

flushing in cases of chemical spill and clothing fires. If more than one laboratory is provided, one of each fixture will be adequate if the laboratories are in close proximity.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-140, filed 12/27/90, effective 1/31/91; Order 55, § 248-64-350, filed 6/8/71.]

**WAC 246-366-150 Exemption.** The board of health may, at its discretion, exempt a school from complying with parts of these regulations when it has been found after thorough investigation and consideration that such exemption may be made in an individual case without placing the health or safety of the students or staff of the school in danger and that strict enforcement of the regulation would create an undue hardship upon the school.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-366-150, filed 12/27/90, effective 1/31/91; 82-07-015 (Order 225), § 248-64-360, filed 3/9/82; Order 55, § 248-64-360, filed 6/8/71.]

## Chapter 246-374 WAC OUTDOOR MUSIC FESTIVALS

### WAC

246-374-001	Purpose.
246-374-010	Definitions.
246-374-030	Submission of plans.
246-374-040	Site.
246-374-050	Water supply.
246-374-060	Sewage disposal.
246-374-070	Toilet facilities.
246-374-080	Solid waste.
246-374-090	Insect and rodent control.
246-374-100	Food service.
246-374-110	Dust control.
246-374-120	Lighting.
246-374-130	Bathing areas.
246-374-140	General.

**WAC 246-374-001 Purpose.** The following rules and regulations are established as the minimum sanitation requirements for outdoor music festivals, in accordance with chapter 302, Laws of 1971 ex. sess.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-001, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-010, filed 8/16/71.]

**WAC 246-374-010 Definitions.** (1) "Outdoor music festival" or "music festival" or "festival" means an assembly of persons gathered primarily for outdoor, live, or recorded music entertainment, where the predicted attendance is 2,000 or more and where the duration of the program is five hours or longer: *Provided*, That this definition shall not be applied to any regularly established permanent place of worship, athletic stadium, athletic field, arena, auditorium, coliseum, or other similar permanently established places of assemblies which do not exceed by more than 250 people the maximum seating capacity of the structure where the assembly is held: *Provided further*, That this definition shall not apply to government sponsored fairs held on regularly established fairgrounds nor to assemblies required to be licensed under other laws or regulations of the state.

(2) "Local health officer" means the legally qualified physician who has been appointed as the health officer of the

city, town, county or district public health department as defined in RCW 70.05.010(2), or his authorized representative.

(3) "Applicant" means the promoter who has the right of control of the conduct of an outdoor music festival who applies to the appropriate legislative authority for a license to hold an outdoor music festival.

(4) "Issuing authority" means the legislative body of the local governmental unit where the site for an outdoor music festival is located.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-010, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-020, filed 8/16/71.]

**WAC 246-374-030 Submission of plans.** The applicant shall submit plans for site and development to the local health officer not less than 30 days prior to the time the applicant must file his application with the issuing authority. The plan shall include the name of the festival, its physical location, dates of operation, the name, address and phone number of the applicant, a list of other individuals responsible for all phases of construction and operation, and shall include the following information:

- (1) Projected attendance at the outdoor music festival.
  - (a) Maximum day attendance.
  - (b) Maximum overnight attendance.
  - (c) Total attendance for the duration of the festival.
- (2) Site characteristics:
  - (a) The area, dimensions, legal description and ownership of the tract of land.
  - (b) Physical characteristics of the site, including but not limited to bodies of water, existing structures, topographical data, current land use of site and contiguous property.
  - (c) Location, and the width of all offsite access roads and onsite service roads.
  - (d) Location of facilities including parking, camping sites, food concessions, medical services, entertainment area, water source and distribution system, sewage disposal, solid waste collection and disposal, bathing areas, communication facilities and administrative accommodations.
- (3) Method and design of water supply and distribution system.
- (4) Method and design of sewage and waste water collection and disposal systems.
- (5) Method and design of toilet facilities, their number and location.
- (6) Method of solid waste collection and disposal, including number and location of containers.
- (7) Method of insect and rodent control.
- (8) Design of food service facilities and information including source, storage, preparation and types of foods.
- (9) Design and location of all facilities providing shelter including overnight accommodations for festival patrons.
- (10) Method of dust control.
- (11) Plan of electrical service, including type, location and number of lighting fixtures, communications facilities and electrical outlets.
- (12) Description of bathing areas and facilities.
- (13) Transportation and facilities for emergency medical service.

No later than fifteen days after the submission of plans for site and development, the local health officer shall either approve or disapprove such plans. Any disapproval shall set forth in detail the specific grounds therefor. The applicant shall have an opportunity to correct the deficiencies as described by the local health officer and to resubmit plans for local health officer approval. Final approval or disapproval shall be given by the local health officer on or before the date set for submission of application to the issuing authority. The local health officer shall accompany any final disapproval with written reasons therefor.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-374-030, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-030, filed 8/16/71.]

**WAC 246-374-040 Site.** The festival site shall be well drained, located and maintained so as not to create a health or safety hazard or nuisance.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-374-040, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-040, filed 8/16/71.]

**WAC 246-374-050 Water supply.** (1) A supply of water shall be provided from a source approved by the local health officer.

(2) The water shall comply with the standards for quality as specified in 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 246-374-070 Toilet facilities.** (1) There shall be provided separate toilet facilities for each sex. Such toilets shall consist of adequately designed and maintained privies, chemical toilets or other facilities for the collection and disposal of human wastes, as may be approved by the local health officer.

(2) A minimum number of three toilets for each sex shall be provided for the first five hundred patrons and one additional toilet for each sex shall be provided for each additional five hundred patrons or major fraction thereof. The total number of toilets shall be based on the projected maximum daily attendance.

(3) Toilet facilities shall be located within 300 feet of all portions of all day use and overnight camping areas. In addition, there shall be toilets immediately adjacent to food concessions, medical service and administrative areas.

(4) Toilet facilities shall be constructed in a manner to provide privacy and to facilitate cleaning and maintenance. Toilets shall be kept clean and free of insects, rodents and excessive odors.

(5) An adequate quantity of toilet paper shall be provided.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-374-070, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-070, filed 8/16/71.]

**WAC 246-374-080 Solid waste.** (1) All solid waste, including but not limited to garbage, trash, and other refuse, shall be collected, transported and disposed of in a manner approved by the local health officer and shall comply with WAC 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 246-374-090 Insect and rodent control.** Appropriate measures shall be taken to control rodents and insects.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-374-090, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-090, filed 8/16/71.]

**WAC 246-374-100 Food service.** Food service facilities shall be operated and maintained in accordance with the provisions of chapters 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 246-374-110 Dust control.** Appropriate measures shall be taken to control dust. Special control measures such as watering, oiling, sawdust or application of other soil stabilizers shall be made at food concessions, and medical service facilities.



[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-110, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-110, filed 8/16/71.]

**WAC 246-374-120 Lighting.** (1) Outside lighting shall be provided for spectator and parking areas, toilet facilities, food concessions, medical service facilities and walkways.

(2) Light measured on working surfaces inside medical service facilities and food concessions shall be at least 20 foot candles.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-120, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-120, filed 8/16/71.]

**WAC 246-374-130 Bathing areas.** All natural bathing areas shall comply with the provisions of WAC 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.]

**WAC 246-374-140 General.** (1) The applicant or his designated agent shall familiarize himself with these regulations and shall maintain the festival site and facilities in a clean and sanitary condition. The applicant or his designated agent shall be on the site at all times and shall be responsible for the operation of the festival and compliance with these rules and regulations.

