical examination.

[Statutory Authority: RCW 18.22.015, 91-10-041 (Order 158B), § 246-922-110, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-110, filed 1/18/91, effective 2/18/91; 87-04-050 (Order PM 638), § 308-31-120, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-120, filed 1/4/84.]

**WAC 246-922-120 General provisions.** (1) "Unprofessional conduct" as used in these regulations 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 which comes under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state podiatric medical board, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince St., MS: EY-23  
Olympia, WA 98504

(5) "Podiatric physician and surgeon" shall mean a person licensed pursuant to chapter 18.22 RCW.

(6) "Mentally or physically disabled podiatric physician and surgeon" shall mean a podiatric physician and surgeon who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice podiatric medicine and surgery with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-120, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-120, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-210, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-130 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 podiatric physician and surgeon 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.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-130, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-130, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-220, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-140 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home shall report to the board when any podiatric physician and surgeon's services are terminated or are restricted based on a determination that the podiatric physician and surgeon has either committed an act or acts which may constitute unprofessional conduct or

that the podiatric physician and surgeon may be mentally or physically impaired. Said officer shall also report if a podiatric physician and surgeon 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 18.22.015. 91-10-041 (Order 158B), § 246-922-140, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-140, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-230, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-150 Podiatric medical associations or societies.** The president or chief executive officer of any podiatric medical association or society within this state shall report to the board when the association or society determines that a podiatric physician and surgeon has committed unprofessional conduct or that a podiatric physician and surgeon may not be able to practice podiatric medicine and surgery 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 18.22.015. 91-10-041 (Order 158B), § 246-922-150, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-150, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-240, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-160 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 and 48.44 RCW, operating in the state of Washington shall report to the board all final determinations that a podiatric physician and surgeon may have engaged in overutilization of services, has charged fees for services not actually provided, 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 18.22.015. 91-10-041 (Order 158B), § 246-922-160, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-160, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-250, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-170 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 podiatric physician and surgeon is employed to provide patient care services, to report to the board whenever such a podiatric physician and surgeon has been judged to have demonstrated his/her incompetency or negligence in the practice of podiatric medicine and surgery, or has otherwise committed unprofessional conduct, or is mentally or physically impaired.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-170, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-170, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-260, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-180 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 a podiatric physician and surgeon 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 18.22.015. 91-10-041 (Order 158B), § 246-922-180, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-180, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-270, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-190 Malpractice suit reporting.** Every licensed podiatric physician and surgeon 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 podiatric physician and surgeon's incompetency or negligence in the practice of podiatric medicine and surgery. Every podiatric physician and surgeon shall also report the settlement or judgment of three or more claims or actions for damages during a one-year period as the result of the alleged podiatric physician and surgeon's incompetence or negligence in the practice of podiatric medicine and surgery regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-190, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-190, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.130.170 and chapter 18.22 RCW. 90-12-013 (Order 060), § 308-31-280, filed 5/30/90, effective 6/30/90.]

**WAC 246-922-200 Professional and ethical standards.** In addition to those standards specifically expressed in chapter 18.22 RCW and chapter 18.130 RCW, the board adopts the standards that follow in governing or regulating the practice of podiatric physicians and surgeons within the state of Washington.

Podiatric medicine and surgery is that specialty of medicine and research that seeks to diagnose, treat, correct and prevent ailments of the human foot. A podiatrist shall hold foremost the principal objectives to render appropriate podiatric medical services to society and to assist individuals in the relief of pain or correction of abnormalities, and shall always endeavor to conduct himself or herself in such a manner to further these objectives.

The podiatric physician and surgeon owes to his or her patients a reasonable degree of skill and quality of care. To this end, the podiatric physician and surgeon shall endeavor to keep abreast of new developments in podiatric medicine and surgery and shall pursue means that will lead to improvement of his or her knowledge and

skill in the practice of podiatric medicine and surgery. "Quality of care" consists of the following elements:

- (1) Necessity of care.
- (2) Appropriateness of service rendered in view of the diagnosis.
- (3) Utilization of services (over or under).
- (4) Quality of service(s) rendered.
- (5) Whether the service(s) reported had been actually rendered.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-200, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-200, filed 1/18/91, effective 2/18/91; 87-09-045 (Order PM 643), § 308-31-500, filed 4/14/87; 87-04-050 (Order PM 638), § 308-31-500, filed 2/3/87; 84-02-077 (Order PL 450), § 308-31-500, filed 1/4/84.]

**WAC 246-922-210 Patient abandonment.** The podiatric physician and surgeon shall always be free to accept or reject a particular patient, but once care is undertaken, the podiatric physician and surgeon shall not neglect the patient as long as that patient cooperates with, requests, and authorizes the podiatric medical services for the particular problem.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-210, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-210, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-510, filed 1/4/84.]

**WAC 246-922-220 Exercise of professional judgment and skills.** A podiatric physician and surgeon shall not accept patients under terms or conditions that interfere with the free exercise of the podiatric physician and surgeon's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-220, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-220, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-520, filed 1/4/84.]

**WAC 246-922-230 Prohibited transactions.** A podiatric physician and surgeon shall not compensate or give anything of value to a representative of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual podiatric physician and surgeon in a news item.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-230, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-230, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-530, filed 1/4/84.]

**WAC 246-922-240 Soliciting patients.** A podiatric physician and surgeon shall not participate in the division of fees or agree to split or divide fees received for podiatric medical services with any person for bringing or referring patients.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-240, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-240, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-540, filed 1/4/84.]

**WAC 246-922-250 Excessive fees.** Fees charged by podiatric physicians and surgeons for professional services rendered to patients must not be excessive. Such

fees may not exceed those in accord with the usual, customary and reasonable charges in the particular community. Complaints regarding excessive charges will be evaluated by the board on an individual basis governed by the following definitions of usual, customary and reasonable fees, as used herein:

(1) "Usual" is defined as the usual fee which is charged for a given service by an individual podiatric physician and surgeon in his practice (i.e., his or her own usual fee).

(2) "Customary" is defined as that range of usual fees charged by podiatric physicians and surgeons of similar training and experience for the same service within a given metropolitan or specific geographic area.

(3) "Reasonable" is defined as a fee which meets the above two criteria or, in the opinion of the board, is justifiable in the circumstances of the particular case in question. This rule is intended to assist in applying RCW 18.22.151(13), which was repealed effective June 11, 1986; therefore, this rule applies only to conduct prior to June 11, 1986.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-250, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-250, filed 1/18/91, effective 2/18/91. Statutory Authority: RCW 18.22.015 and 18.22.010(5). 86-22-042 (Order PM 624), § 308-31-550, filed 11/3/86. Statutory Authority: RCW 18.22.015. 84-02-077 (Order PL 450), § 308-31-550, filed 1/4/84.]

**WAC 246-922-260 Maintenance of patient records.** Any podiatric physician and surgeon 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 podiatric physician and surgeon in an orderly, accessible file and shall be readily available for inspection by the Washington state podiatric medical board or its authorized representative.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-260, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-260, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-560, filed 1/4/84.]

**WAC 246-922-270 Inventory of legend drugs and controlled substances.** Every podiatric physician and surgeon shall maintain a record of all legend drugs and controlled substances that he or she has prescribed or dispensed. 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. The record of the medication prescribed or dispensed will be clearly indicated on the patient record.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-270, filed 4/25/91, effective 5/26/91; 91-03-095 (Order 118B), recodified as § 246-922-270, filed 1/18/91, effective 2/18/91; 84-02-077 (Order PL 450), § 308-31-570, filed 1/4/84.]

**WAC 246-922-280 Renewal expiration date.** Commencing in 1992, a podiatric physician and surgeon license shall be renewed annually on June 1. In

conformance with RCW 34.05.422 a licensee will be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation, if applicable, is received on or before the expiration date.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-280, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-290 Inactive license and reactivation.** A licensee who is in active practice in another state may maintain a current license by requesting his or her license be placed on inactive status.

(1) A licensee practicing in another state whose Washington license to practice podiatric medicine and surgery became inactive on or after July 1, 1987, due to nonpayment of the renewal fees may request his or her license be placed on inactive license status. The request and inactive license fee must be submitted by September 1, 1991.

(2) A licensee who holds a current Washington podiatry license and is actively practicing in another state may request his or her license be placed on inactive status.

A license shall be maintained on the inactive status by payment of the inactive renewal fee annually and verification of compliance with the continuing education requirements established by the board.

An inactive license may be reactivated by payment of the current renewal fee and verification that the licensee has not had any action taken by a state or federal jurisdiction or hospital which would prevent or restrict the licensee's practice of podiatric medicine and surgery; or voluntarily given up any license or privilege or been restricted in the practice of podiatric medicine and surgery in lieu of or to avoid formal action.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-290, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-295 Lapsed license reinstatement.** A license that has not been renewed due to nonpayment of the annual renewal fee shall be considered to be a lapsed license. The license may be reinstated without examination if the board determines that the applicant meets all the requirements for licensure in this state and is competent to engage in the practice of podiatric medicine and surgery.

(1) A license that has lapsed less than one year shall be reinstated upon written request, including a practice chronology from the date of license lapse to the present, payment of the renewal penalty fee together with all delinquent annual renewal fees, and verification of compliance with the continuing education requirements established by the board.

(2) A person whose license has lapsed for longer than one year must:

- (a) File an original application;
- (b) Submit the original application fee and current renewal fee;
- (c) Provide practice chronology of podiatric medicine from the date the license lapsed and evidence of having

met the board's current continuing education requirements;

(d) Provide verification that the licensee has not had hospital privileges restricted or revoked;

(e) Provide verification of all state licenses and that the licensee has not been disciplined by a state regulatory board or agency;

(f) Provide documentation relative to any malpractice settlements or judgments within the past five years;

(g) Provide other documentation as the board may require.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-295, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-300 Podiatric continuing education required.** The podiatric medical board encourages licensees to deliver high-quality patient care. The board recognizes that continuing education programs designed to inform practitioners of recent developments within podiatric medicine and relative fields and review of various aspects of basic professional education and podiatric practice are beneficial to professional growth. The board encourages participation in podiatric continuing education as a mechanism to maintain and enhance competence.

(1) Twenty-five contact hours of podiatric continuing education shall be required annually to maintain a current license.

(2) In case a licensee fails to meet the requirements due to illness, retirement (with no further provision of podiatric services being provided 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 permanent retirement or illness, the board may grant indefinite waiver of podiatric continuing education as a requirement for relicensure, provided an affidavit is received indicating the podiatric physician and surgeon is not providing podiatric services to consumers. If such permanent retirement or illness status is changed or podiatric 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 18.22.015. 91-10-041 (Order 158B), § 246-922-300, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-310 Categories of creditable podiatric continuing education activities.** The following categories of creditable podiatric continuing education activities sponsored by the following organizations are approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One contact hour is defined as a typical fifty-minute classroom instructional session or its equivalent.

(1) Courses or seminars approved by the American Podiatric Medical Association and its component societies and affiliated and related organizations.

(2) Courses or seminars offered by accredited, licensed, or otherwise approved hospitals, colleges, and universities and their associated foundations and institutes offering continuing education programs in podiatric medicine.

(3) Courses or seminars offered by recognized nonpodiatric medical and health-care related societies (e.g., the American Medical Association, the American Physical Therapy Association) offering continuing education programs related to podiatric medicine.

(4) Courses or seminars offered by other nonprofit organizations, other proprietary organizations, and individuals offering continuing education in podiatric medicine.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-310, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-320 Certification of compliance.** (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit verifying compliance with the twenty-five contact hours of podiatric continuing education requirement on a form provided by the board. The first reporting period shall commence June 1, 1991, with verification of compliance required for the 1992 renewal of licensure.

(2) The board may require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the twenty-five contact hours of podiatric continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance for two years following the reporting period the hours were used for renewal of licensure.

[Statutory Authority: RCW 18.22.015. 91-10-041 (Order 158B), § 246-922-320, filed 4/25/91, effective 5/26/91.]

**WAC 246-922-990 Podiatry 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) | \$500.00 |
| Reciprocity application                     | 400.00   |
| License renewal                             | 650.00   |
| Inactive license renewal                    | 135.00   |
| Late renewal penalty                        | 100.00   |
| Duplicate license                           | 15.00    |
| Certification                               | 25.00    |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-922-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-029 (Order 134), recodified as § 246-922-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250 and chapter 18.22 RCW. 90-16-057 (Order 072), § 308-31-055, filed 7/27/90, effective 8/27/90. Statutory Authority: RCW 43.24.086. 89-17-156, § 308-31-055, filed 8/23/89, effective 9/23/89; 87-18-031 (Order PM 667), § 308-31-055, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-22-060 (Order PL 446), § 308-31-055, filed 11/2/83; 83-17-031 (Order PL 442), § 308-31-055, filed 8/10/83. Formerly WAC 308-31-310.]

**Chapter 246-924 WAC**  
**PSYCHOLOGISTS**

## WAC

- 246-924-001 Guidelines for the promulgation of administrative rules.
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- 246-924-040 Psychologists—Education prerequisite to licensing.
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- 246-924-160 Continued supervision of persons receiving certificates of qualification.
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- 246-924-190 Staggered effective periods for new continuing education rules, WAC 308-122-563 through 308-122-583.
- 246-924-200 Continuing education—General requirements.
- 246-924-210 Continuing education—Categories of creditable activities.
- 246-924-220 Continuing education—Categories of creditable activities.
- 246-924-230 Continuing education requirements.
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- 246-924-250 Continuing education—Special considerations.
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- 246-924-270 Continuing education—Exemptions.
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- 246-924-300 Definition of acceptable documentation and proof of CPE.
- 246-924-310 Continuing education—Special considerations.
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- 246-924-460 Telephone directory listings.
- 246-924-470 License application fees—Failure to appear at examination session.
- 246-924-480 Temporary permits.
- 246-924-990 Psychology fees.

**WAC 246-924-001 Guidelines for the promulgation of administrative rules.** The examining board of psychology shall not promulgate rules which restrict access to information from applicant/employee psychological evaluations sought by public safety agencies.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-001, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(1). 86-19-061 (Order PM 616), § 308-122-001, filed 9/16/86.]

**WAC 246-924-010 Definitions.** (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.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-010, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-005, filed 11/15/88.]

**WAC 246-924-020 Applications for licensure.** Effective January 1, 1989, persons applying for licensure or certification shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of WAC 308-122-280.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-020, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-006, filed 11/15/88.]

**WAC 246-924-030 Guidelines for the employment and/or supervision of auxiliary staff.** (1) Qualifications of the supervisor: The supervisor shall be licensed in Washington state for the practice of psychology and have adequate training, knowledge, and skill to evaluate the competence of the work of the auxiliary staff. The supervisor may not be employed by the auxiliary staff.

(2) Qualifications of the auxiliary staff: The staff person must have the background, training, and experience that is appropriate to the functions performed. The supervisor is responsible for determining the adequacy of the qualifications of the staff person and the designation of his/her title.

(3) Responsibilities of the supervisor: The supervisor accepts full legal and professional responsibility for all services that may be rendered by the auxiliary staff. To this end, the supervisor shall have sufficient knowledge of all clients, including face-to-face contact when necessary, in order to plan and assure the delivery of effective services. The supervisor is responsible for assuring that appropriate supervision is available or present at all times. The supervisor is responsible for assuring that auxiliary staff are informed of and adhere to requirements of confidentiality. The supervisor shall assure that the staff person providing services is appropriately covered by professional liability insurance and adheres to accepted business practices.

(4) Conduct of supervision: It is recognized that variability in preparation for duties to be assumed will require individually tailored supervision. In the case of auxiliary staff providing psychological services, a detailed job description shall be developed and a contract for supervision prepared.

(5) Conduct of services that may be provided by auxiliary staff: Procedures to be carried out by the auxiliary

staff shall be planned in consultation with the supervisor. Clients of the auxiliary staff shall be informed as to his/her status and shall be given specific information as to his/her qualifications and functions. Clients shall be informed of the identity of the supervisor. They shall be informed that they might meet with the supervisor at their own request, the auxiliary staff person's or the supervisor's request. Written reports and communications shall be countersigned by the supervisor.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-030, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-060, filed 2/5/86.]

**WAC 246-924-040 Psychologists—Education prerequisite to licensing.** To meet the education requirement of RCW 18.83.070, an applicant shall possess a doctoral degree from an institution of higher education accredited in the region in which the doctoral program is offered at the time the applicant's degree was awarded. In that doctoral program, at least forty semester hours, or sixty quarter-hours, of graduate courses shall have been passed successfully, and can be clearly identified by title and course content as being part of a psychology program. One of the standards for issuance of said degree shall have been the submission of an original dissertation which was psychological in nature. Endorsement by the program administrator shall be requested and considered.