(2) When, in the opinion of the local health officer, a hazard to health exists, or is developing, before, during or after the festival, that is not contemplated in these regulations, he may direct the applicant or his designated agent to take appropriate action to remedy the situation.

(3) The local health officer, in his discretion and with the concurrence of the assistant secretary, Washington state division of health services, department of social and health services, may waive, modify, or approve reasonable alternatives to any of the requirements of these regulations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-374-140, filed 12/27/90, effective 1/31/91; Order 59, § 248-73-140, filed 8/16/71.]

## Chapter 246-376 WAC CAMPS

### WAC

246-376-001	Legal authority of the state board of health.
246-376-010	Definitions.
246-376-020	Registration.
246-376-030	Location or site.
246-376-040	Supervision.
246-376-050	Water supply.
246-376-060	Toilets and handwashing facilities.
246-376-070	Showers and laundry facilities in resident camps.
246-376-080	Sewage and liquid waste disposal.
246-376-090	Sleeping and living quarters.
246-376-100	Food handling.
246-376-110	Swimming pools, wading pools, and bathing beaches.
246-376-120	General.
246-376-130	Responsibility.

### WAC 246-376-001 Legal authority of the state board of health. RCW 43.20.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-001, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-999, filed 2/7/77.]

**WAC 246-376-010 Definitions.** The following definitions shall apply in the interpretations and the enforcement of these rules and regulations. (1) The term "camp" as used herein shall refer only to an established group camp which is established or maintained for recreation, education, vacation, or religious purposes for use by organized groups and wherein these activities are conducted on a closely supervised basis and wherein day to day living facilities, including food and lodging, are provided either free of charge or by payment of a fee.

(2) "Owner" shall mean any person or persons, organization, association, corporation, or agency of federal, state, county or municipal government, operating, maintaining or offering for use within the state of Washington any camp either free of charge or by payment of a fee.

(3) "Director" shall mean the person in charge of the camp program.

(4) "Existing camp" shall mean a camp which was established prior to the date of adoption of these rules and regulations.

(5) "New camp" shall mean a camp which is established after the date of adoption of these rules and regulations.

(6) "Health officer" shall mean the state director of health, or the city, county, or district health officer, as defined in RCW 70.05.010(2) or his or her authorized representatives.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-010, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-001, filed 2/7/77; Regulation 72.001, effective 3/11/60.]

**WAC 246-376-020 Registration.** Every owner shall make an annual application to the health officer for the registration of his camp at least 30 days prior to the day it is to be opened for use.

Every application for registration made pursuant to these regulations shall be on a form to be supplied by the health officer and the applicant shall furnish all information required by the health officer.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-020, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-010, filed 2/7/77; Regulation 72.010, effective 3/11/60.]

**WAC 246-376-030 Location or site.** (1) All camps shall be located on land that provides good natural drainage. The site shall not be subject to flooding or located adjacent to swamps or marshes which might have an adverse effect on the health of the occupants.

(2) No camp shall be so located as to endanger any public or private water supply or the health of the public or health of the occupants.

(3) Where corrals or stables exist, or where large animals are maintained in connection with any camp, the quarters for any animals shall be located so as not to create a nuisance or health hazard.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-376-030, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-020, filed 2/7/77; Regulation 72.020, effective 3/11/60.]

**WAC 246-376-040 Supervision.** (1) All camps shall be under the supervision of an adult having mature judgment and ability to understand and apply state laws and regulations relating to operation and maintenance of the camp.

(2) The director, or a responsible person reporting to him, shall make or have made frequent inspections of the premises and sanitary equipment for the purpose of maintaining proper sanitation and compliance with these regulations.

(3) The director shall maintain all sanitary facilities, and other equipment of camps, in good repair and appearance.

(4) The supervision and equipment shall be sufficient to prevent littering of the premises with rubbish, garbage, or other wastes and to maintain general cleanliness. Fly-tight metal garbage containers shall be provided for the collection of garbage. These containers shall not be permitted to become foul smelling, unsightly, or breeding places for flies, and the contents shall be disposed of by incineration or some other method approved by the health officer.

(5) All toilet rooms, eating, sleeping and other living facilities shall be cleaned at least daily.

(6) The owner or director of every camp shall maintain the buildings and grounds free from flies, mosquitoes and other insects through the use of screens and/or approved sprays or other effective means.

All premises shall be kept free from rats, mice and other rodents.

(7) Where bedding is furnished it shall be kept clean and aired at least once a week. Where sheets and pillow cases are furnished they shall be freshly laundered at least for each new user.

Mattress covers to completely cover the mattress shall be provided and shall be freshly laundered at least for each new user.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-376-040, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-030, filed 2/7/77; Regulation 72.030, effective 3/11/60.]

**WAC 246-376-050 Water supply.** (1) Every camp shall have an adequate supply of water which meets the requirements of chapter 248-54 WAC, Rules and regulations of the state board of health governing public water supplies.

(2) At new camps, only water under pressure will be allowed except upon the special permission of the health officer.

(3) The use of common drinking cups or containers is prohibited.

(4) Where possible, drinking fountains of a sanitary type meeting the standards of the American Standards Association, shall be provided with a ratio of one fountain for each fifty users. In the event that fountains cannot be provided, individual or single-service drinking cups shall be supplied.

Containers for drinking water shall be constructed of smooth noncorrodable material, shall have a tight fitting cover, shall be equipped with a faucet or spigot for water removal and shall be washed with reasonable frequency and kept clean. Dipping water from containers is prohibited.

(5) Unapproved sources of water supply should be conspicuously posted as unfit for drinking.

(1992 Ed.)

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-376-050, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-040, filed 2/7/77; Regulation 72.040, effective 3/11/60.]

**WAC 246-376-060 Toilets and handwashing facilities.** (1) Every camp shall be provided with toilets, urinals and handwashing facilities conveniently located.

(2) Separate toilet facilities shall be provided for each sex and shall be so marked.

(3) Only water flushed toilets will be allowed unless specific exception is made by the health officer for the use of fly-tight sanitary privies.

(4) The minimum number of the above facilities to be provided shall be in accordance with the following schedules:

Girls' water closets -

First 100 girls - 1 for each 10 girls

Over 100 girls - 10 for first 100 girls plus  
1 for each additional 20 girls

Boys' water closets -

First 100 boys - 1 for each 20 boys

Over 100 boys - 5 for first 100 boys plus  
1 for each additional 40 boys

Boys' urinals -

First 100 boys - 1 for each 20 boys

Over 100 boys - 5 for first 100 boys plus  
1 for each additional 40 boys

Lavatories -

First 100 users - 1 for each 12 users

Over 100 users - 8 for first 100 users plus  
1 for each additional 20 users

(5) Toilet paper shall be provided in each water closet compartment or privy.

(6) All toilet rooms and privies shall be constructed of material permitting satisfactory cleaning and shall be well lighted and ventilated. All toilet fixtures shall be of easily cleanable, impervious material and in good repair.

(7) Toilet room floors shall be constructed of concrete or other water impervious material pitched to provide adequate drainage to a suitable located trapped floor drain; except that urinal stalls may be used in lieu of floor drains. If partitions are provided between flush bowls they shall be raised 12 inches from the floor and shall be so constructed as to be easily cleanable.

(8) Where users do not provide their own individual towel and soap, single-service paper or cloth towels and soap shall be provided at all lavatories. The use of common towels is prohibited.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-376-060, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-050, filed 2/7/77; Regulation 72.050, effective 3/11/60.]