An integrated program of graduate study in psychology shall be defined as follows:

(1) The following defines the organizational structure of the program:

(a) The program shall be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures shall show intent to educate and train psychologists.

(b) The psychology program shall stand as a recognized, coherent, entity within the institution.

(c) There shall be a clear authority and primary responsibility for the core and specialty areas, whether or not the program cuts across administrative lines.

(d) There shall be an organized sequence of study planned by those responsible for the program to provide an appropriate, integrated experience covering the field of psychology.

(e) There shall be an identifiable psychology faculty and a psychologist administratively responsible for the program.

(f) There shall be an identified body of students selected on the basis of high ability and appropriate educational preparation.

(2) The following defines the academic program:

(a) The curriculum shall encompass a minimum of three academic years of full-time graduate study or their equivalent. The doctoral program shall involve at least one continuous year of full-time residency at the institution which grants the degree. A minimum of seven hundred fifty hours of student-faculty contact involving face-to-face individual or group educational meetings shall be considered in lieu of one year residency. Such

educational meetings must include both faculty-student and student-student interaction, be conducted by the psychology faculty of the institution at least seventy-five percent of the time, be fully documented by the institution and the applicant, and relate substantially to the program components specified. The applicant shall clearly have had instruction in: History and systems, research design and methodology, statistics and psychometrics. The program shall require each student to complete three or more semester hours (five or more quarter-hours) of core study in each of the following content areas:

(i) Biological bases of behavior (physiological psychology, comparative psychology, neurobases, sensation and perception, biological bases of development);

(ii) Cognitive-affective bases of behavior (learning, thinking, motivation, emotion, cognitive development);

(iii) Social bases of behavior (social psychology, organizational theory, community psychology, social development);

(iv) Individual differences (personality theory, psychopathology); and

(v) Scientific and professional ethics.

(b) The program shall include practicum, internship, field or laboratory experience appropriate to the area of psychology that is the student's major emphasis.

(3) If the major emphasis is in clinical, counseling, school or other applied area, the program shall include coordinated practicum and internship experience.

(a) Practicum experience shall total at least two semesters (three quarters) and consist of a total of at least 300 hours of direct experience and 100 hours of supervision.

(b) The practica shall be followed by an organized internship. Predoctoral internship programs accredited by the American Psychological Association shall be accepted by the board as meeting this requirement. Otherwise, an organized internship shall be as follows:

(i) The internship shall be designed to provide a planned, programmed sequence of training experiences, the primary focus of which is to assure breadth and quality of training.

(ii) The internship setting shall have a clearly designated psychologist who is responsible for the integrity and quality of the training program and who is licensed/certified by the state/provincial board of psychology examiners.

(iii) The internship setting shall have two or more psychologists available as supervisors, at least one of whom is licensed/certified as a psychologist.

(iv) Supervision shall be provided by the person who is responsible for the cases being supervised. At least seventy-five percent of the supervision shall be provided by a psychologist(s).

(v) At least twenty-five percent of the intern's time shall be spent in direct client contact (minimum 375 hours) providing assessment and intervention services.

(vi) There shall be a minimum of 2 hours per week of regularly scheduled, formal, face-to-face individual supervision with the specific intent of dealing with the direct psychological services rendered by the intern. There

shall also be a minimum of 2 hours of other learning activities such as: Case conferences, seminars on applied issues, co-therapy with a staff person including discussion, group supervision.

(vii) Supervision/training relating to ethics shall be an ongoing aspect of the internship program.

(viii) Trainees shall have titles such as "intern," "resident," "fellow," or other designation of trainee status.

(ix) The internship setting shall have a written statement or brochure describing the goals and content of the internship, stating clear expectations and quality of trainees' work, and made available to prospective interns.

(x) The internship experience shall consist of at least 1500 hours and shall be completed within twenty-four months.

(4) Applicants for licensure who obtained degrees from foreign universities shall first submit, at their own expense, their credentials to an independent, private professional organization approved by the board to establish equivalency of training required by this section.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-040, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-040, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-200, filed 4/15/88. Statutory Authority: RCW 18.83.050(2) and 18.83.070(2). 87-19-096 (Order PM 678), § 308-122-200, filed 9/17/87. Statutory Authority: Chapter 18.83 RCW. 78-12-046 (Order PL 293), § 308-122-200, filed 11/27/78; Order PL-245, § 308-122-200, filed 4/15/76.]

**WAC 246-924-050 Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987.** (1) This rule applies in lieu of WAC 308-122-200 for applicants enrolled between December 28, 1978 and October 19, 1987 in a program leading to a doctoral degree. To meet the education requirement imposed by the statute, an applicant must possess a doctoral degree from a training institution approved by the board in which at least forty semester hours, or sixty quarter-hours, of graduate courses were passed successfully, and were clearly identified by title and course content as being primarily psychological in nature, as determined by the board. Part of the standards for issuance of said degree must require the submission of an original dissertation which must be psychological in nature, as determined by the board.

(2) The following guidelines define the "academic core" of study that should have been completed by each applicant:

(a) Programs accredited by the American Psychological Association are recognized as one way of meeting the definition of a professional psychology program. The criteria for accreditation serve as a model for professional training.

(b) Training in professional psychology is doctoral training offered in regionally accredited institution of higher education.

(c) The program must be clearly identified and labeled as a psychology program. Pertinent catalogues and brochures must show intent to educate and train professional psychologists.

(d) The psychology program must stand as a recognizable, coherent, organizational entity within the institution.

(e) There must be a clear authority and primary responsibility for the core and specialty areas whether or not the program cuts across administrative lines.

(f) There must be an organized sequence of study planned by those responsible for the training program to provide an appropriate, integrated, experience applicable to the professional practice of psychology.

(g) There must be an identifiable psychology faculty and a psychologist responsible for the program.

(h) There must be an identifiable body of students, selected on the basis of high ability and appropriate educational preparation.

(i) Programs must include practicum, internship, field or laboratory experience appropriate to the practice of psychology.

(j) The curriculum should encompass a minimum (or equivalent) of three academic years of full-time graduate study. The doctoral program should involve at least one continuous year of full-time residency at the university at which the degree is granted. Instruction should include scientific and professional ethics and standards, history and systems: Research design and methodology; statistics and psychometrics. The core program should also require each student to obtain an academic background of the following content areas (typically six or more semester hours):

(i) Biological bases of behavior: e.g., physiological psychology, comparative, neuropsychology, sensation and perception, psychopharmacology.

(ii) Cognitive-affective bases of behavior: e.g., learning, thinking, motivation, emotions.

(iii) Social bases of behavior: e.g., social, psychology, group processes, organizational and systems theory.

(iv) Individual differences: e.g., personality theory, human development, abnormal psychology.

(3) If the major emphasis is in an applied area such as clinical, counseling, school or other pertinent areas, the program must include a set of coordinated practicum and internship experiences which total at least two semesters in the practicum setting, and additionally a "one-year" internship. A minimum of 300 hours of practicum, including 100 hours of scheduled individual supervision, should precede the internship.

(4) The psychological services offered in the internship program in "Standards for providers of psychological services" published by the American Psychological Association may be used as a framework for the internship program. The board also recognizes other quality internship programs.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-050, filed 1/28/91, effective 2/28/91; 89-11-054 (Order PM 845), § 308-122-211, filed 5/17/89.]

**WAC 246-924-060 Psychologists—Experience prerequisite to licensing.** (1) Need for supervision. The law requires that the applicant have at least twelve months experience practicing psychology under qualified supervision after having completed all requirements for a



doctoral degree. Supervision must be appropriate to the area(s) of professional activity in which the candidate intends to function.

(2) Twelve months of experience shall include a MINIMUM of 1500 supervised clock hours of psychological work. There should be a MINIMUM of one hour of individual supervision for every twenty hours of psychological work. The majority of supervised hours should be in the area(s) of intended psychological work. Documentation of experience and supervision hours shall be kept by supervisee and supervisor. The supervisor(s) shall forward to the board a written evaluation at the end of the twelve-month period, and shall indicate whether the supervisee has satisfactorily completed the supervised clock hours of psychological work. If any supervisor's(s') written evaluation indicates that the supervisee has failed to satisfactorily complete the required work, the board may require additional supervised clock hours of psychological work.

(3) Appropriate supervision is that provided by a licensed psychologist with two years post-license experience, a psychiatrist with three years of experience beyond residency, or an MSW with five years post degree experience or a doctoral level psychologist by training and degree with two years of post-doctoral experience who is exempt from licensure by RCW 18.83.200 (1); (2); (3); or, (4), but only when supervising within the exempt setting. At least 50 percent of supervision must be provided by a licensed psychologist. The supervisor must have competence in the area(s) of intended psychological work of the supervisee. The supervisor shall not supervise in any area in which he or she does not have competence.

(4) Content of supervision. Supervision should include, but not be limited to, the following content area:

- (a) Discussion of services provided by the supervisee;
- (b) Selection, service plan, and review of each case or work unit of the supervisee;
- (c) Discussion of and instruction in theoretical conceptions underlying the supervised work;
- (d) Discussion of the management of professional practice or other administrative or business issues;
- (e) Evaluation of the supervisory process, supervisee, and supervisor;
- (f) Discussion of the coordination of services among other professionals involved in particular work units;
- (g) Review of relevant Washington laws and rules and regulations;
- (h) Discussion of ethical principles including principles that apply to current work;
- (i) Review of standards for providers of psychological services;
- (j) Discussion of other relevant reading materials specific to cases, ethical issues, and the supervisory process.

(5) Mode of supervision. The nature of supervision will vary depending on the theoretical orientation of the supervisor, the training and experience of the supervisee, and the duration of the supervisory relationship. It is reasonable for a supervisor to ask for detailed process notes and progress reports. Audio tapes, video tapes, client supplied information such as behavioral ratings, and

one-way mirror observations are also appropriate when deemed useful and/or necessary. However accomplished, supervision shall include some direct observation of the supervisee's work. The preferred mode of supervision is face-to-face discussion between supervisor and supervisee.

(6) Authority of supervisor. The supervisor is ethically and legally responsible for all supervisee work covered in the written agreement for supervision. Therefore, it is the authority of the supervisor to alter service plans or otherwise direct the course of psychological work.

(7) Written agreement for supervision. The supervisor and supervisee shall have a written agreement for supervision. This shall include:

- (a) The area(s) of professional activity in which supervision will occur;
- (b) Hours of supervision and/or ratio of supervisory hours or professional hours;
- (c) Supervisory fees, if appropriate;
- (d) Process of supervision including mode of supervision, expectations for recordkeeping, and expectations for evaluation and feedback;
- (e) Relevant business arrangements;
- (f) How the supervisee will represent him or herself;
- (g) How disagreements will be handled.

(8) Representation of supervisee to the public. It shall be the responsibility of the supervisee to represent him or herself to the consuming public as being in training status with a suitable supervisor. Clients shall be informed of the identity and responsibilities of the supervisor; and shall be informed of their right to consult or speak directly with the supervisor. Such titles as psychological resident, psychological intern or psychological supervisee, are deemed appropriate for the supervisee. NO services provided by the supervisee shall be represented to third parties as having been provided by the supervisor. Insurance forms should be filled out to indicate the nature of the supervisory relationship.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-060, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-215, filed 4/15/88. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-215, filed 2/5/86. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-215, filed 3/5/85.]

**WAC 246-924-070 Psychologists—Written examination.** Written examination requirements: The written examination that is used in the state of Washington is the examination of professional practice of psychology. The examination consists of objective multiple choice questions covering the major areas of psychology. Each form of the examination contains between 150 and 200 items in the areas listed below:

(1) Background information, including physiological psychology and comparative psychology, learning, history, theory and systems, sensation and perception, motivation, social psychology, personality, cognitive processes, developmental psychology and psychopharmacology.

(2) Methodology including research design and interpretation, statistics, test construction and interpretation, scaling.

(3) Clinical psychology including test usage and interpretation, diagnosis, psychopathology, therapy, judgment in clinical situations, community mental health.

(4) Behavior modification including learning and applications.

(5) Other specialties including management consulting, industrial and human engineering, social psychology, t-groups, counseling and guidance, communication systems analysis.

(6) Professional conduct and ethics including interdisciplinary relations and knowledge of professional affairs.

The cutoff score which the Washington state board of examiners uses is 75% of the raw score, or the national mean of all first time doctorates, whichever is the lowest.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-070, filed 1/28/91, effective 2/28/91; 82-18-073 (Order PL 404), § 308-122-220, filed 9/1/82; 80-07-010 (Order PL 346), § 308-122-220, filed 6/9/80; 79-08-009 (Order PL-309), § 308-122-220, filed 7/9/79; Order PL-245, § 308-122-220, filed 4/15/76.]

**WAC 246-924-080 Psychology examination--Application submittal date.** To be eligible to take any particular written examination, an applicant for licensure must file his or her application with the department of licensing not less than sixty days prior to the examination date. In the case of late filing, the time requirement for filing may be reduced if good cause for the late filing is shown and the application can still be processed prior to the examination date.

Examinations are normally held in April and October of each year.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-080, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.030, 18.83.050 and 18.83.060. 79-08-008 (Order PL-308), § 308-122-225, filed 7/9/79.]

**WAC 246-924-090 Psychologists--Oral examination.** Oral examination: The oral exam covers the same core issues for all candidates ranging through four major foci:

(1) Professional judgment in areas of stated competence;

(2) Knowledge of state laws pertaining to psychologist and psychological ethics;

(3) Knowledge and skills in area of stated competence. The candidate must be able to articulate and relate conceptual rationale and methodological interventions;

(4) Adequacy of candidate's professional training, supervision and experience.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-090, filed 1/28/91, effective 2/28/91; 79-08-009 (Order PL-309), § 308-122-230, filed 7/9/79; Order PL-245, § 308-122-230, filed 4/15/76.]

**WAC 246-924-100 Qualifications for granting of license by reciprocity.** (1) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170 (1) and (2) shall:

(a) Provide evidence of meeting the educational requirements set forth in RCW 18.83.200 in effect at the time the applicant entered his/her doctoral program;

(b) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

(2) Candidates applying for licensure pursuant to the provisions of RCW 18.83.170(3) shall:

(a) Pass the oral examination administered by the board pursuant to RCW 18.83.050.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-100, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-235, filed 4/15/88.]

**WAC 246-924-110 AIDS education and training.**

(1) Acceptable education and training. Such education and training shall be consistent with the model curriculum available from the office on AIDS and with the standards set forth in WAC 308-122-520(1), shall be a minimum of seven clock hours, and shall include, but not be 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 or certification application, renewal, or reinstatement of any license or certification 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 learning; and

(c) Be prepared to validate, through submission of these records, that learning has taken place.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-110, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-280, filed 11/15/88.]

**WAC 246-924-120 Psychologists--Renewal of licenses.**

(1) The annual license renewal date for psychologists is hereby changed to 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) After the initial conversion to a staggered system, licensees may renew their licenses, at the annual renewal fee rate, for one year, from birth anniversary date to the next birth anniversary date.

(3) On a one time basis beginning January 1, 1989, all persons making application for licensure or certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of WAC 308-122-280. 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 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-120, filed 1/28/91, effective 2/28/91. Statutory Authority: 1988 c 206 § 604. 88-23-059 (Order PM 798), § 308-122-350, filed 11/15/88; Order PL 227, § 308-122-350, filed 11/5/75; Order PL 177, § 308-122-350, filed 10/15/74.]

**WAC 246-924-130 Certificates of qualification.** Certificates of qualification shall not be granted. Those holding certificates of qualification as of July 1, 1990, shall continue to be in conformance with WAC 308-122-370, 308-122-430, and 308-122-440.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-130, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-130, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-360, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-360, filed 10/1/75.]

**WAC 246-924-140 Certificates of qualification--**  
**Title.** Applicants receiving the certificates of qualification shall hold the title of "psychological assistant," unless the board approves the applicant's petition to work without immediate supervision in which case the applicant shall hold the title of "psychological affiliate."

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-140, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-370, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-370, filed 10/1/75.]

**WAC 246-924-150 Certificates of qualification--**  
**Procedure for additional areas of function.** A person receiving a certificate of qualification may apply for certification in an additional area of function by updating his/her application form and references, submitting the required fee and by taking an oral examination in the new area following the procedures outlined above.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-150, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-430, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-430, filed 10/1/75.]