**WAC 246-376-070 Showers and laundry facilities in resident camps.** Adequate and conveniently located bathing facilities including hot and cold or tempered water shall be provided. Separate shower rooms shall be provided for each sex in the ratio of one shower head or tub for each 15 users based upon the maximum demand at any one period.

One laundry tray or wash tub should be provided for each 40 persons or major fraction thereof.

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The floors of shower rooms shall be constructed of concrete or other easily cleanable, water impervious material graded to drain to a suitable trapped floor drain. They should be free from cracks or uneven surfaces that interfere with proper cleaning.

The shower rooms shall be well lighted and ventilated and have interior surfaces of light colored, washable material.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-070, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-060, filed 2/7/77; Regulation 72.060, effective 3/11/60.]

**WAC 246-376-080 Sewage and liquid waste disposal.** (1) No liquid wastes resulting from toilets, lavatories, showers, laundry sinks, or from the cleaning of kitchen and eating utensils, floors, etc., shall be discharged upon the surface of the ground. Such wastes shall be disposed of in such a manner that they will be inaccessible to rodents, flies, or other insects, and will not pollute the surface of the ground or contaminate any water supply. They shall not be discharged into any stream, lake or body of water. Underground systems for disposal of such wastes shall be constructed, operated, and maintained to comply with the requirements of the state board of health or local health regulations or ordinances.

(2) All plumbing shall comply with state and local regulations or the minimum plumbing standards of the U.S. Department of Commerce.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-080, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-070, filed 2/7/77; Regulation 72.070, effective 3/11/60.]

**WAC 246-376-090 Sleeping and living quarters.** (1) All sleeping and living quarters shall be ventilated so as to be maintained free from objectionable odors. They shall be provided with adequate natural and artificial light. The floors, walls, and ceilings of sleeping rooms shall be of easily cleanable construction and shall be maintained in a clean, sanitary condition.

(2) The floors of all buildings which are not built on solid concrete or rat-proof foundations shall be raised at least 12 inches above the ground and the space underneath the floor kept free from trash, rubbish, or other material attractive to insects or rodents.

(3) No room used for sleeping purposes shall have less than 400 cubic feet of air space for each occupant.

(4) All cabin or dormitory type sleeping rooms shall contain a minimum floor space of 40 sq. ft. per occupant. Ventilation shall be provided to all bedrooms or dormitories equivalent to an outside opening of 2-1/2 sq. ft. per person.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-090, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-080, filed 2/7/77; Regulation 72.080, effective 3/11/60.]

**WAC 246-376-100 Food handling.** Food service facilities and practices in camps shall comply with chapter 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.]

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**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.]

**WAC 246-376-120 General.** (1) Where no provision is made in these regulations to clearly apply to any condition or thing found to exist which may be a health hazard in a camp, the health officer may direct the owner as to the best means to adopt to secure proper sanitary conditions in said camp.

(2) Where a condition exists, which in the opinion of the health officer is a violation of these regulations or a menace to health, he may order the owner to close such camp until such time as the health officer may direct.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-120, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-120, filed 2/7/77; Regulation 72.120, effective 3/11/60.]

**WAC 246-376-130 Responsibility.** The owner of a camp shall be responsible for full compliance with these rules and regulations.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-376-130, filed 12/27/90, effective 1/31/91; Order 140, § 248-72-130, filed 2/7/77; Regulation 72.130, effective 3/11/60.]

## Chapter 246-378 WAC MOBILE HOME PARKS

### WAC

246-378-010	Definition.
246-378-020	Sewage disposal.
246-378-030	Water supply.
246-378-040	Refuse disposal.
246-378-050	General sanitation.

**WAC 246-378-010 Definition.** The following definitions shall apply in the interpretation and enforcement of this chapter.

(1) Health officer shall mean the city, county, city-county or district health officer as defined in RCW 70.05.010(2) or his/her authorized representative.

(2) Mobile home park shall mean any real property which is rented or held out for rent to others for the placement of two or more mobile homes for the primary purpose of production of income, except where such real property is rented or held out for rent for seasonal recreational purpose only and is not intended for year-round occupancy.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-378-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1981 c 304. 81-24-056 (Order 220), § 248-75-010, filed 12/1/81.]

**WAC 246-378-020 Sewage disposal.** All sewage and waste water from a mobile home park shall be drained to a sewerage disposal system which is approved by the health officer. Sewage disposal systems shall be designed, con-

structed 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	\$ 355

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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.

(b) Food service establishments or concessions that do not prepare potentially hazardous foods. \$ 178

(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**

246-388-001	Purpose.
246-388-010	Definitions.
246-388-020	License—Application—Denial—Appeal.
246-388-030	Exemptions.
246-388-040	Department approval of construction.
246-388-050	Governing body and administration.
246-388-060	Quality assurance.
246-388-070	Personnel.
246-388-080	Infection control.
246-388-090	Abuse reports.
246-388-100	Water supply.
246-388-110	Plumbing.
246-388-120	Staff facilities.
246-388-130	Storage.
246-388-140	Heating.
246-388-150	Lighting and wiring.
246-388-160	Emergency light and power.

246-388-170	Ventilation.
246-388-180	Corridors and doors.
246-388-190	Carpets.
246-388-200	Stairways, ramps, and elevators.
246-388-210	Sewage, garbage, and waste.
246-388-220	Medical gases.
246-388-230	Core services.
246-388-240	Core services—Twenty-four-hour emergency care.
246-388-250	Core service—Outpatient care.
246-388-260	Core service—Laboratory.
246-388-270	Core service—Radiology.
246-388-280	Core service—Inpatient care.
246-388-290	Core service—Low-risk maternal patient and newborn care.
246-388-300	Support services and functions.
246-388-310	Support services and functions—Materials processing and management.
246-388-320	Support services and functions—Dietary.
246-388-330	Support services and functions—Housekeeping.
246-388-340	Support services and functions—Laundry.
246-388-350	Support services and functions—Maintenance.
246-388-360	Support services and functions—Medical records.
246-388-370	Support services and functions—Pharmacy service.
246-388-380	Support services and functions—Intravenous care.
246-388-390	Support services and functions—Discharge planning.
246-388-400	Optional services.
246-388-410	Optional—Long-term care.
246-388-420	Optional—Occupational and physical therapy and respiratory care.
246-388-430	Optional—Other diagnostic/therapeutic services.
246-388-440	Optional—Surgical services.
246-388-450	Optional—Anesthesia services.
246-388-990	Licensure fees.

**WAC 246-388-001 Purpose.** The purpose of these rules is to implement RCW 70.175.100, 70.175.110, and 70.175.120 establishing minimum standards for the construction, maintenance, operation, and scope of rural health care facilities to:

- (1) Permit local flexibility and innovation in providing services;
- (2) Promote the cost-efficient delivery of health care and other social services appropriate for the particular local community;
- (3) Promote the delivery of services in a coordinated and nonduplicative manner;
- (4) Maximize the use of existing health care facilities in the community;
- (5) Permit regionalization of health care facilities when appropriate; and
- (6) Provide for linkages with hospitals, tertiary care centers, and other health care facilities to provide services not available in the facility.

[Statutory Authority: Chapter 70.175 RCW, 91-02-014 (Order 123), § 246-388-001, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-010 Definitions.** For the purposes of these regulations, the following words and phrases have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, appropriate, suitable, properly, or sufficient used in this chapter to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury, emotional, physical, or sexual abuse of an individual under circumstances indicating the health, welfare, and safety of the individual is harmed including:

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

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

(2) "Advanced registered nurse practitioner" or "ARNP" means a registered nurse authorized to practice specialized and advanced nursing under requirements in RCW 18.88.175.