**WAC 246-924-160 Continued supervision of persons receiving certificates of qualification.** (1) The law states that the holder of a certificate of qualification must perform psychological functions "under the periodic direct supervision of a psychologist licensed by the board." The board's interpretation of this statement is that the psychological assistant is certified *in tandem* with a licensed psychologist and not in his or her own right. That is, the board will evaluate simultaneously the professional capabilities of the applicant and the qualifications of the licensed psychologist to supervise the assistant in the specific professional functions outlined by the assistant. The board's approval of an association between a psychological assistant and a licensed psychologist is done purely on an examination of the professional qualifications of the two parties concerned and on the execution of an agreement between the two of them as

proposed supervisor and supervisee. The board in no way involves itself with the specific work conditions, fees, salaries, and related factors except insofar as they have a bearing on the quality of the professional relationship or services offered to the public.

(2) The applicant must indicate on the application form, in detail, his or her areas of intended practice. After initial screening (evaluation of the person's education, experience and supervision) and passing the national written examination, the applicant shall furnish the board with a plan for continued supervision which will include detailed information regarding the supervisor which indicates an agreement to supervise. The board will use this information in conjunction with the oral examination to assess the supervision plans.

(3) Minimum supervision shall entail discussion of the assistant's work through regularly scheduled contacts with the supervisor at appropriate intervals. Whenever possible, supervision should consist of occasional direct observation or review of taped case material. The supervisor shall be responsible for preparing evaluative reports of the assistant's performance, which will be forwarded to the division of professional licensing on a periodic basis.

(4) When a licensed psychologist assumes the responsibility of supervision, he or she shares the professional and ethical responsibility for the nature and quality of all of the psychological services as the assistant may provide. Failure to provide supervision when such a relationship is claimed may result in appropriate action against the license of the supervisor.

(5) Interruption or termination of a supervisory relationship shall be promptly communicated to the division of professional licensing.

(6) In every case where psychological testing is done and a report is written based on that testing by a psychological assistant, the supervising licensed psychologist will countersign the report indicating his approval.

(7) An applicant or holder of a certificate may apply to the board for authority to work without immediate supervision in particular areas of function. In these cases the board may require further evidence of proficiency. Even though the immediate supervision requirement is waived for the psychological affiliate, periodic supervisory consultation as deemed appropriate by the board is required. Evidence of supervisory consultation must be submitted to the division of professional licensing with the annual license fee.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-160, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-440, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-440, filed 10/1/75.]

**WAC 246-924-170 Certificates of qualification--**  
**Representations to clients.** (1) Each client of the psychological assistant or psychological affiliate must be informed of the nature of the assistant's or affiliate's professional status, the function in which he or she is certified, and the fact that said assistant is under the supervision of a licensed psychologist.

(2) Only psychological affiliates may advertise their services (e.g. representations of themselves in telephone directories and announcements and on business cards). In doing so, the affiliate must list the functions for which he or she is certified and state his or her academic degree.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-170, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.090. 89-19-053 (Order PM 862), § 308-122-450, filed 9/19/89, effective 10/20/89; Order PL 202, § 308-122-450, filed 10/1/75.]

**WAC 246-924-180 Continuing education--Purpose and scope.** The ultimate aim of continuing education is to ensure the highest quality of professional work. Continuing psychology education consists of educational activities designed to review existing concepts and techniques and to convey information and knowledge about advances in psychology as applied to the work settings. The objectives are to improve and increase the ability of the psychologist to deliver the highest possible quality of psychological work and to keep the professional psychologist abreast of current developments in a rapidly changing field. All psychologists, licensed pursuant to chapter 18.83 RCW, and holders of certificates of qualification issued pursuant to RCW 18.83.105, will be required to meet the continuing education requirements set forth in these rules as a prerequisite to license renewal.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-180, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-190 Staggered effective periods for new continuing education rules, WAC 308-122-563 through 308-122-583.** (1) WAC 308-122-505 through 308-122-545 applies to those licensees who are required to submit affidavits of compliance with their 1990, 1991, or 1992 renewal of licenses for the continuing psychological education as attested to on those affidavits.

(2) For those licensees who have submitted or are required to submit an affidavit of compliance pursuant to WAC 308-122-545 in 1990, WAC 308-122-565 through 308-122-583 shall apply for the submission of proof of continuing psychological education with the licensees' 1993 renewals of licenses instead of WAC 308-122-505 through 308-122-545.

(3) For those licensees who are required to submit an affidavit of compliance pursuant to WAC 308-122-545 in 1991, WAC 308-122-565 through 308-122-583 shall apply for the submission of proof of continuing psychological education with the licensees' 1994 renewals of licenses instead of WAC 308-122-505 through 308-122-545.

(4) For those licensees who are required to submit an affidavit of compliance pursuant to WAC 308-122-545 in 1992, WAC 308-122-565 through 308-122-583 shall apply for the submission of proof of continuing psychological education with the licensees' 1995 renewals of licenses instead of WAC 308-122-505 through 308-122-545.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-190, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-200 Continuing education--General requirements.** The Washington state board of psychology examiners (hereafter referred to as the board) requires one hundred fifty credit hours of continuing psychological education (hereafter referred to as CPE) every three years. One clock hour of acceptable CPE activity equals one credit hour. Currently licensed psychologists will be divided into three groups, by birthdate[s], for ease in implementing CPE. Group I, those with birthdates falling in the months of January, February, March or April, will have 1 year to show evidence of 50 hours, Group II, those with birthdates falling in the months of May, June, July or August, will have 2 years to show evidence of 100 hours, and Group III, those with birthdates falling in the months of September, October, November or December, will have 3 years to show evidence of 150 hours. Groups I and II may distribute their hours in any of the categories without minimum or maximum category limitations. After implementation phase, all licensees will be on the 3 year cycle. All new psychologists licensed after the effective date will have 3 years to show evidence of 150 hours.

Any holder of certificate of qualification on February 1, 1986 will have 3 years from their birthdate following February 1, 1986, to show evidence of 150 hours. Any person issued a certificate of qualification after February 1, 1986 will have 3 years from the date of issuance to show evidence of 150 hours.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-200, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-505, filed 2/5/86; Order PL 276, § 308-122-505, filed 11/16/77.]

**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 246-924-210 Continuing education--Categories of creditable activities.** The following are categories of creditable CPE activities approved by the board:

- (1) Category I - Educational activities.
- (2) Category II - Educational activities.
- (3) Category III- Teaching, supervision, and training of psychologists, psychology students or allied services.
- (4) Category IV- Books, papers, publications, and exhibits.
- (5) Self-programed, nonsupervised and creative activities, i.e., self-instruction, specialty board examination preparation or other meritorious learning experiences.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-210, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-510, filed 11/16/77.]

**WAC 246-924-220 Continuing education--Categories of creditable activities.** The following are categories of creditable CPE activities approved by the board:

- (1) Category I - Educational activities: Formal, didactic classes and/or workshops.
- (2) Category II - All other educational related activities as defined by the board.

[Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-220, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-230 Continuing education requirements.** (1) The Washington state board of psychology (hereafter referred to as the board) requires a minimum of one hundred fifty hours of continuing psychological education (hereafter referred to as CPE) every three years.

(2) One clock hour of instruction and/or training shall equal one credit hour for the purpose of satisfying the one hundred fifty hour CPE requirement.

(3) A minimum of sixty hours must be earned in Category I; all one hundred fifty hours may be earned in Category I.

(4) A maximum of ninety hours may be earned in Category II; there is no minimum required for this category.

(5) Credit hours in excess of the requirements set forth cannot be credited to CPE requirements for any succeeding three year cycle.

(6) A minimum of four hours credit in ethics must be included in the sixty hours required in Category I. Areas to be covered, depending on the licensee's primary area(s) of function are practice, consultation, research, teaching, and/or supervision.

(7) Faculty providing CPE offerings shall meet the training and the full qualifications of their respective professions. All faculty shall have demonstrated an expertise in the areas in which they are instructing.

[Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-230, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-230, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-515, filed 11/16/77.]

**WAC 246-924-240 Definitions of categories of creditable CPE.** (1) All CPE activities shall be directly relevant to maintaining or increasing professional or scientific competence in psychology. Courses or workshops primarily designed to increase practice income or office efficiency, while valuable to the licensee, are specifically noneligible for CPE credit. Recognized activities for Category I shall include:

(a) Courses, seminars, workshops and post-doctoral institutes offered by educational institutions chartered by a state and recognized (accredited) by a regional association of schools, colleges and universities as providing graduate level course offerings. Such educational activities shall be recorded on an official transcript or certificate of completion (see WAC 308-122-563).

(b) Courses (including correspondence courses), seminars, workshops and post-doctoral institutes sponsored by the American Psychological Association, the National Academy of Professional Psychologists, regional or state psychological associations or their subchapters, psychology internship training centers and other professionally or scientifically recognized behavioral science organizations such as, but not limited to, National Training Laboratories, National Association of Social Workers, Department of Veterans' Affairs, Regional

Medical Education Centers, Western Psychological Association, Northwest Family Training Institute, Seattle Institute for Psychoanalytic Training.

(2) Recognized activities of Category II shall include:

(a) Obtaining consultative training from a licensed professional or institute (other than supervision which is routinely required in one's employment).

(b) CPE which includes in-service and in-house seminars, case conferences, lectures, professional journal and book study groups, as well as noninstitutionally organized regularly scheduled similar activities.

(c) Teaching a specific course to psychology and other allied health students may be counted the first time it is taught. One classroom hour equals one CPE hour. The course may be counted only once.

(d) Supervising psychologists, psychology students, institutional staff, or other professionals or students from an institution with a formal teaching or training program, if the institution has approved the supervision, shall qualify for CPE on an hourly basis. Privately arranged supervision shall meet the professionally accepted standards of supervision.

(e) Writing and having accepted for publication articles and/or chapters for books. Such publications must appear in a scientific, psychological, or allied professional journal or book. Twenty-five hours may be earned for each such article or chapter. Editing the work of others is not acceptable for CPE credit.

(f) Presentation of a scientific or professional paper or program at a professional/scientific meeting of psychologists or allied professionals. Ten hours of CPE credit may be claimed only once for the same materials or program regardless of how often presented.

(g) Attendance at or participation in professional meetings or conventions of national, regional, or state psychological associations or other professionally recognized behavioral science conventions. A maximum of five hours may be claimed for each convention or professional meeting.

(h) Courses or workshops offered by accredited colleges or universities not offering graduate courses in psychology.

[Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-240, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-240, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-520, filed 11/16/77.]

**WAC 246-924-250 Continuing education—Special considerations.** In lieu (total or partial) of one hundred fifty hours of CPE the board may consider credit hour approval and acceptance of other programs as they are developed and implemented, such as:

(1) Compliance with a CPE program developed by the American Psychological Association which provides either a recognition award or certificate, may be evaluated and considered for partial or total fulfillment of the CPE credit hour requirements of the board.

(2) Psychologists licensed in the state of Washington but practicing in a different state or country which has a mandatory or voluntary CPE program may submit to the board evidence of completion of that other state's or

country's CPE requirements for evaluation and partial or total credit hour approval.

(3) Psychologists licensed in the state of Washington but practicing in a state, U.S. territory or foreign country without CPE requirements, or who are not legally required to meet those CPE requirements, may submit evidence of their CPE activities pursued outside of Washington state directly to the board for evaluation and approval based on conformity to the board's CPE requirements.

(4) The board may also accept evidence of diplomate award by the American Board of Examiners in Professional Psychology (ABPP) in lieu of one hundred fifty hours of CPE for that three year period in which the diplomate was awarded.

(5) Credit hours may be earned for other specialty board or diploma certifications if and when such are established.

(6) All board members appointed after December 31, 1985 shall receive, for each year of service on the board, ten continuing education credits, to be applied in any category the board member chooses.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-250, filed 1/28/91, effective 2/28/91; Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-525, filed 2/5/86; Order PL 276, § 308-122-525, filed 11/16/77.]

**WAC 246-924-260 Continuing education--Enforcement.** Failure to meet above CPE requirements within each three year time period will result in nonrenewal of license. The licensee may petition the board for a hearing. License renewal will be based on decision of the board.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-260, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-530, filed 11/16/77.]

**WAC 246-924-270 Continuing education--Exemptions.** In the event a licensee fails to meet requirements because of illness or retirement (with no further provision of psychological services to consumers) or failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time extension. In the case of permanent retirement or illness, the board may grant indefinite waiver of CPE as a requirement for relicensure, provided an affidavit is received indicating the psychologist is not providing psychological services to consumers. If such permanent illness or retirement status is changed (reversed) or consumer psychological services are resumed, it is incumbent upon the licensed psychologist to immediately notify the board and meet CPE requirements for relicensure. CPE credit hours will be prorated for the portion of that three year period involving resumption of such services.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-270, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-535, filed 11/16/77.]

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**WAC 246-924-280 Continuing education--Program or course approval.** (1) The board will accept any CPE that reasonably falls within the above categories and requirements. The board relies upon each individual psychologist's integrity with the intent and spirit of the CPE requirements.

(2) CPE program sponsors or institutes should not apply for, nor expect to receive, prior or current board approval for Category I status, except as required by WAC 308-122-515 and 308-122-520. The CPE category in which credit hours may be claimed will be determined by the definitions as shown in WAC 308-122-520.

(3) The number of creditable hours may be determined by counting the actual contact hours of instruction or, in the case of workshops, the formal hours of the workshop.

Note: The board relies upon the integrity of program sponsors to present CPE that constitutes a professional and/or scientific learning experience of quality and pertinent to psychology.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-280, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-540, filed 11/16/77.]

**WAC 246-924-290 Continuing education--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 hours CPE requirement on a form supplied by the board.

(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 one hundred fifty hours CPE requirement. Therefore, it is the responsibility of each licensee to maintain records, certificates, or the other evidence of CPE compliance.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-290, filed 1/28/91, effective 2/28/91; Order PL 276, § 308-122-545, filed 11/16/77.]

**WAC 246-924-300 Definition of acceptable documentation and proof of CPE.** Licensees are responsible for acquiring and maintaining all acceptable documentation of their CPE activities.

Acceptable documentation for Category I CPE shall include transcripts, letters from course instructors, or certificate of completion or other formal certification. In all cases other than transcripts, the documentation must show the participant's name, the activity title, number of CPE credit hours, date(s) of activity, faculty's name(s) and degree and the signature of verifying individual (program sponsor).

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-300, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-310 Continuing education--Special considerations.** (1) The board will accept evidence of diplomate award by the American Board of Examiners

in Professional Psychology (ABPP) in lieu of one hundred fifty hours of CPE for that three year period in which the diplomate was awarded.

(2) Credit hours may be earned for other specialty board, education awards, or diploma certifications if and when such are established.

(3) Psychologists or psychological associates licensed in Washington state who wish to retain their Washington license, but are working and living in another state, United States territory or country, may submit evidence of their CPE activities pursued outside of Washington state directly to the board for evaluation and partial or total approval based on conformity to the board's CPE requirements.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-310, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-320 Continuing education--Enforcement.** (1) Affidavit of compliance: Every third year, in conjunction with the application for renewal of license, a licensee shall submit an affidavit of compliance with the requirement of one hundred fifty hours of CPE on a form supplied by the board. Failure to submit such affidavit at licensure renewal time, or submission of the affidavit in such manner that CPE compliance cannot be determined by the board will result in denial of renewal of license. Subsequent renewal will be based on the decision of the board after compliance has been determined to be adequate.

(2) Audit: A percentage, which shall be determined by the board, of all licensees' affidavits submitted in conjunction with license renewal applications shall be regularly audited for supporting documentation by the board. Upon audit, it is the sole responsibility of the licensee to submit copies of the appropriate and acceptable documentation of completed CPE activities to the board. Failure to comply with the audit documentation request or failure to supply acceptable documentation within sixty days of the date of the audit request (in the absence of justification acceptable to the board) shall result in disciplinary action which shall remain in place until compliance is deemed acceptable by the board.

(3) Failure to meet the CPE requirements within each three-year cycle shall result in disciplinary action by the board. The licensee so disciplined may petition the board for a hearing. License reinstatement shall be based on decision of the board.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-320, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-330 Continuing education--Exemptions.** In the event a licensee fails to meet requirements, because of illness, retirement (with no further provision of psychological services to consumers), failure to renew, or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant a time extension. The board may, in its discretion, limit in part or in whole the provision of psychological services to the consumers until the CPE requirements are met. In the

case of retirement or illness, the board may grant indefinite waiver of CPE as a requirement for relicensure, provided an affidavit is received indicating the psychologist is not providing psychological services to consumers. If such illness or retirement status is changed or consumer psychological services are resumed, it is incumbent upon the licensee to immediately notify the board and to resume meeting CPE requirements for relicensure. CPE credit hours will be prorated for the portion of that three year period involving resumption of such services.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-330, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-340 Continuing education--Program or course approval.** (1) The board will accept CPE that meets the requirements of this chapter. The board relies upon each individual licensee's integrity and the integrity of CPE providers to comply with the intent and spirit of the CPE requirements.