(3) "Alterations" means a change requiring construction in an existing rural health care facility.

(4) "Area" means a portion of a room containing the equipment essential to carrying out a particular function and separated from other facilities of the room by a physical barrier or adequate space, except when used in reference to a major section of the rural health care facility.

(5) "Authenticate" means to authorize or validate an entry in a record by:

(a) A signature including first initial, last name, and discipline; or

(b) A unique identifier allowing identification of the responsible individual.

(6) "Bathing facility" means a bathtub or shower excluding sitz baths or other fixtures designated primarily for therapy.

(7) "Clean" means free of soil, a sanitary or sterile condition of a space, room, area, facility, or equipment.

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

(9) "Dentist" means an individual licensed under chapter 18.32 RCW.

(10) "Dietitian" means an individual: (a) Meeting the eligibility requirements for active membership in the American Dietetic Association described in *Directory of Dietetic Programs Accredited and Approved, American Dietetic Association*, edition 100, 1980; or (b) certified under chapter 18.138 RCW.

(11) "Drug administration" or "administering of drugs" means an act in which a single dose of a prescribed drug or biological is given to a patient by an authorized person in accordance with all laws and regulations governing such acts.

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

(13) "Governing body" means the person or persons responsible for establishing the purposes and policies of the rural health care facility.

(14) "Grade" means the slope of the ground adjacent to the building measured at required windows with ground level or sloping downward for a distance of at least ten feet from the wall of the building. From the ten-foot distance, the ground may slope upward no greater than an average of one foot vertical to two-foot horizontal within a distance of eighteen feet from the building.

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

(16) "Health care facility" means any land, structure, system, subsidiary, equipment, or other real or personal property or appurtenances useful for or associated with

delivery of inpatient or outpatient health care service or support for such care or any combination operated or undertaken in connection with:

- (a) A hospital;
- (b) A clinic;
- (c) A health maintenance organization;
- (d) A diagnostic or treatment center;
- (e) An extended care facility; or
- (f) Any facility providing or designed to provide therapeutic, convalescent, or preventive health care services.

(17) "Health care provider" means an individual with direct or supervisory responsibility for delivery of health or medical care who is licensed, registered, or certified in Washington state under Title 18 RCW.

(18) "Hospital" means any institution, place, building, or agency providing accommodations, facilities, and services over a continuous period of twenty-four hours or more, for observation, diagnosis, or care of two or more individuals not related to the operator who are suffering from illness, injury, deformity or abnormality, or from any other condition for which obstetrical, medical, or surgical services would be appropriate for care or diagnosis. "Hospital" does not include:

- (a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;
- (b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;
- (c) Nursing homes under chapter 18.51 RCW;
- (d) Maternity homes under chapter 18.46 RCW;
- (e) Psychiatric or alcoholism hospitals under chapter 71.12 RCW;
- (f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions;

(g) Rural health care facilities under RCW 70.175.020(11); nor

(h) Any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(19) "Infant" means a child up to one year of age.

(20) "Investigational drug" means any article not approved for use in the United States, but for which an investigational drug application has been approved by the Food and Drug Administration.

(21) "Lavatory" means a plumbing fixture of adequate design and size for washing hands.

(22) "Licensed practical nurse" or "L.P.N." means an individual licensed under requirements of chapter 18.78 RCW.

(23) "Low-risk maternal patient" means a woman:

- (a) In general good health with uncomplicated prenatal course and participating in ongoing prenatal care;
- (b) Participating in an appropriate childbirth and infant care education program;
- (c) With no major medical problems;
- (d) With no previous uterine wall surgery, caesarean section, or obstetrical complications likely to recur;
- (e) With parity under six unless a justification for a variation is documented by medical staff;

(f) Who is not a nullipara of greater than thirty-eight years of age unless a justification for a variation is documented by medical staff;

(g) Not less than sixteen years old unless a justification for variation for ages fourteen through fifteen is documented by medical staff;

(h) With no significant signs or symptoms of pregnancy-induced hypertension, polyhydramnios or oligohydramnios, abruptio placenta, chorioamnionitis, multiple gestation, intrauterine growth retardation, meconium stained amniotic fluid, fetal complications, or substance abuse;

(i) Demonstrating no significant signs or symptoms of anemia, active herpes genitalis, pregnancy-induced hypertension, placenta praevia, malpositioned fetus, or breech while in active labor;

(j) In labor, progressing normally;

(k) Without prolonged ruptured membranes;

(l) Not in preterm labor nor in postterm gestation;

(m) Appropriate for a setting where analgesia is limited; and

(n) Appropriate for a setting where anesthesia is used in limited amounts and limited to local infiltration of the perineum or pudendal block.

(24) "May" means permissive or discretionary on the part of the department.

(25) "Medical staff" means physicians and other health care providers appointed by the governing body to practice within the parameters of the governing body rules.

(26) "Metropolitan statistical area" or "MSA" means a metropolitan statistical area defined and described by the United States Department of Census, Bureau of the Census, *Statistical Abstract of the United States: 1988*, 108th edition, Washington, D.C., United States Government Printing Office, and displayed for the state of Washington in *State of Washington Data Book*, Office of Financial Management, Olympia, Washington, 1988, including:

(a) Benton;

(b) Clark;

(c) Franklin;

(d) King;

(e) Kitsap;

(f) Pierce;

(g) Snohomish;

(h) Spokane;

(i) Thurston;

(j) Whatcom; and

(k) Yakima.

(27) "Midwife" means an individual recognized by the Washington state board of nursing as an advanced registered nurse practitioner/certified nurse midwife under chapter 18.88 RCW and chapter 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 maltreatment; an act or omission evincing a serious disregard of consequences of such a magnitude as to constitute a clear and present danger to a patient's health, welfare, and safety including:

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



(b) Physical neglect meaning physical or material deprivation, such as lack of medical care, lack of supervision necessary for patient level of development, inadequate food, clothing, or cleanliness.

(29) "Newborn" means a newly born infant under twenty-eight days of age.

(30) "New construction" means any of the following:

(a) Additions to existing buildings to be used as rural health care facilities;

(b) Alterations;

(c) Conversion of existing buildings or portions for use as rural health care facilities unless currently licensed as a hospital under chapter 70.41 RCW;

(d) New buildings to be used as rural health care facilities.

(31) "Occupational therapist" means an individual licensed under the provisions of chapter 18.59 RCW.

(32) "Outpatient" means a patient receiving services generally not requiring admission to a rural health care facility bed for twenty-four hours or more.

(33) "Patient" means an individual receiving preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the rural health care facility.

(34) "Patient care areas" means all patient service areas of the rural health care facility where direct patient care is rendered and all other areas of the rural health care facility where diagnostic or treatment procedures are performed directly upon a patient.

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

(36) "Pharmacist" means an individual licensed by the state board of pharmacy to engage in the practice of pharmacy under chapter 18.64 RCW.

(37) "Pharmacy" means an area or service or place approved by the Washington state board of pharmacy under chapter 18.64 RCW.

(38) "Physical therapist" means an individual licensed under the provisions of chapter 18.74 RCW.

(39) "Physician" means an individual licensed under chapter 18.71 RCW, Physicians, or chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

(40) "Physician's assistant" means an individual who is not a physician but is practicing medicine under chapter 18.71A or 18.57A RCW and the rules and regulations promulgated thereunder.

(41) "Prescription" means an order for drugs for a specific patient issued by a legally authorized individual.