(2) CPE program sponsors or institutes should not apply for, nor expect to receive, prior or current board approval for CPE status or category.

[Statutory Authority: RCW 18.83.050. 91-04-021 (Order 129B), § 246-924-340, filed 1/28/91, effective 2/28/91.]

**WAC 246-924-350 Code of ethics--General considerations.** Psychologists respect the dignity and worth of the individual and strive for the preservation and protection of fundamental human rights. They are committed to increasing knowledge of human behavior and of people's understanding of themselves and others and to the utilization of such knowledge for the promotion of human welfare. While pursuing these objectives, they make every effort to protect the welfare of those who seek their services of the research participants that may be the object of study. They use their skills only for purposes consistent with these values and do not knowingly permit their misuse by others. While demanding for themselves freedom of inquiry and communication, psychologists accept the responsibility this freedom requires: Competence, objectivity in the application of skills, and concerns for the best interests of clients, colleagues, students, research participants, and society. In the pursuit of these ideals, psychologists subscribe to principles in the following areas: 1. Responsibility, 2. Competence, 3. Public statements, 4. Confidentiality, 5. Welfare of the consumer, 6. Professional relationships, 7. Assessment techniques, 8. Research with human participants, and 9. Care and use of animals.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-350, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-600, filed 3/5/85.]

**WAC 246-924-360 Responsibility.** In providing services, psychologists maintain the highest standards of their profession. They accept responsibility for the consequences of their acts and make every effort to ensure that their services are used appropriately.

(1) As scientists, psychologists accept responsibility for the selection of their research topics and the methods used in investigation, analysis, and reporting. They plan their research in ways to minimize the possibility that their findings will be misleading. They provide thorough discussion of the limitations of their data, especially where their work touches on social policy or might be construed to the detriment of persons in specific age, sex, ethnic, socioeconomic, or other social groups. In publishing reports of their work, they never suppress disconfirming data, and they acknowledge the existence of alternative hypotheses and explanations of their findings. Psychologists take credit only for work they have actually done.

(2) Psychologists clarify in advance with all appropriate persons and agencies the expectations for sharing and utilizing research data. They avoid relationships that may limit their objectivity or create a conflict of interest. Interference with the milieu in which data are collected is kept to a minimum.

(3) Psychologists have the responsibility to attempt to prevent distortion, misuse, or suppression of psychological findings by the institution or agency of which they are employees.

(4) As members of governmental or other organizational bodies, psychologists remain accountable as individuals to the highest standards of their profession.

(5) As teachers, psychologists recognize their primary obligation to help others acquire knowledge and skill. They maintain high standards of scholarship by presenting psychological information objectively, fully, and accurately.

(6) As practitioners, psychologists know that they bear a heavy social responsibility because their recommendations and professional actions may alter the lives of others. They are alert to personal, social, organizational, financial, or political situations and pressures that might lead to misuse of their influence.

(7) Psychologists do not employ psychological techniques for entertainment, nor for other purposes inconsistent with the development of psychology as a science.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-360, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-610, filed 3/5/85.]

**WAC 246-924-370 Competence.** The maintenance of high standards of competence is a responsibility shared by all psychologists in the interest of the public and the profession as a whole. Psychologists recognize the boundaries of their competence and the limitations of their techniques. They only provide services and only use techniques for which they are qualified by training and experience. In those areas in which recognized standards do not yet exist, psychologists take whatever precautions are necessary to protect the welfare of their clients. They maintain knowledge of current scientific and professional information related to the services they render.

(1) Psychologists accurately represent their competence, education, training, and experience.

(2) As teachers, psychologists perform their duties on the basis of careful preparation so that their instruction is accurate, current, and scholarly.

(3) Psychologists recognize the need for continuing education and are open to new procedures and changes in expectations and values over time.

(4) Psychologists recognize differences among people, such as those that may be associated with age, sex, socioeconomic, and ethnic backgrounds. When necessary, they obtain training, experience, or counsel to assure competent service or research relating to such persons.

(5) Psychologists responsible for decisions involving individuals or policies based on test results have an understanding of psychological or educational measurement, validation problems, and test research.

(6) Psychologists recognize that personal problems and conflicts may interfere with professional effectiveness. Accordingly, they refrain from undertaking any activity in which their personal problems are likely to lead to inadequate performance or harm to a client, colleague, student, or research participant. If engaged in such activity when they become aware of their personal problems, they seek competent professional assistance to determine whether they should suspend, terminate, or limit the scope of their professional and/or scientific activities.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-370, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-620, filed 3/5/85.]

**WAC 246-924-380 Moral and legal standards.** Psychologists' moral and ethical standards of behavior are a personal matter to the same degree as they are for any other citizen, except as these may compromise the fulfillment of their professional responsibilities or reduce the public trust in psychology and psychologists. Regarding their own behavior, psychologists are sensitive to prevailing community standards and to the possible impact that conformity to or deviation from these standards may have upon the quality of their performance as psychologists. Psychologists are also aware of the possible impact of their public behavior upon the ability of colleagues to perform their professional duties.

(1) As teachers, psychologists are aware of the fact that their personal values may affect the selection and presentation of instructional materials. When dealing with topics that may give offense, they recognize and respect the diverse attitudes that students may have toward such materials.

(2) As employees or employers, psychologists do not engage in or condone practices that are inhumane or that result in illegal or unjustifiable actions. Such practices include, but are not limited to, those based on considerations of race, handicap, age, gender, sexual orientation relating to competent, consenting adults, religion, or national origin in hiring, promotion, or training. Sexual orientation shall not be construed to include activities or practices which are illegal, pathological or abusive.



(3) In their professional roles, psychologists avoid any action that will violate or diminish the legal and civil rights of clients or of others who may be affected by their actions.

(4) As practitioners and researchers, psychologists act in accord with current professional standards and guidelines related to practice and to the conduct of research with human beings and animals. In the ordinary course of events, psychologists adhere to relevant governmental laws and institutional regulations. When federal, state, provincial, organizational, or institutional laws, regulations, or practices are in conflict with professional standards and guidelines, psychologists made known their commitment to professional standards and guidelines and, wherever possible, work toward a resolution of the conflict. Both practitioners and researchers are concerned with the development of such legal and quasi-legal regulations as best serve the public interest, and they work toward changing existing regulations that are not beneficial to the public interest.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-380, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 86-04-087 (Order PL 578), § 308-122-630, filed 2/5/86.]

**WAC 246-924-390 Public statements.** Public statements, announcements of service, advertising, and promotional activities of psychologists serve the purpose of helping the public make informed judgments and choice. Psychologists represent accurately and objectively their professional qualifications, affiliations, and functions, as well as those of the institutions or organizations with which they or the statements may be associated. In public statements providing psychological information or professional opinions or providing information about the availability of psychological products, publications, and services, psychologists base their statements on scientifically acceptable psychological findings and techniques with full recognition of the limits and uncertainties of such evidence.

(1) When announcing or advertising professional services, psychologists may list the following information to describe the provider and services provided: Name, highest relevant academic degree earned from a regionally accredited institution, date, type, and level of certification or licensure, diplomate status, professional association status, address, telephone number, office hours, a brief listing of the type of psychological services offered, an appropriate presentation of fee information, foreign languages spoken, and policy with regard to third-party payments. Additional relevant or important consumer information may be included if not prohibited by other sections of these ethical principles.

(2) In announcing or advertising the availability of psychological products, publications, or services, psychologists do not present their affiliation with any organization in a manner which falsely implies sponsorship or certification of that organization. Public statements include, but are not limited to, communication by means of periodical, book, list, directory, television, radio, or motion picture. They do not contain

(a) A false, fraudulent, misleading, deceptive, or unfair statement;

(b) A misinterpretation of fact or a statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts;

(c) A statement intended or likely to create false or unjustified expectations of favorable results;

(d) A statement intended or likely to appeal to a client's fears, anxieties, or emotions concerning the possible results of failure to obtain the offered services.

Psychologists do not use power, influence or offers of compensation to solicit testimonials from clients.

(3) Psychologists do not compensate or 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 must be identified as such, unless it is apparent from the context that it is a paid advertisement. If communicated to the public by use of radio or television, an advertisement is prerecorded and approved for broadcast by the psychologist, and a recording of the actual transmission is retained by the psychologist.

(4) Announcements or advertisements of "personal growth groups," clinics, and agencies give a clear statement of purpose and a clear description of the experiences to be provided. The education, training, and experience of the staff members are appropriately specified.

(5) Psychologists associated with the development or promotion of psychological devices, books, or other products offered for commercial sale make reasonable efforts to ensure that announcements and advertisements are presented in a professional, scientifically acceptable, and factually informative manner.

(6) Psychologists present the science of psychology and offer their services, products, and publications fairly and accurately, avoiding misrepresentation through sensationalism, exaggeration, or superficiality. Psychologists are guided by the primary obligation to aid the public in developing informed judgments, opinions, and choices.

(7) As teachers, psychologists ensure that statements in catalogs and course outlines are accurate and not misleading, particularly in terms of subject matter to be covered, bases for evaluating progress, and the nature of course experiences. Announcements, brochures, or advertisements describing workshops, seminars, or other educational programs accurately describe the audience for which the program is intended as well as eligibility requirements, educational objectives, and nature of the materials to be covered. These announcements also accurately represent the education, training, and experience of the psychologists presenting the programs and any fees involved.

(8) Public announcements or advertisements soliciting research participants in which clinical services or other professional services are offered as an inducement make clear the nature of the services as well as the costs and other obligations to be accepted by participants in the research.

(9) A psychologist accepts the obligation to correct others who represent the psychologist's professional

qualifications, or associations with products or services, in a manner incompatible with these guidelines.

(10) Individual diagnostic and therapeutic services are provided only in the context of a professional psychological relationship. When personal advice is given by means of public lectures or demonstrations, newspaper or similar media, the psychologist utilizes the most current relevant data and exercises the highest level of professional judgment.

(11) Products that are described or presented by means of public lectures or demonstrations, newspaper or magazine articles, radio or television programs, or similar media meet the same recognized standards as exist for products used in the context of a professional relationship.

[Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-390, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-640, filed 4/15/88. Statutory Authority: RCW 18.83.050(5), 86-04-087 (Order PL 578), § 308-122-640, filed 2/5/86; 85-06-044 (Order PL 522), § 308-122-640, filed 3/5/85.]

**WAC 246-924-400 Confidentiality.** Psychologists have a primary obligation to respect the confidentiality of information obtained from persons in the course of their work as psychologists. They reveal such information to others only with the consent of the person or the person's legal representative, except in those unusual circumstances in which not to do so would result in clear danger to the person or to others. Where appropriate, psychologists inform their clients of the legal limits of confidentiality.

(1) Information obtained in clinical or consulting relationships or evaluative data concerning children, students, employees, and others, is discussed only for professional purposes and only with persons clearly concerned with the case. Written and oral reports present only data germane to the purposes of the evaluation, and every effort is made to avoid undue invasion of privacy.

(2) Psychologists who present personal information obtained during the course of professional work in writings, lectures, or other public forums either obtain adequate prior consent to do so or adequately disguise all identifying information.

(3) Psychologists make provisions for maintaining confidentiality in the storage and disposal of records.

(4) When working with minors or other persons who are unable to give voluntary, informed consent, psychologists take special care to protect these persons' best interests.

[Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-400, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5), 85-06-044 (Order PL 522), § 308-122-650, filed 3/5/85.]

**WAC 246-924-410 Welfare of the consumer.** Psychologists respect the integrity and protect the welfare of the people and groups with whom they work. When conflicts of interest arise between clients and psychologists' employing institutions, psychologists clarify the nature and direction of their loyalties and responsibilities and keep all parties informed of their commitments.

Psychologists must inform consumers as to the purpose and nature of an evaluation, treatment, educational, or training procedure, and they freely acknowledge that clients, students, or participants in research have freedom of choice with regard to participation.

(1) Psychologists are continually cognizant of their own needs and of their potentially influential position vis-a-vis persons such as clients, students, and subordinates. They avoid exploiting the trust and dependency of such persons. Psychologists make every effort to avoid dual relationships that could impair their professional judgment or increase the risk of exploitation. Examples of such dual relationships include, but are not limited to, research with and treatment of employees, students, supervisees, close friends, or relatives. Sexual intimacies with clients are unethical.

(2) When a psychologist agrees to provide services to a client at the request of a third party, the psychologist assumes the responsibility of clarifying the nature of the relationships to all parties concerned.

(3) Where the demands of an organization require psychologists to violate this code of ethics, psychologists clarify the nature of the conflict between the demands and these principles. They inform all parties of psychologists' ethical responsibilities and take appropriate action.

(4) Psychologists make advance financial arrangements that safeguard the best interests of and are clearly understood by their clients. When a client is referred, the psychologist fully informs the client of all financial and other arrangements.

(5) Psychologists terminate a clinical or consulting relationship when it is reasonably clear that the consumer is not benefiting from it. They offer to help the consumer locate alternative sources of assistance.

(6) Psychologists do not offer psychological services entirely by mail. They do not use or utilize mechanical devices alone in the interpretation of test results.

(7) Psychologists do not use untrained personnel for provision of psychological services.

[Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-410, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-410, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5), 85-06-044 (Order PL 522), § 308-122-660, filed 3/5/85.]

**WAC 246-924-420 Professional relationships.** Psychologists act with due regard for the needs, special competencies, and obligations of their colleagues in psychology and other professions. They respect the prerogatives and obligations of the institutions or organizations with which these other colleagues are associated.

(1) Psychologists understand the areas of competence of related professions. They make full use of all the professional, technical, and administrative resources that serve the best interests of consumers. The absence of formal relationships with other professional workers does not relieve psychologists of the responsibility of securing for their clients the best possible professional service, nor does it relieve them of the obligation to exercise foresight, diligence, and tact in obtaining the complementary or alternative assistance needed by clients.

(2) Psychologists know and take into account the traditions and practices of other professional groups with whom they work and cooperate fully with such groups. If a psychologist is contacted by a person who is already receiving similar services from another professional, the psychologist carefully considers that professional relationship and proceed with caution and sensitivity to the therapeutic issues as well as the client's welfare. The psychologist discusses these issues with the client so as to minimize the risk of confusion and conflict.

(3) Psychologists who employ or supervise other professionals or professionals in training accept the obligation to facilitate the further professional development of these individuals. They provide appropriate working conditions, timely evaluations, constructive consultation, and experience opportunities.

(4) Psychologists do not exploit their professional relationships with clients, supervisees, students, employees, or research participants sexually or otherwise. Psychologists do not condone or engage in sexual harassment. Sexual harassment is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature that are unwanted by the recipient or that create for the recipient an intimidating, hostile, or offensive environment.

(5) In conducting research in institutions or organizations, psychologists secure appropriate authorization to conduct such research. They are aware of their obligations to future research workers and ensure that host institutions receive adequate information about the research and proper acknowledgment of their contributions.

(6) Publication credit is assigned to those who have contributed to a publication in proportion to their professional contributions. Major contributions of a professional character made by several persons to a common project are recognized by joint authorship, with the individual who made the principal contribution listed first. Minor contributions of a professional character and extensive clerical or similar nonprofessional assistance may be acknowledged in footnotes or in an introductory statement. Acknowledgement through specific citations is made for unpublished as well as published material that has directly influenced the research or writing. Psychologists who compile and edit material of others for publication, publish the material in the name of the originating group, if appropriate, with their own name appearing as chairperson or editor. All contributors are to be acknowledged and named.

[Statutory Authority: RCW 18.83.050, 91-04-021 (Order 129B), § 246-924-420, filed 1/28/91, effective 2/28/91; 91-04-020 (Order 117B), recodified as § 246-924-420, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5), 86-04-087 (Order PL 578), § 308-122-670, filed 2/5/86.]

**WAC 246-924-430 Assessment techniques.** In the development, publication, and utilization of psychological assessment techniques, psychologists make every effort to promote the welfare and best interests of the client. They guard against the misuse of assessment results. They respect the client's right to know the results,

the interpretations made, and the bases for their conclusions and recommendations. Psychologists make every effort to maintain the security of tests and other assessment techniques within limits of legal mandates. They strive to ensure the appropriate use of assessment techniques by others.

(1) In using assessment techniques, psychologists respect the right of clients to have full explanations of the nature and purpose of the techniques in language the clients can understand, unless an explicit exception to the right has been agreed upon in advance. When the explanations are to be provided by others, psychologists establish procedures for ensuring the adequacy of these explanations.

(2) Psychologists responsible for the development and standardization of psychological test and other assessment techniques utilize established scientific procedures and observe the 1974 American Psychological Association standards.

(3) In reporting assessment results, psychologists indicate any reservations that exist regarding validity or reliability because of the circumstances of the assessments or the inappropriateness of the norms for the person tested. Psychologists strive to ensure that the results of assessments and their interpretations are not misused by others.

(4) Psychologists recognize that assessment results may become obsolete. They make every effort to avoid and prevent the misuse of obsolete measures.

(5) Psychologists offering scoring and interpretation services are able to produce appropriate evidence for the validity of the programs and procedures used in arriving at interpretations. The public offering of an automated interpretation service is considered a professional-to-professional consultation. Psychologists make every effort to avoid misuse of assessments reports.

(6) Psychologists do not encourage or promote the use of psychological assessment techniques by inappropriately trained or otherwise unqualified persons through teaching, sponsorship, or supervision.

[Statutory Authority: RCW 18.83.050, 91-04-020 (Order 117B), recodified as § 246-924-430, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5), 85-06-044 (Order PL 522), § 308-122-680, filed 3/5/85.]

**WAC 246-924-440 Research with human participants.** The decision to undertake research rests upon a considered judgment by the individual psychologist about how best to contribute to psychological science and human welfare. Having made the decision to conduct research, the psychologist considers alternative directions in which research energies and resources might be invested. On the basis of this consideration, the psychologist carries out the investigation with respect and concern for the dignity and welfare of the people who participate and with cognizance of federal and state regulations and professional standards governing the conduct of research with human participants.

(1) In planning a study, the investigator has the responsibility to make a careful evaluation of its ethical

acceptability. To the extent that the weighing of scientific and human values suggests a compromise of any principle, the investigator incurs a correspondingly serious obligation to seek ethical advice and to observe stringent safeguards to protect the rights of human participants.

(2) Considering whether a participant in a planned study will be a "subject at risk" or a "subject at minimal risk," according to recognized standards, is of primary ethical concern to the investigator.

(3) The investigator always retains the responsibility for ensuring ethical practice in research. The investigator is also responsible for the ethical treatment of research participants by collaborators, assistants, students, and employees, all of whom, however, incur similar obligations.

(4) Except in minimal-risk research, the investigator establishes a clear and fair agreement with research participants, prior to their participation, that clarifies the obligations and responsibilities of each. The investigator has the obligation to honor all promises and commitments included in that agreement. The investigator informs the participants of all aspects of the research that might reasonably be expected to influence willingness to participate and explains all other aspects of the research about which the participants inquire. Failure to make full disclosure prior to obtaining informed consent requires additional safeguards to protect the welfare and dignity of the research participants. Research with children or with participants who have impairments that would limit understanding and/or communication requires special safeguarding procedures.

(5) Methodological requirements of a study may make the use of concealment or deception necessary. Before conducting such a study, the investigator has a special responsibility to

(a) Determine whether the use of such techniques is justified by the study's prospective scientific, educational, or applied value;

(b) Determine whether alternative procedures are available that do not use concealment or deception; and

(c) Ensure that the participants are provided with sufficient explanation as soon as possible.

(6) The investigator respects the individual's freedom to decline to participate in or to withdraw from the research at any time. The obligation to protect this freedom requires careful thought and consideration when the investigator is in a position of authority or influence over the participant. Such positions of authority include, but are not limited to, situations in which research participation is required as part of employment or in which the participant is a student, client, or employee of the investigator.

(7) The investigator protects the participant from physical and mental discomfort, harm, and danger that may arise from research procedures. If risks of such consequences exist, the investigator informs the participant of the fact. Research procedures likely to cause serious or lasting harm to a participant are not used unless the failure to use the procedures might expose the participant to risk of greater harm, or unless the research

has great potential benefit and fully informed and voluntary consent is obtained from such participant. The participant should be informed of procedures for contacting the investigator within a reasonable time period following participation should stress, potential harm, or related questions or concerns arise.

(8) After the data are collected, the investigator provides the participant with information about the nature of the study and attempts to remove any misconceptions that may have arisen. Where scientific or human values justify delaying or withholding this information, the investigator incurs a special responsibility to monitor the research and to ensure that there are no damaging consequences for the participant.

(9) Where research procedures result in undesirable consequences for the individual participant, the investigator has the responsibility to detect and remove or correct these consequences, including long-term effects.

(10) Information obtained about a research participant during the course of an investigation is confidential unless otherwise agreed upon in advance. When the possibility exists that others may obtain access to such information, this possibility, together with the plans for protecting confidentiality, is explained to the participant as part of the procedure for obtaining informed consent.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), re-codified as § 246-924-440, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-690, filed 3/5/85.]

**WAC 246-924-450 Care and use of animals.** An investigator of animal behavior strives to advance understanding of basic behavior principles and/or to contribute to the improvement of human health and welfare. In seeking these ends, the investigator ensures the welfare of animals and treats them humanely. Laws and regulations notwithstanding, an animal's immediate protection depends upon the scientist's own conscience.

(1) The acquisition, care, use, and disposal of all animals are in compliance with current federal, state or provincial, and local laws and regulations.

(2) A psychologist trained in research methods and experienced in the care of laboratory animals closely supervises all procedures involving animals and is responsible for ensuring appropriate consideration of their comfort, health, and humane treatment.

(3) Psychologists ensure that all individuals using animals under their supervision have received explicit instruction in experimental methods and in the care, maintenance, and handling of the species being used. Responsibilities and activities of individuals participating in a research project are consistent with their respective competencies.

(4) Psychologists make every effort to minimize discomfort, illness, and pain of animals. A procedure subjecting animals to pain, stress, or privation is used only when an alternative procedure is unavailable and the goal is justified by its prospective scientific, educational, or applied value. Surgical procedures are performed under appropriate anesthesia; techniques to avoid infection

and minimize pain are followed during and after surgery.

(5) When it is appropriate that the animal's life be terminated, it is done rapidly and painlessly.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-450, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.050(5). 85-06-044 (Order PL 522), § 308-122-695, filed 3/5/85.]

**WAC 246-924-460 Telephone directory listings.** Psychologists listed in the yellow pages of a telephone directory must include their PERMANENT Washington state psychologist license number.

Agencies listed under the "Psychologist" heading in the yellow pages of a telephone directory must include the names and PERMANENT Washington state psychologist license number(s) of the psychologist(s) affiliated with that agency.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-460, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-700, filed 3/5/85.]

**WAC 246-924-470 License application fees—Failure to appear at examination session.** License application fees shall be forfeited whenever a candidate fails to attend a scheduled examination session, except in the case of a bona fide emergency.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-470, filed 1/28/91, effective 2/28/91. Statutory Authority: RCW 18.83.070(3). 85-06-043 (Order PL 521), § 308-122-710, filed 3/5/85.]

**WAC 246-924-480 Temporary permits.** (1) Pursuant to RCW 18.83.082(1), a temporary permit issued to a license applicant:

(a) Is valid for no more than 1 year from the date of issue;

(b) Is terminated if the license applicant fails either the written or oral examination administered by the board pursuant to RCW 18.83.050; and/or,

(c) Is terminated if the license applicant fails to appear for a scheduled written or oral examination, unless the applicant notifies the board in advance of the inability to appear.

[Statutory Authority: RCW 18.83.050. 91-04-020 (Order 117B), recodified as § 246-924-480, filed 1/28/91, effective 2/28/91; 88-09-029 (Order PM 722), § 308-122-720, filed 4/15/88.]

**WAC 246-924-990 Psychology fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee   | Fee      |
|--|----------|
| Application—Nonrefundable                            | \$250.00 |
| Application—Written examination (initial and retake) | 225.00   |
| Application—Oral examination (initial and retake)    | 250.00   |
| Renewal  | 275.00   |
| Late renewal penalty                                 | 100.00   |
| Duplicate license                                    | 25.00    |

| Title of Fee                              | Fee    |
|---|--------|
| Written examination                       | 225.00 |
| Oral examination                          | 250.00 |
| Certification                             | 25.00  |
| Renewal                                   | 275.00 |
| Renewal penalty                           | 100.00 |
| Amendment of certificate of qualification | 30.00  |

[Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-924-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-05-028 (Order 133), recodified as § 246-924-990, filed 2/12/91, effective 3/15/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-122-275, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-122-275, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-122-275, filed 8/10/83. Formerly WAC 308-122-460.]

**Chapter 246-928 WAC  
RESPIRATORY CARE PRACTITIONERS**

**WAC**

- 246-928-030 State examination—Examination waiver—Examination application deadline.
- 246-928-070 Repealed.
- 246-928-100 Repealed.
- 246-928-110 General provisions.
- 246-928-180 Cooperation with investigation.
- 246-928-190 AIDS prevention and information education requirements.
- 246-928-220 Alternative training requirements.
- 246-928-990 Fees.

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

- 246-928-070 Grandfather—Examination dates. [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.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.
- 246-928-100 Rural hospital exemption. [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.] Repealed by 92-02-018 (Order 224), filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.89.050.

**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 health 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 18.89.050, 92-02-018 (Order 224), § 246-928-030, filed 12/23/91, effective 1/23/92. 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 246-928-070 Repealed.** See Disposition Table at beginning of this chapter.

**WAC 246-928-100 Repealed.** See Disposition Table at beginning of this chapter.

**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 health, whose address is:

Department of Health  
Professional Licensing Services  
1300 Quince St. S.E.  
P.O. Box 47868  
Olympia, Washington 98504-7868

(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 18.89.050, 18.130.050 and 18.130.070, 92-02-018 (Order 224), § 246-928-110, filed 12/23/91, effective 1/23/92. 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 246-928-180 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 secretary of the department of

health 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 secretary or the secretary'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 secretary or the secretary'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 secretary's designee. Settlements are not considered final until the secretary signs the settlement agreement.

[Statutory Authority: RCW 18.89.050, 18.130.050 and 18.130.070, 92-02-018 (Order 224), § 246-928-180, filed 12/23/91, effective 1/23/92. 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 health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education and training.

(a) Acceptable education and training. The secretary 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.

[Statutory Authority: RCW 18.89.050 and 70.24.270. 92-02-018 (Order 224), § 246-928-190, filed 12/23/91, effective 1/23/92. 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 246-928-220 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 secretary.

[Statutory Authority: RCW 18.89.050. 92-02-018 (Order 224), § 246-928-220, filed 12/23/91, effective 1/23/92. 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 health:

| 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 18.89.050 and 43.70.250. 92-02-018 (Order 224), § 246-928-990, filed 12/23/91, effective 1/23/92. 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 246-930 WAC**

**SEX OFFENDER TREATMENT PROVIDER**

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- 246-930-499 Temporary and provisional certificate during initial implementation of certification program.  
 246-930-990 Sex offender treatment provider fees.

**WAC 246-930-010 General definitions.** Whenever used in these rules, unless expressly otherwise stated, or unless the context or subject matter requires a different meaning, the following terms shall have the following meanings:

- (1) "Department" means the department of health, professional licensing services division.
- (2) "Secretary" means the secretary of the department of health, or designee.
- (3) "Provider" means sex offender treatment provider.
- (4) "Affiliate" means affiliate sex offender treatment provider.
- (5) "Committee" means the sex offender treatment providers advisory committee.
- (6) "Credential" or its derivative means the process of licensing, registration, certification[,], or the equivalent through which a person is legally recognized by a state agency as lawfully authorized to practice a health profession.

(7) [For purposes of determining eligibility for certification,] "Evaluation" is defined as the direct provision of comprehensive evaluation and assessment services to persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. Such services must have resulted in preparation of a formal written report. To qualify, the individual must have had primary responsibility for interviewing the offender and must have completed the written report. Only face-to-face contact with a client may be counted for evaluation credit. Evaluation hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. Note that limited assessments for the purpose of institution classification, treatment monitoring, and reporting do not qualify for evaluation credit under this definition. [Standards for evaluation by certified providers are set forth in WAC 246-930-320.]

(8) [For purposes of determining eligibility for certification] "Treatment" is defined as the direct provision of face-to-face individual, group, or family therapy with persons who have been investigated by law enforcement or child protective services for commission of a sex offense, or who have been adjudicated or convicted of a sex offense. The professional must have had formal responsibility for provision of primary treatment services, and such services must have had direct relevance to a client's offending behavior. Treatment hours performed by affiliate providers under the supervision of fully certified providers count toward certification under this definition. "Co-therapy hours" are defined as the actual number of hours the applicant spent facilitating a group session. Co-therapists may both claim credit for therapy hours as long as both persons have formal responsibility for the group sessions. Time spent in maintaining collateral contacts and written case/progress notes can not be counted under this definition.

(9) A "fully certified sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for full certification, has satisfactorily passed the examination, and been issued a certification to evaluate and treat sex offenders pursuant to chapter 18.155 RCW.

(10) An "affiliate sex offender treatment provider" is an applicant who has met the educational, experience and training requirements as specified for affiliate certification applicants, and has satisfactorily passed the examination. An affiliate sex offender treatment provider evaluates and treats sex offenders pursuant to chapter 18.155 RCW under the supervision of a fully certified sex offender treatment provider in accordance with the supervision requirements set forth in WAC 246-930-075.

(11) "SSOSA" is special sex offender sentencing alternative.

(12) "SSODA["] is special sex offender disposition alternative.

[(13) "Supervising officer" means the designated representative of the agency having oversight responsibility for a client sentenced under SSOSA or SSODA, under the sentence or disposition order, e.g. community correction officer.

(14) "Evaluation treatment plan" the plan set forth in the evaluation detailing how the treatment needs of the client might be met and the community protected during the course of treatment.

(15) "Provider client contract" the document specifying the treatment rules and requirements the client has agreed to follow in order to maximize community safety.]

[Statutory Authority: RCW 18.155.040, 91-23-076 (Order 212), § 246-930-010, filed 11/19/91, effective 12/20/91; 91-11-063 (Order 168), § 246-930-010, filed 5/16/91, effective 6/16/91.]

**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 246-930-020 Requirement for underlying credential as a health professional.** (1) Under RCW 18.155.020(1), only credentialed health professionals may be certified as providers.

(2) A person who is credentialed as a health professional in a state or jurisdiction other than Washington must satisfy this requirement by submitting the following:

(a) A copy of the current nonexpired credential issued by the credentialing state;

(b) A copy of the statute, administrative regulation, or other official document of the issuing state which sets forth the minimum requirements for the credential;

(c) A statement from the issuing authority:

(i) That the credential is in good standing;

(ii) That there is no disciplinary action currently pending; and

(iii) Listing any formal discipline actions taken by the issuing authority with regard to the credential;



(d) A statement signed by the applicant, on a form provided by the department, submitting to the jurisdiction of the Washington state courts for the purpose of any litigation involving his or her practice as a sex offender treatment provider;

(e) A statement signed by the applicant on a form provided by the department, that the applicant does not intend to practice the health profession for which he or she is credentialed by another state within the state of Washington without first obtaining an appropriate credential to do so from the state of Washington, except as may be authorized by Washington state law; and

(f) Evidence to show compliance with the AIDS education requirement:

(i) Education and training shall be consistent with the model curriculum available from the office on AIDS within the department of health pursuant to chapter 70.24 RCW. Such education and training shall be a minimum of four clock hours and shall include, but not be 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.

(ii) Documentation. The applicant shall:

(A) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(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.

(3) Underlying registration, certification, or licensure must be maintained in good standing. If underlying registration, certification, or licensure is not renewed or is revoked, certification as a sex offender treatment provider, affiliate sex offender treatment provider, or temporary or provisional treatment provider will be immediately revoked.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-020, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-030 Education requirement for full certification applicants.** (1) Applicants for full certification must have completed:

(a) A master's or doctoral degree in social work, psychology, counseling, or educational psychology from a fully accredited college or university; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A master's or doctoral degree in a closely related field when there is documentation of thirty graduate semester hours or forty-five graduate quarter hours in approved subject content. Approved subject content includes at least five graduate semester hours or seven graduate quarter hours in (c)(i) and (ii) of this subsection and five graduate semester hours or seven graduate quarter hours in at least two additional content areas from the entire list:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(2) Transcripts of all graduate work must be submitted directly to the department from the college or university where earned.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-030, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-040 Professional experience requirement for full certification applicants.** (1) In order to qualify for examination, at least two thousand hours of direct treatment and evaluation experience, as defined in WAC 246-930-010. At least two hundred fifty of these hours must be evaluation experience and at least five hundred of these hours must be treatment experience.

(2) All of the prerequisite experience must have been within the seven-year period preceding application for certification as a provider.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-040, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-050 Education requirement for affiliate certification applicants.** (1) Applicants for affiliate certification must have completed:

(a) A bachelor's, master's, or doctorate degree in social work, psychology, counseling, or educational psychology from a fully accredited institution of higher education; or

(b) A medical doctor or doctor of osteopathy degree if the individual is a board certified/eligible psychiatrist; or

(c) A bachelor's degree in a closely related field when there is documentation of thirty semester hours or forty-five quarter hours in approved subject content. Approved subject content includes at least five semester hours or seven quarter hours in (c)(i) and (ii) of this subsection and five semester hours or seven quarter hours in at least two additional content areas from the entire list:

(i) Counseling and psychotherapy.