(42) "Radiologist" means a physician, board certified or eligible for certification in radiology and meeting continuing education requirements under:

(a) The American Board of Radiology described under *Directory of Residency Programs Accredited by the Accreditation Council for Graduate Medical Education*, American Medical Association, 1981-82; or

(b) The American Osteopathic Board of Radiology described under *American Osteopathic Association Yearbook and Directory*, 1981-82.

(43) "Registered nurse" means an individual licensed under chapter 18.88 RCW.

(44) "Relite" means a glazed opening in an interior partition between a corridor and a room or between two rooms to permit viewing.

(45) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement excluding safety devices.

(46) "Room" means a space set apart by floor-to-ceiling partitions on all sides with proper access to a corridor and with all openings provided with doors or windows.

(47) "Rural area" means a geographical area outside the boundaries of metropolitan statistical areas (MSA's) or an area within an MSA but more than thirty minutes average travel time from an urban area of at least ten thousand population.

(48) "Rural health care facility" means a facility, group, or other formal organization or arrangement of facilities, equipment, services, and personnel capable of providing or assuring availability of health services within a rural area. The services to be provided by the rural health care facility may be delivered in a single location or geographically dispersed in the community health service catchment area so long as they are organized under a common administrative structure with mechanisms for providing appropriate referral, treatment, and follow-up.

(a) "Administrative structure" means a system of contracts or formal agreements between organizations and persons providing health services in an area that establishes the roles and responsibilities each will assume in providing the services of the rural health care facility.

(b) "Community health service catchment area" means a description of the geographical boundaries of a rural area through a coordinated effort of health care providers, community health clinics, health care facilities, local health department, emergency medical services, support service providers, and citizens.

(49) "Services" means an organized group of health care delivery components.

(a) "Core services" means:

(i) Twenty-four hour emergency care meeting requirements under WAC 246-388-240;

(ii) Outpatient care meeting requirements under WAC 246-388-250;

(iii) Laboratory service meeting requirements under WAC 246-388-260;

(iv) Radiology service meeting requirements under WAC 246-388-270;

(v) Inpatient care meeting criteria and requirements under WAC 246-388-280;

(vi) Low-risk maternal and newborn care meeting requirements under WAC 246-388-290;

(vii) Support services and functions including:

(A) Material processing described under WAC 246-388-310;

(B) Dietary described under WAC 246-388-320;

(C) Housekeeping described under WAC 246-388-330;

(D) Laundry described under WAC 246-388-340;

(E) Maintenance described under WAC 246-388-350;

(F) Medical records described under WAC 246-388-360;

(G) Pharmacy described under WAC 246-388-370;

(H) Intravenous care under WAC 246-388-380; and

(I) Discharge planning under WAC 246-388-390.

(b) "Optional services" means patient care services a rural health care facility may provide, including:

- (i) Long-term care described under WAC 246-388-410;
- (ii) Occupational and physical therapy and respiratory care described under WAC 246-388-420;
- (iii) Other diagnostic and therapeutic services described under WAC 246-388-430;
- (iv) Surgical services described under WAC 246-388-440; and
- (v) Anesthesia described under WAC 246-388-450.

(50) "Shall" means compliance is mandatory.

(51) "Sinks" means one of the following:

(a) A plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter, usually called a clinic service sink; or

(b) A plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic or equivalent control, and gooseneck spout, called a scrub sink; or

(c) A plumbing fixture of adequate size and proper design for filling and emptying mop buckets, known as a service sink.

(52) "Soiled," when used in reference to a room, area, or facility, means space and equipment for collection and/or cleaning of used or contaminated supplies and equipment and/or collection and/or disposal of wastes.

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

(54) "Window" means a glazed opening in an exterior wall.

[Statutory Authority: 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 246-388-020 License—Application—Denial—

**Appeal.** (1) Persons choosing to establish rural health care facilities with formal organization or arrangement of facilities, equipment, and personnel capable of assuring availability of health services in a rural community health service catchment area, shall meet requirements in this chapter and obtain a license from the department.

(2) Persons licensed or seeking licensure as rural health care facilities shall deliver core and optional services in a single location or geographically dispersed locations in the described community health service catchment area as long as services are organized under a common administrative structure with mechanisms to provide appropriate referral, treatment, and follow-up.

(3) Rural health care facilities requesting licensure:

(a) Shall provide core services meeting standards under this chapter; and

(b) May provide or arrange optional services meeting standards under this chapter and approved by the department.

(4) Applicants shall:

(a) Complete the application forms provided by the department specifying patient care services offered beyond the core and support services;

(b) Provide evidence to the department of nonduplication and coordination within the described community health service catchment area including evidence

of notices to all health care providers and health care facilities;

(c) Provide evidence to the department of local zoning or building authority approval for occupancy; and

(d) Submit the fee authorized under RCW 43.70.110 and specified under WAC 246-388-990.

(5) The department shall:

(a) Issue a license to a rural health care facility upon:

(i) Completion of the application process including receipt of fee;

(ii) Applicant's demonstrated ability to comply with chapter 70.175 RCW and this chapter; and

(iii) Demonstrated evidence of:

(A) Notice to all health care providers in the proposed community health service catchment area;

(B) Nonduplication of services; and

(C) Coordination with other health care facilities and the local health department in the community health service catchment area.

(b) State the date of expiration of the license on the license; and

(c) Instruct the licensee on the process for renewal of the application.

(6) The department may:

(a) Issue licenses under chapter 70.175 RCW and this chapter valid for one year;

(b) Extend a license for up to thirty-six months;

(c) Issue a provisional license valid for up to ninety days to permit operation of a rural health care facility when the facility does not fully comply with requirements under this chapter;

(d) Inspect the rural health care facility annually and as needed; and

(e) Deny, suspend, modify, or revoke a license as authorized under chapter 34.05 RCW if an applicant, owner, officer, director, or managing employee:

(i) Fails or refuses to comply with the provisions under this chapter or chapter 70.175 RCW;

(ii) Makes a false statement of a material fact in the application for the license or in any record required by this chapter or matter under investigation;

(iii) Refuses to allow representatives of the department to inspect any part of the facility, books, records, or files relevant to chapter 70.175 RCW or this chapter;

(iv) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter and chapter 70.175 RCW;

(v) Uses false, fraudulent, or misleading advertising;

(vi) Has repeated incidents of personnel performing services beyond those authorized by the rural health care facility and law; or

(vii) Misrepresents or is fraudulent in any aspect of conducting business.

(7) Licensees and applicants may appeal department decisions regarding license denial, suspension, or revocation as prescribed under chapter 34.05 RCW.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-020, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-030 Exemptions.** (1) The department may exempt a rural health care facility from one or more rules under this chapter, except WAC 246-388-020, when:

(a) In receipt of a written request from the applicant or licensee; and

(b) Investigation reveals the requested exemption does not compromise the safety or health of patients.

(2) The department shall approve or disapprove an application for an exemption in writing within sixty working days after department receipt of all the information necessary to review the application.

(3) The department and rural health care facility shall retain a written copy of any exemption granted under this section.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-030, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-040 Department approval of construction.** (1) Persons planning new construction shall obtain local building department and local fire authority approval consistent with planned occupancy and the Washington state building code under chapter 19.27 RCW.

(2) When applying for licensure, applicants shall provide evidence of local approval under chapter 19.27 RCW to the department prior to occupancy if the definition of new construction under WAC 246-388-010 applies.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-040, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-050 Governing body and administration.** (1) The rural health care facility shall:

(a) Have a governing body responsible for adoption of policies concerning the purposes, operation, and maintenance of the rural health care facility including safety, care, and treatment of patients; and

(b) Establish a mechanism to credential and privilege physicians and other medical staff.