(ii) Personality theory.

(iii) Research.

(iv) Psychopathology/personality disorders.

(v) Assessment/tests and measurement.

(vi) Group therapy/family therapy.

(vii) Human growth and development/sexuality.

(viii) Corrections/criminal justice.

(2) Transcripts of all academic work must be submitted directly to the department from the college or university where earned.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-050, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-060 Professional experience requirement for affiliate certification applicants.** (1) Applicants meeting only the minimal academic requirements for affiliate status (bachelor's degree), must have a total of

two thousand hours of experience in evaluation and/or treatment as defined in WAC 246-930-010. No specific minimum number of hours in either category is required for affiliate applicants.

(2) All of the prerequisite experience must have been within the seven-year period preceding application for certification as a provider.

(3) If the applicant for affiliate status meets the academic requirements for full certification, post-graduate degree as outlined in WAC 246-930-030, no experience requirement applies.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-060, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-070 Training for applicants for full or affiliate certification.** (1) All applicants for certification as providers or affiliate providers shall submit documentation of attendance at fifty hours of formal conferences, symposia, or seminars related to the treatment and evaluation of sex offenders or abuse victims.

(2) All such training shall have been received within the three years preceding application for certification.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-070, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-075 Supervision of affiliates.** Supervision of affiliates is considerably different than consultation. Consultation is solely advisory; the consultant does not assume responsibility for those individuals to whom they consult. Supervision of affiliates requires that the provider take full ethical and legal responsibility for the professional work and for the quality of work of the affiliate. The following rules apply to providers and affiliates when service is being provided to SSOSA and SSODA clients:

(1) Whether providing training, consultation, or supervision, sex offender treatment providers shall avoid presenting themselves as having qualifications in areas where they do not have expertise.

(2) The supervisor shall provide sufficient training and supervision to the affiliate to insure the health and safety of the client and community. The supervisor shall have the expertise and knowledge to directly supervise the work of the affiliate.

(3) The supervisor shall insure that any person he or she supervises has sufficient education, background, and preparation for the work they will be doing.

(4) Supervision of an affiliate shall require that the supervisor and supervisee enter into a formal written contract defining the parameters of the professional relationship. This supervision contract shall be submitted to the department for approval and will be renewed on a yearly basis. This document shall include, but is not limited to:

(a) The areas of professional activity for which supervision will occur.

(b) The amount of supervision time and frequency of supervisory meetings to be provided. This information can be presented as a ratio of supervisory time to clinical work conducted by the affiliate.

(c) The supervisory fees and business arrangements, when applicable.

(d) The nature of the supervisory relationship and the anticipated process of supervision.

(e) The manner in which clinical cases will be selected and reviewed.

(f) The methodology for recordkeeping, evaluation of the affiliate, and feedback.

(g) The manner in which the affiliate shall be represented to the public.

(5) Supervision of affiliates shall involve regular, direct, on-site supervision. Supervision shall include a reasonable degree of direct observation by means of the supervisor sitting in sessions, audio tape recording, videotape, etc. However, it is recognized that certain geographic locales do not have sufficient resources to enable immediate, direct supervision of affiliates. In these cases special flexible supervision arrangements which deviate from the standard are encouraged; these special supervision contracts shall be submitted to the department for approval.

(6) The level of supervision provided shall insure the affiliate's preparedness to conduct his or her professional work and provide adequate oversight. There shall be a minimum of one hour of supervision time for every ten hours of supervised professional work. Supervision meetings shall regularly occur at least every other week.

(7) A certified sex offender provider shall undertake no supervision which exceeds the provider's ability to comply with supervision standards. A supervisor shall not supervise more than thirty hours of SSOSA and SSODA case clinical work each week.

(8) Generally, a supervisor shall not provide supervision for more than two affiliates. However, the special needs of certain locales, particularly rural areas, are recognized. Where appropriate, deviation from the standards for amount of supervision time, frequency of supervision, and limitations on supervision by a supervisor are encouraged if quality of supervision can be maintained. Special supervisory arrangements shall be submitted for approval as part of the supervision contract to the department. As necessary, a supervisor can adjust a supervision plan, but shall notify the department of the amendment to the contract.

(9) The status of the affiliate's relationship to the supervisor is to be accurately communicated to the public, other professionals, and to all clients served.

(10) An affiliate sex offender treatment provider shall represent themselves as an affiliate only when they are doing clinical work supervised by their contracted sex offender treatment provider. If the affiliate is providing unsupervised clinical services to clients who are not SSOSA or SSODA cases, the individual shall not utilize the title "affiliate" in that context.

(11) All written reports and correspondence conducted by the affiliate under SSOSA or SSODA shall be cosigned by the supervisor, indicating the supervisory relationship. The work will be represented as conducted by the affiliate and with oversight provided by the supervisor.

(12) All work relating to SSOSA and SSODA clients, conducted by the affiliate, will be the responsibility of the supervisor. The supervisor will have full authority over the practice of the affiliate involving SSOSA and SSODA clients.

(13) Supervision will include, but is not limited to:

(a) Discussion of services provided by the affiliate.

(b) Case selection, service plan, and review of each case or work unit of the affiliate.

(c) Discussions regarding theory and practice regarding the work being conducted.

(d) Review of Washington statutes, rules, and criminal justice procedures relevant to the work being conducted.

(e) Discussion of the standards of practice for providers as adopted by the department and the ethical issues involved in providing professional services for sex offenders.

(f) Discussion regarding coordination of work with other professionals.

(g) Discussion of relevant professional literature and research.

(h) Periodic review of the supervision itself.

(14) Both the supervisor and affiliate shall maintain full documentation of the work done and supervision provided.

(15) Timely evaluation of the affiliate's work and professional progress shall be provided by the supervisor.

(16) If the work of the supervisee does not meet sufficient standards to protect the best interests of the clients and the community, it is the responsibility of the supervisor to remediate the problems or terminate the supervision contract. If a supervision contract is terminated, the supervisor shall notify the department and provide the department with a letter of explanation.

(17) Supervision is a power relationship and the supervisee-supervisor relationship is not to be exploited. This standard in no way precludes reasonable compensation for supervisory services.

(18) It is the responsibility of the supervisor to provide, on request, accurate and objective letters of reference and work documentation regarding the affiliate, when requested by affiliate.

(19) If a supervisee is in the employ of a provider it is the responsibility of the supervisor to provide:

(a) Appropriate working conditions.

(b) Opportunities to further their skills and professional development.

(c) Consultation in all areas of professional practice appropriate to their employment.

(20) All records of both affiliate and supervisor shall be subject to audit to determine compliance with appropriate statutes and rules.

[Statutory Authority: RCW 18.155.040. 91-21-035 (Order 201), § 246-930-075, filed 10/10/91, effective 11/10/91.]

#### **WAC 246-930-200 Application and examination.**

(1) In order to be certified to practice under this chapter as a provider or affiliate provider in the state of Washington all applicants must pass an examination approved by the secretary.

(2) An applicant must meet all education, experience, and training requirements and be a health care provider before being allowed to sit for the examination.

(3) Examinations will be given twice annually at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification must be received in the office of the department, no later than sixty days prior to the examination administration. All supporting documentation must be received no later than twenty days prior to the scheduled examination date.

(5) Any applicant who fails to follow written or oral instructions relative to the conduct of the examination, is observed talking or attempting to give or receive information, or attempting to remove materials from the examination or using or attempting to use unauthorized materials during any portion of the examination will be terminated from the examination and not permitted to complete it.

(6) The department shall approve the method of grading each examination, and shall apply such method uniformly to all applicants taking the examination.

(7) An applicant will be notified in writing of his or her examination score.

(8) An applicant's examination score shall not be disclosed to anyone other than the applicant, unless requested to do so in writing by the applicant.

(9) An applicant who fails to make the required grade in the first examination is entitled to take up to two additional examinations upon the payment of a reexamination fee for each subsequent examination determined by the secretary. Upon failure of three examinations, the secretary may require remedial education before admission to future examinations.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-200, filed 5/16/91, effective 6/16/91.]

#### **WAC 246-930-210 Examination appeal procedures.**

(1) Any candidate who takes and does not pass the sex offender treatment provider examination, may request review of the results of the examination.

(a) The examination results will not be modified 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) Any challenges to examination scores will not be considered unless the total of the potentially revised score would result in issuance of a certificate.

(2) The procedure for requesting an informal review of examination results is as follows: 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.

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.

(3) The advisory committee will schedule a closed session meeting to review the failed examination questions and forms completed by the candidate. The candidate will be notified in writing of the decision.

(a) The candidate will be identified only by candidate number for the purpose of this review.

(b) Letters of referral or requests for special consideration will not be read or considered.

(4) Any candidate not satisfied with the results of the informal examination review may request a formal hearing before the secretary to challenge the informal review decision. 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 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.

(5) 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 may request a prehearing conference to be held before an administrative law judge.

(6) 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.

(7) Candidates will receive at least twenty days' notice of the time and place of the formal hearing.

(8) The hearing will be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

(9) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.155.040, 91-11-063 (Order 168), § 246-930-210, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-220 Reexamination.** (1) An applicant for certification who has been previously certified shall retake the examination and achieve a passing score before recertification under any of the following circumstances:

(a) The applicant has been uncertified voluntarily for more than thirty-six calendar months; or

(b) The applicant's certificate has been revoked or suspended by reason of a disciplinary action by the secretary of the department of health.

(2) The secretary may require reexamination in any disciplinary order as a condition of reissuing a certificate or confirming certification.

(3) Whenever reexamination is required, the applicant shall pay the appropriate fees set forth in WAC 246-930-990.

[Statutory Authority: RCW 18.155.040, 91-11-063 (Order 168), § 246-930-220, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-300 Mandatory reporting.** (1) Pursuant to RCW 18.130.070, the persons designated in subsection (2) of this section are required to report to the department:

(a) Any conviction, determination, or finding of which they have personal knowledge that any person certified as a provider or affiliate provider has committed an act which constitutes unprofessional conduct under RCW 18.130.180; or

(b) Any information of which they have personal knowledge which indicates that any person certified as a provider or affiliate provider may not be able to practice with reasonable skill and safety to the public as a result of a mental or physical condition.

(2) The following persons are required to report the information identified in subsection (1) of this section:

(a) Persons certified as providers or affiliate providers;

(b) The president, chief executive officer, or designated official of any professional association or society whose members are certified providers or affiliate providers;

(c) Prosecuting attorneys and deputy prosecuting attorneys;

(d) Community corrections officers employed by the department of corrections;

(e) Juvenile probation or parole counselors who provide counseling or supervision to juveniles;

(f) The president, chief executive officer, or designated official of any public or private agency which employs certified providers or affiliate providers;

(g) The president, chief executive officer, or designated official of any credentialing agency for health professionals.

(3) Reports under this section must be made in writing, and must include the name, address, and telephone number of the person making the report, the name and address of the person about whom the report is made, and complete information about the circumstances giving rise to the report.

[Statutory Authority: RCW 18.155.040, 91-11-063 (Order 168), § 246-930-300, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-301 Purpose--Professional standards and ethics.** (1) The following standards apply to sex offender treatment providers (SOTP) while evaluating or treating SSOSA or SSODA clients.

(2) Sex offender treatment providers (SOTP) must be otherwise credentialed health professionals, and are subject to the standards of practice of their primary field of practice. However, standards of practice vary from profession to profession, and sex offender evaluation and treatment represents significant differences in practice from general mental health interventions.

(3) Given the uniqueness of this area of practice, the degree of control that a provider exercises over the lives of clients, and the community protection issues inherent in this work, standards of practice specific to this area of specialization are necessary.

(4) The purpose of these rules is to establish standards of practice for sex offender treatment providers (SOTP). Failure to comply with these standards in providing evaluation of or treatment to clients sentenced under SSOSA or SSODA may constitute unprofessional conduct pursuant to RCW 18.130.180(7).

[Statutory Authority: RCW 18.155.040. 91-23-076 (Order 212), § 246-930-301, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-310 Standards for professional conduct and client relationships.** (1) General considerations. Sex offender treatment providers (SOTP/provider) shall:

(a) Protect the public and report to the department of health unethical, incompetent and dishonorable practices by other sex offender treatment providers.

(b) Not discriminate against clients with regard to race, religion, gender or disability.

(c) Treat clients with dignity and respect, regardless of the nature of their crimes or offenses.

(2) Competence in practice. Providers shall:

(a) Be fully aware of the standards of their area of credentialing as a health professional and adhere to those standards.

(b) Be knowledgeable of statutes and scientific data relevant to this area of specialized practice.

(c) Be familiar with the general statutory requirements for assessments, treatment plans and reports for the court for sex offender special sentencing alternative (SSOSA) and special sex offender disposition alternative (SSODA).

(d) Perform professional duties with the highest level of integrity, maintaining confidentiality within the scope of statutory responsibilities.

(e) Be committed to community protection and safety.

(f) Not make claims regarding the efficacy of treatment that exceed what can be reasonably expected.

(g) Make appropriate referrals when they are not qualified or are otherwise unable to offer services to a client.

(h) Exercise due prudence and care in making referral to other professionals.

(3) Confidentiality. Providers shall:

(a) Insure that the client fully understands the scope and limits of confidentiality, and the relevance to the client's particular situation. The provider shall inform

the client of the provider's method of reporting disclosures of the client and to whom disclosures are made, before evaluation and treatment commences, and update periodically, thereafter.

(b) Inform clients of any circumstances which may trigger an exception to the agreed upon confidentiality.

(c) Not require or seek waivers of privacy or confidentiality beyond the requirements of treatment, training, or community safety. Providers will evaluate the impact of authorizations for release of information upon their clients.

(d) Understand and explain to their juvenile clients the rights of their parents and/or guardians to obtain information relating to the client.

(4) Conflict of interest. Providers shall:

(a) Refrain from using professional relationships to further their personal, religious, political, or economic interest other than accepting customary fees.

(b) Avoid relationships with clients which may constitute a conflict of interest, impair professional judgment and risk exploitation. (For example, bartering, service for service, and/or treating individuals where a social, business, or personal relationship exists.)

(c) Refrain from sexual relationships with a client.

(5) Fee-setting and client interaction. Providers shall:

(a) Prior to commencing service, fully inform the client of the scope of professional services to be provided and the fees associated with the services.

(b) Review any changes in financial arrangements and requirements with the client pursuant to the rules initially specified.

(c) Neither offer nor accept payment for referral.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not withdraw services to clients in a precipitous manner and shall take care to minimize possible adverse effects on the client and the community.

(b) Notify clients promptly when termination or disruptions of services are anticipated, and provide for a transfer, referral or continuation of service consistent with client needs and preferences, when appropriate.

(c) Refrain from knowingly providing treatment services to a client who is in treatment with another health care professional without initial consultation with the current provider.

(7) The department neither requires nor prohibits the use of plethysmographs or polygraphs. The choice of these and other treatment and evaluation techniques is at the discretion of the provider subject to the terms of the court order in a particular case. The following standards apply when such techniques are used.

(a) Use of plethysmography. PLETHYSMOGRAPHY: The use of physiological assessment measures, such as penile plethysmography, can yield valuable information regarding the sexual arousal patterns of sex offenders. This data can be useful in assessing therapy progress and in monitoring for community safety. When obtained physiological assessment data shall not be used as the sole basis for offender risk assessment and shall not be used to determine if an individual has committed a specific sexually deviant act. Providers who utilize this data

shall be aware of the limitations of the plethysmography and shall recognize that plethysmography data is only meaningful within the context of a comprehensive evaluation and/or treatment process. Sex offender treatment providers shall insure that physiologic assessment data is interpreted only by sex offender treatment providers who possess the necessary training and experience. Sex offender treatment providers shall insure that particular care is taken when performing physiological assessment with juvenile offenders and other special populations, due to concerns about exposure to deviant materials. Given the intrusiveness of this procedure, care shall be given to the dignity of the client.

(8) Use of polygraph. **POLYGRAPH:** The use of the polygraph examination may enhance the treatment and monitoring process by encouraging disclosure of information relevant and necessary to understanding the extent of present risk and compliance with treatment and court requirements. When obtained the polygraph data achieved through periodic examinations is an important asset in monitoring the sex offender client in the community. Other alternative sources of verification may also be utilized. Sex offender treatment providers shall be knowledgeable of the limitations of the polygraph and shall take into account its appropriateness with each individual client and special client populations. Examinations shall be given in accordance with the treatment plan and the needs shown in the evaluation. Sex offender treatment providers shall not base treatment plan decisions solely on the results of the polygraph examination.

[Statutory Authority: RCW 18.155.040, 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-320 Standards for assessment and evaluation reports.** (1) General considerations in evaluating SSOSA and SSODA clients. Providers shall:

(a) Be thoroughly familiar with assessment procedures. Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender.

(b) Be completely familiar with the client's legal status. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations.

(c) Be impartial; provide an objective and accurate base of data.

(d) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator.

(e) Assure that their written reports are accurate, comprehensive and address all of the issues necessary for court disposition.

(f) Assure that their written reports present all knowledge relevant to the matters at hand in a clear and organized manner.

(g) Assure that their written reports include the referral sources, the conditions surrounding the referral and the referral questions addressed.

(h) Assure that their written reports state the sources of information utilized in the evaluation.

(2) Scope of assessment data.

(a) Comprehensive evaluations shall include a compilation of data from as many sources as reasonable and appropriate. When available the following data should be considered in forming opinions and making recommendations:

(i) Collateral information (i.e. police reports, CPS information, criminal history and victim statements).

(ii) Psychological testing information.

(iii) Physiologic testing information.

(iv) Interviews with the offender.

(v) Previous assessments conducted (i.e. medical, substance abuse, psychological, sexual deviancy).

(vi) Interviews with significant others.

(b) The written report shall reflect the information considered including:

(i) A description of the current offense(s) including, but not limited to, the evaluator's conclusion about the reasons for any discrepancies between the official and offender's versions of the offenses.

(ii) A sexual history, sexual offense history and patterns of sexual arousal/preference/interest.

(iii) Prior attempts to remediate and control offense behavior including prior treatment.

(iv) Perceptions of significant others, when appropriate, including their ability and/or willingness to support treatment efforts.

(v) Potentiators of offending behavior to include alcohol and drug abuse, stress, mood, sexual patterns, use of pornography, and social and environmental influences.

(vi) A personal history to include medical, marital/relationships, employment, education and military.

(vii) A family history.

(viii) History of violence and/or criminal behavior.

(ix) Mental health functioning to include coping abilities, adaptational styles, intellectual functioning and personality attributes.

(x) The overall findings of psychological/physiologic/medical assessment when such assessments have been conducted.

(3) Conclusions and recommendations. The conclusions and recommendations shall flow from the data presented in the body of the report and include:

(a) The evaluator's conclusions regarding the appropriateness of community treatment.

(b) A summary of the clinician's diagnostic impressions.

(c) A specific assessment of risk factors, the extent of the offender's dangerousness in the community at large.

(d) The client's amenability to outpatient treatment and conditions of treatment necessary to maintain a safe treatment environment.

(4) Evaluation treatment plan. The plan shall be described with sufficient detail and clarity and include:

(a) Anticipated length of treatment, frequency and type of contact with providers, supplemental or adjunctive treatment.

(b) The specific issues to be addressed in treatment and a description of planned treatment interventions including involvement of significant others in treatment and ancillary treatment activities.

(c) Recommendations for specific treatment prohibitions, requirements and restrictions on lifestyle that are necessary to the treatment process and community safety.

(d) Proposed methods for monitoring and verifying compliance with the conditions and prohibitions of the treatment program.

(e) If the evaluator will not be providing the ensuing treatment, a specific certified provider should be presented to the court.

[Statutory Authority: RCW 18.155.040, 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-330 Standards for treatment. introduction--sosa/ssoda offender treatment:** It is recognized that effective sexual deviancy treatment will involve a broad set of planned therapeutic experiences and interventions designed to reduce the risk of a client engaging in criminal sexual behavior. Such treatment shall be consistent with current professional literature and practices and shall maximize community safety.

**(1) General considerations.**

(a) Clients shall generally be seen a minimum of once per week for at least 45 minutes by a certified or affiliate sex offender treatment provider.

(b) Circumstances may make a reduction in duration or frequency of contacts appropriate and shall be determined on an individual case basis.

(c) Any reduction in frequency or duration of therapy sessions or changes in treatment plans shall not unduly compromise treatment effectiveness or public safety and shall be reported to the supervising officer.

(d) The treatment methods employed by the provider shall:

(i) Be supportable by the professional literature and practice,

(ii) Reflect concern for the well being of clients, victims and the safety of potential victims,

(iii) Take into account the legal/civil rights of clients, including the right to refuse therapy and return to court for review,

(iv) Be individualized to meet the unique needs of each client.

**(2) Planning and interventions.** The treatment plan and the interventions used by the provider to achieve the goals of the plan shall:

(a) Be based on the needs detailed in the evaluation,

(b) Include provisions for the protection for victims and potential victims,

(c) Prioritize those therapy events most necessary to avoid sexual reoffense,

(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders,

**(3) Provider client contract** be presented to the client and to the supervising officer within 90 days of the start of treatment and include treatment expectations and all of the rules of treatment agreed to by the offender and the provider.

**(4) Treatment: Methods.** The methods used by the provider shall

(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies as necessary to prevent sexual reoffense,

(b) Attempt to educate clients and the individuals who are part of their support systems about the objective risk of reoffense,

(c) Attempt to teach clients to utilize self control methods to avoid sexual reoffending where applicable,

(d) Consider the effects of trauma and past victimization as factors in reoffense potential where applicable,

(e) Address clients thought processes which facilitate sexual reoffense and other victimizing or assaultive behaviors,

(f) Attempt to modify client thinking errors and cognitive distortions where possible,

(g) Attempt to enhance clients appropriate adaptive/legal sexual functioning,

(h) Attempt to insure that clients have accurate knowledge about the effect of sexual offending upon victims, their families, and the community,

(i) Assist clients to develop a sensitivity to the effects of sexual abuse upon victims,

(j) Address clients' personality traits and personality deficits which are related to increased reoffense potential,

(k) Address clients' deficits in coping skills in present life circumstances where applicable,

(l) Include and integrate a client's family into the therapy process when appropriate,

(m) Attempt to maintain communication with clients' spouse and families where appropriate to assist in meeting treatment goals.

**(5) Monitoring of treatment and sentence requirements.** The monitoring of the client's compliance with treatment and sentence requirements by the provider shall:

(a) Recognize the reoffense potential of the sex offender client, the damage that may be caused by sexual reoffense or attempted reoffense, and the limits of self report by the sex offender client,

(b) Employ multiple sources of input regarding the client's out of office behavior when possible and utilize methods which are objective in nature,

(c) As a general principle, increase monitoring during those times of increased risk and notify the supervising officer

(i) When a client is in crisis,

(ii) When visits with victims or potential victims are authorized,

(iii) When clients are in high risk environments,

(d) Work in collaboration with the supervising officer in the independent verification of a client's

(i) Compliance with sentence requirements and treatment directives;

(ii) Cessation of sexually deviant behaviors;

(iii) Reduction in those behaviors most likely to be related to sexual reoffense;

(iv) Reports of living, work and social environments to insure that these environments have sufficient protection against clients' reoffense potential.

(6) **Contacts with victims/vulnerable children.** When the sex offender client has any contact with the victims or children, the provider shall:

(a) Consider victims' wishes about contact and ensure that all contact is safe and in accordance with any court directives,

(b) Limit child molester decision making authority over vulnerable children,

(c) Collaborate with other relevant professionals and solicit their input regarding contact with victims, rather than make isolated decisions,

(d) Consult with parents, custodial parents, or guardians prior to authorizing any contact between offenders and children,

(e) Recognize that supervision during contact with children is critical for those offenders who have had crimes against children, or have the potential to abuse children,

(f) Include educational experiences for chaperones/supervisors of child molester clients,

(g) Establish a plan/protocol for returning child molester clients to homes where children reside that insures child safety under this new situation when such a return home is appropriate.

(7) **Documentation of treatment.** Providers shall maintain client files in accordance with the professional standards of their individual disciplines and with Washington state law regarding health care records and shall:

(a) Document the goals of treatment, the methods used and the observed progress of clients towards reaching the goals,

(b) Insure that the client files accurately reflect treatment progress, sessions attended and treatment plan change information necessary for completion of the required SSOSA/SSODA reports,

(c) Safeguard the confidentiality of client files in recognition of the sensitive nature of the contents,

(8) **Completion of court ordered treatment.** SOTP shall make treatment completion decisions that logically follow the evaluation, treatment plan, course of treatment sequence. In addition to fulfilling the SSOSA/SSODA requirements for the end of court ordered treatment hearing the treatment provider shall:

(a) Assess actual changes in a client's reoffense potential prior to recommending treatment termination,

(b) Attempt to repeat, where appropriate, those assessments which might show client change,

(c) Document how the goals of the treatment plan have been met, what actual changes in the client's reoffense potential have been accomplished, what risk factors remain,

(e) Seek input from others knowledgeable about a client's progress as part of the treatment completion/termination decision process,

(f) Recommend any further treatment and monitoring necessary to the court, and to the client,

(g) Report to the court if the client is no longer amenable to treatment at the end of the court ordered treatment term.

[Statutory Authority: RCW 18.155.040. 91-23-076 (Order 212), § 246-930-330, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-340 Standards for communication with other professionals.** (1) Professional relationships with corrections/probation officers and other supervising agencies.

(a) The provider shall establish a cooperative and collaborative relationship with the supervising officer and/or responsible agency for purposes of the effective supervision and monitoring of an offender's behavior in the community.

(b) All violations of the provider client contract shall be reported immediately to the supervising officer.

(c) Quarterly progress reports documenting attendance, treatment activities and duration, changes in the treatment plan, and treatment progress shall be made in a timely manner to the supervising officer. Providers shall provide additional information regarding treatment progress when requested by the supervising officer.

(d) Specific plans for any and all contact with the victim, potential victims and plans for family reunification (where appropriate) should be reviewed with the supervising officer.

(e) The provider shall collaborate with the supervising officer when approving chaperones and knowledgeable supervisors for offender contact with children.

(2) Communication with the department of social and health services. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with the department of social and health services.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, Providers shall collaborate with the victim's therapist, guardian ad litem, custodial parent, guardian, case-worker, or other involved professional in making decisions regarding family reunification or victim contact with the offender.

(4) Reporting of additional victims.

(a) Providers are expected to comply with the mandatory reporting law, RCW 26.44.030.

(b) All clients shall be notified of the limits of confidentiality imposed on therapists by the mandatory reporting law (RCW 26.44.030).

[Statutory Authority: RCW 18.155.040. 91-23-076 (Order 212), § 246-930-340, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-400 Issuance and renewal of certification.** (1) Individuals receiving an initial provider or affiliate provider certificate will be issued a certificate to expire on June 30th of the next calendar year.

(2) Individuals shall renew their certificate annually on or before June 30th. Failure to renew shall invalidate the certificate to practice as a provider. Any person practicing with an expired certificate shall be deemed to be engaging in uncertified practice.

(3) An individual will be considered to have made timely renewal application if the appropriate renewal fee and required accompanying documentation is received by the department on or before the expiration date.



[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-499 Temporary and provisional certificate during initial implementation of certification program.** In order to provide adequate time for applicants to prepare for initial examination and to avoid disruption of current service provision, a system of temporary and provisional certification as described below will be in effect for applicants whose applications are received by the department before September 1, 1991.

(1) Temporary full certification. An applicant who is a credentialed health professional and who meets all education, experience, and training prerequisites for full certification at the time of application will be issued temporary full certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary full certification will expire on issuance of an initial certificate, or on June 30, 1992, whichever comes first. Temporary full certification will not be renewed.

(2) Temporary affiliate certification. An applicant who is a credentialed health professional and who meets all education, experience, and training prerequisites for affiliate certification at the time of application will be issued temporary affiliate certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary affiliate certification will expire on issuance of an initial affiliate or full certificate, or on June 30, 1992, whichever comes first. Temporary affiliate certification will not be renewed.

(3) Provisional full certification.

(a) An applicant who is a credentialed health professional and who has at least one thousand hours of experience in treatment and/or evaluation accrued over the seven years immediately preceding application, and who has the equivalent of one year of graduate school credit toward satisfaction of the education requirements of WAC 246-930-030(1) may submit a plan to the department at application documenting how he/she plans to meet all remaining experience, education, or training requirements and pass the examination by June 30, 1992. If the plan is approved by the department, the applicant will be granted provisional full certification.

(b) An applicant who is a credentialed health professional and who otherwise meets all education and training prerequisites for full certification at the time of application and who has the requisite experience except that his or her experience has been primarily in the area of evaluation, or primarily in the area of treatment of offenders, may submit a plan documenting how he/she plans to obtain sufficient experience in evaluation or treatment necessary to qualify him or her for full certification no later than June 30, 1993. If the plan is approved by the department, the applicant will be granted a provisional full certification.

(c) Plans submitted under this subsection which call for obtaining additional experience in a practice area in which the applicant does not have the required minimum

hours shall include an appropriate supervision component with a certified sex offender treatment provider.

(d) Providers practicing with provisional full certification status may not supervise affiliate providers.

(e) The provisional full certification will expire upon issuance of initial full or affiliate certification or on June 30, 1992, whichever comes first, except that if a provider who holds provisional certification pursuant to (b) of this subsection has passed the examination, demonstrated substantial progress in accordance with his or her approved plan, and paid the extension fee required by WAC 246-930-990, the termination date may be extended to June 30, 1993. Provisional full certification status will not be renewed.

(4) Provisional affiliate certification. An applicant who is a credentialed health professional, who meets the minimum educational requirements for affiliate certification set forth in WAC 246-930-050, and who has at least one thousand seven hundred hours of experience in treatment and/or evaluation accrued over the seven years immediately preceding application, may submit a plan to the department documenting how she/he plans to meet all remaining experience requirements and/or the training requirements set forth in WAC 246-930-070 and pass the examination by June 30, 1992. If the plan is approved by the department, the applicant will be granted provisional affiliate certification. Provisional affiliate certification will expire on issuance of an initial full or affiliate certificate, or June 30, 1992, whichever comes first. Provisional affiliate certification will not be renewed.

(5) The temporary and provisional certification system will be in effect from July 1, 1991, through June 30, 1992. On June 30, 1992, all provisional and temporary certificates expire, and only full certification or affiliate status certification will be issued, except that the approved provisional certificate may be extended to no later than June 30, 1993, in accordance with subsection (3)(b) of this section.

(6) Any temporary or provisional certification issued pursuant to this section shall be subject to disciplinary action pursuant to chapter 18.130 RCW.

[Statutory Authority: RCW 18.155.040. 91-11-063 (Order 168), § 246-930-499, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-990 Sex offender treatment provider fees.** The following fees shall be charged by the professional licensing division of the department of health:

| Title of Fee                     | Fee       |
|----------------------------------|-----------|
| Sex offender treatment provider: |           |
| Application and examination      | \$ 650.00 |
| Reexamination                    | 325.00    |
| Initial certification            | 100.00    |
| Renewal                          | 1,175.00  |
| Late renewal penalty             | 200.00    |
| Duplicate certificate            | 15.00     |
| Extension fee                    | 1,000.00  |

| Title of Fee                  | Fee    |
|-------------------------------|--------|
| Affiliate treatment provider: |        |
| Application and examination   | 300.00 |
| Reexamination                 | 150.00 |
| Initial certification         | 50.00  |
| Renewal                       | 600.00 |
| Late renewal penalty          | 200.00 |
| Duplicate certificate         | 15.00  |

[Statutory Authority: RCW 18.155.040, 91-11-063 (Order 168), § 246-930-990, filed 5/16/91, effective 6/16/91.]

### Chapter 246-933 WAC

#### VETERINARIANS--VETERINARY BOARD

##### WAC

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**WAC 246-933-010 Definitions.** For the purposes of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. Unless stated, words used in the singular may be read in the plural.

(1) "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.

(2) "Animal" means any species normally recognized as treatable by veterinary medicine.

(3) "Controlled substances" as defined in RCW 69.50.101.

(4) "Department" means the department of health.

(5) "Drugs" as defined in RCW 69.50.101.

(6) "Health certificate" means a written testimony to the fact that an animal is in a certain state of health.

(7) "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.

(8) "Patient" means any animal under the care and treatment of a veterinarian.

(9) "Secretary" means the secretary of the department of health.