(2) The rural health care facility governing body shall:

(a) Provide personnel, facilities, equipment, supplies, and services to meet the needs of patients;

(b) Appoint an administrator responsible for implementing the policies adopted by the governing body;

(c) Exercise authority and responsibility for the appointment and periodic reappointment of the medical staff;

(d) Require medical staff accountability to the governing body through approval of medical staff rules;

(e) Require evidence that each individual granted clinical privileges under governing body policy has appropriate and current qualifications;

(f) Require that each patient presenting for care in the rural health care facility is under the care of medical staff with appropriate privileges;

(g) Require a member of the medical staff:

(i) On duty; or

(ii) On call and available within a time frame described in governing body policy for each service;

(h) Ensure a physician member of the medical staff is present at least once in every two-week period to provide:

(i) Medical direction;

(ii) Medical care services; and

(iii) Consultation to medical staff;

(i) Ensure physician availability through direct telecommunication for:

(i) Consultation;

(ii) Assistance with medical emergencies; and

(iii) Patient referrals;

(j) Establish written policies and procedures for each service including general policies on:

(i) Patient admission, discharge, and transfer criteria;

(ii) Immediate staff access to patient-occupied areas;

(iii) Protection of patients from assault, abuse, and neglect;

(iv) Staff response to a patient's assaultive or destructive behavior;

(v) Handling and administration of blood and blood products; and

(vi) Smoking by patients, staff, and visitors;

(k) Provide adequate spaces for clerical, communication, cleaning, and storage functions including:

(i) Medical records;

(ii) Access to telephones;

(iii) A place for recording and reviewing medical records;

(iv) Confidential communication among staff;

(v) Adequate and appropriate equipment for inpatient rooms and areas;

(vi) Preparation, cleaning, and storage of supplies used in inpatient areas; and

(vii) Separation of clean and soiled supplies and equipment.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-050, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-060 Quality assurance.** Rural health care facilities shall have a quality assurance program with:

(1) At least one member of the governing body and one member of the medical staff participating in the implementation of the quality assurance program; and

(2) A written plan for implementation including:

(a) Scope of all services offered by the rural health care facility;

(b) Ongoing assessment of performance and qualifications of all staff;

(c) Continuous and periodic collection and assessment of data concerning aspects of patient care as required under policies of the quality assurance program;

(d) Documented investigation and resolution of incidents and grievances involving patient care issues; and

(e) Arrangements for peer review of physicians, with outside review required when two or fewer physicians are members of medical staff.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-060, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-070 Personnel.** (1) Rural health care facilities shall employ qualified personnel with verification of required license, certification, or registration.

(2) Rural health care facilities shall establish personnel policies requiring:

(a) Written job descriptions for each job classification including job title, reporting relationships, summary of duties and responsibilities, and qualifications;

(b) Provisions for review every two years, with revision as necessary;

(c) Periodic performance evaluation of:

(i) All employees; and

(ii) Volunteers providing direct patient care;

(d) Documented background checks as required under RCW 43.43.830 through 43.43.842 for all prospective employees and volunteers who may have regularly scheduled unsupervised access to patients;

(e) Coordination and supervision of volunteer services and activities by a designated employee of the rural health care facility;

(f) Orientation and education programs for employees and volunteers including:

(i) Purpose and organizational structure;

(ii) Location and layout of the rural health care facility;

(iii) Infection control;

(iv) Safety;

(v) Policies and procedures; and

(vi) Equipment pertinent to the job;

(g) Continuing education for maintaining skills for personnel and volunteers providing direct patient care;

(h) Documentation of orientation, in-service, and continuing education; and

(i) HIV/AIDS education of employees and volunteers including:

(i) Verifying or arranging for appropriate education and training on prevention, transmission, and treatment of HIV and AIDS consistent with RCW 70.24.310; and

(ii) Use of infection control standards and educational materials consistent with the department-approved manual *KNOW-HIV/AIDS Prevention Education for Health Care Facility Employees*, 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 246-388-090 Abuse reports.** (1) Rural health care facilities shall report to a law enforcement agency or to the department of social and health services (DSHS) a suspected incident of nonaccidental injury, neglect, sexual abuse, or cruelty to an individual as required under chapter 26.44 RCW.

(2) Practitioners obligated to report suspected abuse include licensed practical nurses, registered nurses, physicians and their assistants, podiatrists, optometrists, chiropractors, dentists, social workers, psychologists, pharmacists, and other persons or practitioners under chapter 26.44 RCW.

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

(4) Rural health care facilities shall:

(a) Provide orientation materials informing practitioners and employees of reporting responsibilities;

(b) Post notices in staff and patient care areas including:

(i) Appropriate local police and DSHS phone numbers;

and

(ii) Reporting requirements;

(c) Ensure the medical record of the individual suspected of being abused reflects the fact an oral or written report was made to DSHS or a law enforcement agency including:

- (i) The date and time the report was made;
- (ii) The agency to which it was made; and
- (iii) Signature of the person making the report.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-090, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-100 Water supply.** (1) The rural health care facility shall ensure:

(a) An adequate supply of hot and cold water under pressure conforming to the quality standards under chapter 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 246-388-120 Staff facilities.** Rural health care facilities shall ensure provision of:

(1) Adequate and conveniently located employee toilet and lavatory facilities with soap;

(2) Paper towels or some other acceptable type of single use hand-drying equipment or supplies with a satisfactory receptacle for used towels; and

(3) Dressing rooms when employees are expected to change into specialized clothing such as scrub uniforms.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-120, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-130 Storage.** Rural health care facilities shall provide a sufficient amount of suitable storage space for all supplies and equipment.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-130, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-140 Heating.** (1) Rural health care facilities shall maintain and operate a heating system capable of maintaining a comfortable temperature for occupants.

(2) Rural health care facilities initiating new construction shall:

(a) Meet minimum requirements in the Uniform Mechanical Code and the state energy code under WAC 51-16-040 and chapter 51-12 WAC, respectively; and

(b) Meet minimum requirements of the State Electrical Code under chapters 296-44, 296-46, and 296-47 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-140, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-150 Lighting and wiring.** Rural health care facilities shall ensure:

(1) All usable rooms and areas of the facility are lighted by natural and/or artificial light; and

(2) Appropriate electrical service in all areas of the facility to meet the electrical demands of the equipment or fixtures used.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-150, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-160 Emergency light and power.** Rural health care facilities shall ensure:

(1) Flashlights or battery-operated lamps available to employees and maintained in operating condition; and

(2) A 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 246-388-180 Corridors and doors.** (1) Rural health care facilities shall:

(a) Maintain corridor and door widths appropriate to patient use in emergency, inpatient surgery, radiology, obstetrical, and long-term care services areas; and

(b) Ensure doors do not swing into the corridors and constitute a hazard.

(2) Rural health care facilities involved in new construction shall ensure corridor and door widths meeting:

(a) Minimum requirements for exiting under the Uniform Building Code, chapter 51-16 WAC; and

(b) The state barrier-free regulations, chapter 51-10 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-180, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-190 Carpets.** Rural health care facilities, using carpets, shall:

(1) Exclude carpets from:

(a) Toilets and bathrooms;

(b) Surgical suites;

(c) Delivery suites;

(d) Dialysis units;

(e) Wet patient care areas; and

(f) Food service or preparation areas.

(2) Ensure any carpeting used meets the following specifications:

(a) Easily cleanable fiber;

(b) Fiber and pads meeting standards of state and local fire codes; and

(c) Construction or treatment to prevent and reduce static electricity build-up.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-190, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-200 Stairways, ramps, and elevators.**

(1) Rural health care facilities shall provide:

(a) Adequate ramps and elevators when vertical transportation of patients is necessary;

(b) Stairways and ramps with:

(i) Nonskid surfaces;

(ii) Handrails on both sides; and

(iii) Adequate protection.

(2) Rural health care facilities involved in new construction shall meet minimum requirements for barrier-free facilities under chapter 51-10 WAC.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-200, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-210 Sewage, garbage, and waste.**

Rural health care facilities shall provide:

(1) Written policies and procedures specifying the safe disposal of needles, knife blades, chemicals, and other potentially dangerous wastes;

(2) Methods for collection and disposal of all sewage, garbage, refuse, and liquid wastes to prevent the creation of an unsafe or unsanitary condition or nuisance; and

(3) Methods for safe bundling and disposal of contaminated dressings, used dressings, surgical and obstetrical wastes, and other similar materials with final disposal in an incinerator or by another approved method.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-210, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-220 Medical gases.** Rural health care facilities shall ensure:

(1) Development and implementation of policies and procedures on:

(a) Safe storage of medical gas containers;

(b) Proper handling of medical gas containers; and

(c) Prohibiting use of combustible anesthetics;

(2) Testing of medical gas gauges, alarms, and manometers for accuracy;

(3) Labelling of medical gas gauges with:

(a) Name of gas; and

(b) Statement of "use no oil";

(4) Posting of "no smoking" signs where oxygen is administered;

(5) Use of properly designed electric equipment in oxygen enriched atmospheres;

(6) Fabrication of oxygen tent canopies of slow burning or noncombustible material; and

(7) Testing upon completion of any alteration, modification, or repair of medical gas piping systems when any line in the system is disconnected or disrupted including:

(a) Use of qualified personnel to conduct testing;

(b) Gas analysis to assure medical gas outlets within the disconnected or disrupted system deliver the proper gas as shown on the outlet label; and

(c) Documentation.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-220, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-230 Core services.** Rural health care facilities shall provide core services as listed under WAC 246-388-010 (49)(a)(i) through (vii), and describe in writing patient access to these services within the community service catchment area.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-230, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-240 Core services—Twenty-four-hour emergency care.** (1) Rural health care facilities shall:

(a) Define a system for providing emergency care services; and

(b) Establish emergency care services with a nature and scope consistent with community needs and the rural health care facility's capabilities.

(2) Rural health care facility emergency services shall have arrangements with other health care providers or health care facilities for services not provided by the rural health care facility, including but not limited to:

(a) Inpatient hospital care;

(b) Additional and specialized diagnostic imaging and laboratory services;

(c) Medical specialty consultation;

(d) Skilled nursing care;

(e) Home health care licensed under chapter 70.127 RCW;

(f) Mental health services;

(g) Substance abuse services; and

(h) Patient transport.

(3) Rural health care facilities shall provide the following basic, emergency care services:



(a) In-person assessment of an individual's condition to determine the nature, acuity, and severity of the person's immediate medical need by a registered nurse, physician, physician's assistant, or advanced registered nurse practitioner (ARNP);

(b) Determination of the nature and urgency of the person's medical need including the timing and place of care and treatment;

(c) Immediate diagnosis and treatment of any life-threatening condition;

(d) Appropriate transfer or referral of a patient needing health care services not provided by the rural health care facility;

(e) Diagnostic radiology available in the same building and meeting requirements under WAC 246-388-270;

(f) Laboratory services available and meeting requirements under WAC 246-388-260; and

(g) Resource and referral services to provide information and assistance to patients for:

(i) Health maintenance;

(ii) Prevention of illness and injury;

(iii) Environmental hazards or concerns such as water, wastes, food, pesticides;

(iv) Prenatal care;

(v) Vision and hearing care;

(vi) Dental care; and

(vii) Nonemergent transportation to receive required health and medical care services.

(4) Prior to transfer of an emergency patient to another health care facility, rural health care facilities shall:

(a) Perform the emergency procedures necessary to minimize aggravation of the patient's condition during transport;

(b) Ascertain means of transport appropriate for patient's condition; and

(c) Notify the receiving facility.

(5) Rural health care facilities shall staff emergency care services in accord with the anticipated patient load and the services provided, including:

(a) A physician member of medical staff responsible for the medical direction of emergency care services;

(b) A physician or physicians available for consultation at all times;

(c) Twenty-four-hour-per-day coverage by at least one member of medical staff or an employee with training in advance cardiac life support approved by the American Heart Association and:

(i) On duty in the emergency care area; or

(ii) On call, available, and able to arrive at the emergency care area within fifteen minutes of notification or signal;

(d) A mechanism for summoning personnel or volunteers for emergency care services as necessary to provide the types and amount of care required by patients.

(6) Rural health care facilities shall establish and implement written policies and procedures for emergency care services including:

(a) Review and revision as necessary to keep current;

(b) Date of approval by the governing body;

(c) Readily available to those providing emergency care services;

(d) Description of the type, location, and extent of the emergency care services provided;

(e) Patient transfer to another health care facility, including transfer of the patient records;

(f) The course of action when the number of emergency patients constitutes an overload;

(g) Medical policies, standing emergency medical orders, and written medical procedures to guide the action of those providing emergency service when a member of the medical staff is not present;

(h) Delineation of medical staff responsibilities for emergency care services related to assigned clinical privileges, staff coverage of emergency care services, and staff and volunteer participation in the training of personnel;

(i) Notification of an emergency patient's next of kin or legal guardian;

(j) A mechanism for obtaining consent for treatment from an emergency patient or other person who may legally give consent for treatment of the patient;

(k) The care and treatment of persons requiring special medical consideration, such as:

(i) Substance abuse;

(ii) Communicable disease;

(iii) Child abuse or other suspected criminal acts;

(iv) Dead on arrival or death;

(v) Radioactive contamination; and

(vi) Pesticide exposure;

(l) Notification of a patient's medical practitioner and transfer of relevant reports; and

(m) Disclosure of information about a patient.

(7) Emergency care services shall maintain a permanent chronological register listing each patient presenting for emergency care including:

(a) Full name;

(b) Age and date of birth;

(c) A patient identifying number;

(d) Date and time of arrival and departure;

(e) Presenting complaint; and

(f) Disposition, discharge, or referral.

(8) The rural health care facility shall provide facilities, equipment, and supplies for emergency care services including:

(a) Locating emergency service areas close to the entrance with designated adequate space for reception, screening, examination, and treatment;

(b) A means of providing visual privacy for the patient;

(c) An outside call bell at the designated emergency entrance which, when activated, sounds in an area where personnel are always accessible;

(d) Equipment and supplies necessary to provide emergency care services;

(e) Current references on toxicology, antidote information, and the telephone number of the regional poison control center readily available in the emergency care area; and

(f) Facility-to-ambulance radio communication compatible with the state-wide emergency communication system.