(10) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.92 RCW.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-010, filed 12/4/91, effective 1/4/92; 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 act in such a manner to further these objectives.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-020, filed 12/4/91, effective 1/4/92; 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 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, 91-24-098 (Order 221B), § 246-933-030, filed 12/4/91, effective 1/4/92; 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 246-933-050 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 the owner's agent.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-050, filed 12/4/91, effective 1/4/92; 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 246-933-070 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 shall 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, 91-24-098 (Order 221B), § 246-933-070, filed 12/4/91, effective 1/4/92; 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's practice shall be conducted on the highest plane of honesty, integrity and fair dealing with 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, 91-24-098 (Order 221B), § 246-933-080, filed 12/4/91, effective 1/4/92; 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 shall be dated as of the time of examination.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-090, filed 12/4/91, effective 1/4/92; 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 the veterinarian's employer.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-100, filed 12/4/91, effective 1/4/92; 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 246-933-140 Prohibited publicity and advertising.** A veterinarian shall not, on behalf of himself or herself, any partner, associate or 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 the veterinarian is certified in such specialty by a board recognized by the American Veterinary Medical Association.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-140, filed 12/4/91, effective 1/4/92; 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 shall 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, 91-24-098 (Order 221B), § 246-933-150, filed 12/4/91, effective 1/4/92; 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 246-933-240 Practical examination requirement.** An applicant for licensure who has a current license by examination in another state, or who has passed a written examination approved by the board, shall 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, 91-24-098 (Order 221B), § 246-933-240, filed 12/4/91, effective 1/4/92; 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 246-933-260 Frequency and location of examinations.** (1) The examination for veterinarians shall be scheduled at such times and places as the secretary may authorize.

(2) Should an applicant fail to appear for examination at the designated time and place, the applicant shall forfeit the examination fee unless the applicant has notified the division of professional licensing services 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, 91-24-098 (Order 221B), § 246-933-260, filed 12/4/91, effective 1/4/92; 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 shall 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 services: Provided, however, that a passing CCT score remains acceptable only if obtained within the last five years at the time of application, and that only the most recently obtained CCT and NBE scores will be considered in an application.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-270, filed 12/4/91, effective 1/4/92; 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 246-933-310 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 shall wear clean attire and sterile gloves, and the patient shall be appropriately draped. A separate sterile surgical pack shall be used for each animal.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-310, filed 12/4/91, effective 1/4/92; 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 shall 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 shall comply with applicable state, county and municipal laws, ordinances and regulations.

(2) **Ventilation:** Adequate heating and cooling shall be provided for the comfort of the animals, and the facility shall have sufficient ventilation in all areas.

(3) **Lighting:** Proper lighting shall be provided in all rooms utilized for the practice of veterinary medicine. Outside lighting shall be adequate to identify the building and to assist the clients.

(4) **Water:** Potable water shall be provided.

(5) **Basic sanitation:** Any equipment, instruments or facilities used in the treatment of animals shall 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, shall 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 shall be readily retrievable and shall 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, 91-24-098 (Order 221B), § 246-933-320, filed 12/4/91, effective 1/4/92; 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 shall 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 shall have impervious surfaces. Waste receptacles shall 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, a separate and distinct room so situated as to keep contamination and infection to a minimum shall be required.

(4) **Laboratory:** Shall be either in the facility or through consultative facilities, adequate to render diagnostic information.

(5) **Radiology:** Facilities for diagnostic radiography shall be available either on or off the premises. The facilities shall 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 shall have individual cages, pens, exercise areas or stalls to confine said animals in a comfortable, sanitary and safe manner.

Cages and stalls shall be of impervious material and of adequate size to assure patient comfort and sanitation.

Runs and exercise pens shall be of a size to allow patient comfort and exercise. Runs and exercise pens shall provide and allow effective separation of adjacent animals and their waste products, and shall be constructed in such a manner as to protect against escape or injury. Floors of runs shall be of impervious material.

Animals that are hospitalized for treatment of contagious diseases shall be isolated in such a manner as to prevent the spread of contagious diseases.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-933-330, filed 12/4/91, effective 1/4/92; 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) 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. Provisions for sterilization shall 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 shall 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) of this subsection shall be performed in a room other than the surgery room. Loose hair shall 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 shall 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 shall be in compliance with federal and Washington state laws, and shall 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 shall conform to the requirements for those services listed in WAC 246-933-330 and this section.

(c) The general requirements prescribed in WAC 246-933-320 shall apply to all veterinary medical facilities.

(7) **Exceptions:**

(a) The standards and requirements prescribed in WAC 246-933-330(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 246-933-320 (1), (2), (3), (4), (6), (8), 246-933-330 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. 91-24-098 (Order 221B), § 246-933-340, filed 12/4/91, effective 1/4/92; 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.]

**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 shall 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 shall constitute eight hours of credit.

(2) Credit shall be granted only for class hours, and not preparation hours.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-420, filed 12/4/91, effective 1/4/92; 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.** The effective date of the continuing education requirement shall be three years after initial licensure in this state.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-430, filed 12/4/91, effective 1/4/92; 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:

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:

- (1) Illness;
- (2) Hardship to practice.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-440, filed 12/4/91, effective 1/4/92; 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.]

**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 shall qualify an individual to receive credit for continuing education.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-933-450, filed 12/4/91, effective 1/4/92; 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 246-933-470 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 246-933-430, 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. 91-24-098 (Order 221B), § 246-933-470, filed 12/4/91, effective 1/4/92; 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 health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. 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 (3) of this section.

(3) AIDS education.

(a) Acceptable education. The board shall 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) The requirements 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 (a) of this subsection.

(c) Documentation. The licensee shall:

(i) Certify, on forms provided, that the minimum education has been completed;

(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 and 70.24.270. 91-24-098 (Order 221B), § 246-933-480, filed 12/4/91, effective 1/4/92. 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.]

**WAC 246-933-620 Approval of substance abuse monitoring programs.** The board shall approve the monitoring program(s) which shall participate in the recovery of veterinarians. The board shall 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 shall 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 shall 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 shall 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 shall 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 and 18.130.050, 91-24-098 (Order 221B), § 246-933-620, filed 12/4/91, effective 1/4/92. 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 shall 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 shall 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 shall undergo approved substance abuse treatment in an approved treatment facility.

(v) The veterinarian shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The veterinarian shall 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 shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The veterinarian shall 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 shall 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 shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The veterinarian shall 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 shall complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The veterinarian shall 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 shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The veterinarian shall attend veterinarians' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The veterinarian shall 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 and 18.130.050. 91-24-098 (Order 221B), § 246-933-630, filed 12/4/91, effective 1/4/92. 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.]

**Chapter 246-935 WAC**

**VETERINARY ANIMAL TECHNICIANS**

**WAC**

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- 246-935-040 Responsibilities of veterinarian supervising an animal technician or an unregistered assistant.
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- 246-935-110 Examination procedures.
- 246-935-120 Frequency and location of examination.
- 246-935-130 AIDS prevention and information education requirements.
- 246-935-140 Disciplinary reinstatement procedures.

**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) "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.

(3) "Emergency" means that the animal has been placed in a life-threatening condition where immediate treatment is necessary to sustain life.

(4) "Immediate supervision" shall mean the supervisor is in audible and visual range of the animal patient and the person treating the patient.

(5) "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.

(6) "Supervisor" shall mean a veterinarian or, if a task so provides, an animal technician.

(7) "Unregistered assistant" shall mean any individual who is not an animal technician or veterinarian.

(8) "Veterinarian" shall mean a person authorized by chapter 18.92 RCW to practice veterinary medicine in the state of Washington.

(9) "Veterinary medical facility" is as defined by WAC 246-933-310.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-010, filed 12/4/91, effective 1/4/92; 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 secretary of the department of health and submitted to the division of professional licensing. Applications must be received at least forty-five days prior to the scheduled examination. The application, in addition to the required fee, shall be accompanied by satisfactory evidence of experience and/or official transcripts or other evidence of completion of educational courses approved by the board. Said application shall be signed by the applicant and sworn before some person authorized or [to] administer oaths. When such application and the accompanying evidence are found satisfactory, the secretary shall notify the applicant of eligibility to be scheduled for the animal technician examination.

[Statutory Authority: RCW 18.92.030. 92-02-057 (Order 233B), § 246-935-020, filed 12/30/91, effective 1/30/92; 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 secretary'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 246-935-040 or 246-935-050.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-030, filed 12/4/91, effective 1/4/92; 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 246-935-040 or 246-935-050.
- (b) Permit any unregistered assistant to perform any animal health care services not authorized by WAC 246-935-040 or 246-935-050.
- (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 and in such

manner 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. 92-02-057 (Order 233B), § 246-935-040, filed 12/30/91, effective 1/30/92; 91-24-098 (Order 221B), § 246-935-040, filed 12/4/91, effective 1/4/92; 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 246-935-060 Approval of post high school courses.** The board, pursuant to RCW 18.92.030, hereby adopts the accreditation standards of the American Veterinary Medical Association (AVMA), "Accreditation policies and procedures" of the committee on veterinary technician education and activities (CVTEA), 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. 91-24-098 (Order 221B), § 246-935-060, filed 12/4/91, effective 1/4/92; 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 shall 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 shall 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 shall 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 the 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 inoculations 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. 91-24-098 (Order 221B), § 246-935-070, filed 12/4/91, effective 1/4/92; 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 shall be based on a possible score of 100 percent and the minimum passing score shall be 70 percent.

(2) Each applicant shall 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. 91-24-098 (Order 221B), § 246-935-080, filed 12/4/91, effective 1/4/92; 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 shall be in writing and shall be received by the board within thirty days of

notification of the examination results. The request shall state the reason or reasons the applicant feels the results of the examination should be changed. The board shall not consider any challenges to examination scores unless the total revised score could result in the issuance of a registration. The board shall 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 shall be requested within twenty days of receipt of the result of the board's review of the examination results. The board shall 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. 91-24-098 (Order 221B), § 246-935-090, filed 12/4/91, effective 1/4/92; 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 shall be required to be reexamined in the specific portion of the examination previously failed.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-100, filed 12/4/91, effective 1/4/92; 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, shall be considered grounds for expulsion from the examination.

[Statutory Authority: RCW 18.92.030. 91-24-098 (Order 221B), § 246-935-110, filed 12/4/91, effective 1/4/92; 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, the applicant shall

forfeit the examination fee unless the applicant has notified the division of professional licensing services in writing of an inability to appear for the scheduled exam at least five days before the designated time.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-935-120, filed 12/4/91, effective 1/4/92; 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 health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. 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 (3) of this section.

#### **(3) AIDS education.**

(a) Acceptable education. The board shall 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) The requirements 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 (a) of this subsection.

#### **(c) Documentation. The registrant shall:**

(i) Certify, on forms provided, that the minimum education has been completed;

(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 and 70.24.270, 91-24-098 (Order 221B), § 246-935-130, filed 12/4/91, effective 1/4/92. 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 registration has been suspended, revoked, or placed on probation shall:

(a) Submit a written request to the board for reinstatement of the registration 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 registration should be reinstated.

(2) The board, in reviewing a request for reinstatement subsequent to disciplinary action, may consider the following criteria:

(a) The individual's character, standing, and professional reputation in the community in which the individual resided and worked prior to discipline;

(b) The ethical standards which the individual observed in the practice of veterinary medicine;

(c) The nature and character of the charge(s) for which the individual 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) The individual's attitude, conduct, and reformation subsequent to discipline;

(f) The time that has elapsed since discipline;

(g) The individual's current proficiency in animal technology; and

(h) The sincerity, frankness, and truthfulness of the individual in presenting and discussing the factors relating to the discipline and reinstatement.

(3) The board reserves the right to reinstate a registration subject to terms and conditions deemed appropriate.

[Statutory Authority: RCW 18.92.030, 91-24-098 (Order 221B), § 246-935-140, filed 12/4/91, effective 1/4/92; 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.]

## **Chapter 246-975 WAC AMBULANCES**

### **WAC**

|             |  |
|-------------|--|
| 246-975-160 | Ambulance operator, ambulance director record requirements.  |
| 246-975-180 | First aid vehicle operator, first aid vehicle director requirements.                               |
| 246-975-200 | Advanced first aid training.   |
| 246-975-210 | Basic life support—Emergency medical technician qualifications and training.                       |
| 246-975-220 | Emergency medical technician training—Course content, registration, and instructor qualifications. |
| 246-975-240 | Emergency medical technician—Reciprocity and challenges.   |
| 246-975-250 | Emergency medical technician and first responder—Specialized training.                             |

**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.

(2) Each ambulance operator or ambulance director 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.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-160, filed 2/26/91, effective 3/29/91. 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 246-975-180 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.

(3) Each first aid operator or first aid director 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 70.24.260; 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.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-180, filed 2/26/91, effective 3/29/91. 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 246-975-200 Advanced first aid training.** A person shall be accepted as certified in advanced first aid upon successful completion of an advanced first aid training program provided by the American Red Cross, or an equivalent, determined by the department.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-200, filed 2/26/91, effective 3/29/91. 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) Be an active member of one of the following emergency medical services entities:

(i) Fire fighter 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.

(d) Possess a current state driver's license.

(e) Have the physical strength to carry, lift, extricate and perform similar maneuvers in a manner not detrimental to the patient, fellow emergency medical technicians or self.

(2) The prospective student shall have his/her application for training reviewed by selection committees approved by the local emergency medical services council or their delegates. The selection committee shall determine that general prerequisites for enrollment in the course have been met and shall approve or disapprove the application.

(3) Waivers of enrollment in the course may be recommended to the department by the local emergency medical services council selection committee when it is determined to be in the best interest of the local emergency medical services needs, except that no waivers shall be granted for the age requirement.

(4) In counties where emergency medical services training responsibilities are established by county ordinances, the agency named in the ordinance shall have the same responsibilities for selection of students and training as the local emergency medical services councils described in this section.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-210, filed 2/26/91, effective 3/29/91. 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 Safety Administration, shall be used in the course presentation. The course shall be the most current version consisting of didactic and practical instruction and observation as described in the national course guide, or as amended by the department.

(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 required 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 withhold recommending certification to the department for 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 certified EMS personnel to provide a ratio of one evaluator to six students during practical skills examinations;

(ii) Other qualified individuals such as registered nurses, experts in legal affairs, experts in extrication and driving safety who may act in the capacity of guest lecturers and practical skills evaluators.

(e) Any instruction given in cardiopulmonary resuscitation must be accomplished by an individual who is currently certified as a cardiopulmonary resuscitation instructor by the Washington State Heart Association or the American Red Cross.

(f) Course materials used in the conduct of an EMT course shall consist of those textbooks, reference materials, visual aids and medical supplies that have been approved by the department.

(g) Testing shall occur periodically throughout the course. There shall be a minimum of a first quarter, mid-term, third quarter and final written examination. The final written examination may be administered through state testing procedures or through the National Registry of Emergency Medical Technicians (NREMT). If the NREMT examination is used, each student is responsible for the testing fee.

(h) The practical examination shall be administered on examination forms supplied by the department and shall be scored as pass or fail. Percentage points shall not be used. Failure in areas of the practical examination that are designated as life-threatening conditions shall be considered as failure of the examination. In situations where regional or county EMS councils employ

test teams, such teams shall accomplish the practical testing procedures.

(i) A student who fails the state written and/or the practical examination may be retested within two months of the failure. A second failure shall require a repeat of the course.

(j) Rules governing class attendance shall be at the option of the approved EMS medical program director. However, any student missing three sessions (nine hours of instruction) shall be considered to have withdrawn from the course.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-220, filed 2/26/91, effective 3/29/91. 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 246-975-240 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 United States Department of Transportation, National Highway Traffic Safety Administration's course.

(2) An individual certified by the National Registry of Emergency Medical Technicians may be considered for reciprocity only under the following conditions:

(a) The applicant must have completed the United States Department of Transportation, National Highway Traffic Safety Administration's 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 registry 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 246-975-210;

(b) The candidate must show the testing agency proof of equivalent training and/or experience, including the ten-hour required 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 course as described in WAC 246-975-220.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-240, filed 2/26/91, effective 3/29/91. 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 and first responder--Specialized training.** (1) For the purpose of this chapter, specialized training shall mean the training of a basic EMT and/or first responder 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 and/or first responders, the following procedures shall apply:

(a) State-approved course curriculum and patient care 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 any training program.

(c) Requests for specialized training shall be submitted to the department on the form "application for training."

(3) On completion of the specialized training, personnel using the equipment shall function under authorized physician control.

[Statutory Authority: RCW 18.73 RCW. 91-06-026 (Order 126), § 246-975-250, filed 2/26/91, effective 3/29/91. 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.]

## Title 248 WAC

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

#### Chapter

248-14 Nursing homes.

#### Chapter 248-14 WAC

#### NURSING HOMES

#### WAC

248-14-071 Nursing home fees.

**WAC 248-14-071 Nursing home fees.** The nursing home license fee shall be one hundred thirty-three dollars per bed per year from July 1, 1991, through June 30, 1992. The fee shall be one hundred thirty-five dollars per bed per year from July 1, 1992, through June 30, 1993.