[Statutory Authority: 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 246-388-250 Core service—Outpatient care.**

(1) Rural health care facilities shall:

(a) Have an organized system for providing outpatient services within the community service catchment area;

(b) Ensure maintenance of appropriate physical plant, equipment, and supplies in each outpatient service;

(c) Provide or make arrangements for the following outpatient services:

(i) Prenatal care;

(ii) Vision and hearing screening with arrangements for diagnosis and treatment as necessary either:

(A) Within the community health service catchment area if possible; or

(B) With referral outside;

(iii) Preventive, diagnostic, and emergent dental care within the community health service catchment area or through referral;

(iv) Mental health evaluation services with referral for treatment as appropriate;

(v) Home care and home health care licensed under chapter 70.127 RCW;

(vi) Hospice care licensed under chapter 70.127 RCW; and

(vii) Alcohol and substance abuse assessment services including referral for treatment as appropriate;

(d) Establish a mechanism for arranging nonemergent transport for those unable to arrange or transport themselves in order to obtain services covered under this chapter; and

(e) Maintain one or more outpatient registers, other than registers for emergency care services containing sufficient data to allow:

(i) Positive identification of each outpatient; and

(ii) Rapid retrieval of medical records when indicated.

(2) Outpatient services may share facilities, equipment, and space with other services.

(3) Rural health care facilities outpatient services shall include:

(a) Adequate waiting areas;

(b) Examining and treatment rooms;

(c) Toilets;

(d) Special rooms necessary for the services provided; and

(e) Support services as listed under WAC 246-388-010 (49)(a)(vii).

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-250, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-260 Core service—Laboratory.** Rural health care facilities shall:

(1) Provide or arrange for laboratory services to meet emergency and routine needs of patients; and

(2) Ensure laboratory services meet the requirements under chapter 70.42 RCW and chapter 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 246-388-280 Core service—Inpatient care.**

(1) Inpatient care is care, treatment, or observation exceeding twenty-four hours of continuous accommodation and services for an individual suffering from illness, injury, or other conditions.

(2) Rural health care facilities shall:

(a) Provide inpatient care services meeting requirements under this section; or

(b) Establish and implement a plan for transportation and admission of individuals requiring inpatient care to:

(i) A state licensed or certified inpatient care facility; or

(ii) A state or federally operated inpatient care facility.

(3) Rural health care facilities providing inpatient care services shall:

(a) Provide inpatient care with ongoing physician assessment of patient condition in relation to appropriateness of staff, physical plant, equipment, and supplies prior to approval of inpatient care as follows:

(i) Documented approval of a physician for initial and continuing care of each individual inpatient in the rural health care facility every forty-eight hours of care; and

(ii) Authentication of physician approvals at least one time every two weeks;

(b) Provide at least one registered nurse present on the premises and responsible for nursing care when an inpatient is present;

(c) Provide evidence of a care planning process;

(d) Establish and implement a reliable method for personal identification of each inpatient;

(e) Require and document a physical examination and medical history within twenty-four hours of admission unless completed within one week prior to admission;

(f) Maintain available current scientific, technical, and educational references appropriate to patient care;

(g) Establish a mechanism for obtaining additional staff, as needed, to provide care required;

(h) Maintain a chronological inpatient register including:

(i) Patient's identifying number;

(ii) Patient's name and birthdate or age; and

(iii) Date of admission;

(i) Provide toilet rooms and bathrooms with:

(i) At least one water closet, lavatory, and bathing facility reserved for patient use;

(ii) Grab bars properly located and securely mounted;

(iii) An audio and/or visual signal in the nurses' station or equivalent area activated by signaling of a patient while in the toilet, tub, or shower room;

(iv) A lavatory with soap in or convenient to every toilet room and patient room; and

(v) Paper towels or some other acceptable type of single use drying equipment or device with a receptacle for used towels at all lavatories;

(j) Provide patient rooms with:

(i) Outside view through adequate windows of clear glass or other approved transparent material and with window sill height no more than three feet six inches above floor permitting a seated patient to see outside;

(ii) Floor space of:

(A) At least eighty square feet in single rooms;

(B) At least seventy square feet per adult bed and youth bed or crib in multibed rooms; and

(C) Forty square feet per pediatric bassinets;

(iii) At least seven and one-half foot ceiling height over the required square feet area;

(iv) Floors of rooms used for accommodation of patients no more than three feet six inches below grade;

(v) At least three feet between beds;

(vi) Sufficient and satisfactory storage space for clothing, toilet articles, and other personal belongings of patients;

(vii) Arrangement to allow for movement of necessary equipment to the side of each bed;

(viii) Sufficient electrical outlets; and

(ix) Room furnishings including:

(A) Appropriate bed with mattress, pillow, and necessary coverings;

(B) Bedside stand and chair for use in each patient room;

(C) Means for signaling for assistance within reach of each patient; and

(D) Cubicle curtains, screens, or equivalent for privacy of patients; and

(k) Provide supplies, equipment, and support services including:

(i) Patient supplies for each patient's individual use;

(ii) Proper cleaning between patient occupancies; and

(iii) Location and arrangement of supplies and equipment to ensure safety of patients.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-280, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-290 Core service—Low-risk maternal patient and newborn care.** (1) Rural health care facilities shall:

(a) Provide low-risk maternal patient and newborn care meeting requirements under this section; or

(b) Arrange for transportation and care in a licensed childbirth center or hospital.

(2) Rural health care facilities offering birthing or obstetrical delivery services shall provide only low-risk maternal patient and newborn care including:

(a) Medical services directed by a physician member or members of the medical staff with experience in obstetrics and newborn care, whose functions and scope of responsibility are delineated by the medical staff;

(b) Adequate staff supervised by a midwife or a registered nurse prepared by education and experience in obstetrical and newborn care; and

(c) Capability for transfer and transport to a hospital for Caesarean sections or complications twenty-four hours per day.

(3) Maternal patient care services in rural health care facilities shall establish and implement written policies and procedures for maternal and infant patient care including:

(a) Infection control principles related to:

(i) Room assignment and placement of maternal patients and newborns;

(ii) Visitors;

(iii) Special clothing requirements for staff and visitors;

(iv) Universal precautions; and

(v) Handling and storage of breast milk and formula;

(b) Provisions for transfer and transport of a woman or a newborn when necessary for appropriate care;

(c) Provision for maintaining body heat of each newborn;

(d) Provision for intrapartum evaluation of fetal heart rate;

(e) Provision for the management of obstetrical and newborn emergencies, including resuscitation; and

(f) Recordkeeping as required under WAC 246-388-360 and including:

(i) Completion of birth and death certificates as necessary;

(ii) Staff verification of initial and discharge identification of the newborn;

(iii) Documentation of metabolic screening test obtained and forwarded, as required under RCW 70.83.020 and chapter 246-650 WAC, now or as hereafter amended; and

(iv) Documentation of newborn eye treatment, required under chapter 248-100 [246-100] 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 246-388-300 Support services and functions.**

Rural health care facilities shall provide or arrange for at least the support services and functions under WAC 246-388-010(49).

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-300, filed 12/21/90, effective 1/21/91.]

#### **WAC 246-388-310 Support services and functions—**

**Materials processing and management.** Rural health care facilities shall provide or arrange for materials processing and management including:

(1) Cleaning, disinfection, and sterilization of supplies, equipment, utensils, and solutions;

(2) Personnel trained in processing and sterilizing services;

(3) Established and implemented written policies and procedures approved by the individual responsible for infection control including:

(a) Personnel schedules for activities and routines;

(b) Collecting, receiving, decontaminating, packaging, sterilizing, and distributing of items;

(c) Aerating of items exposed to ethylene oxide;

(d) A recognized method of checking sterilizer performance by mechanical monitoring of time, temperature, and pressure as well as biological and chemical testing;

- (e) Establishment of shelf life determined by packaging material and storage environment;
  - (f) Recall, disposal, and reprocessing of outdated, improperly sterilized, and limited-use items;
  - (g) Maintaining clean areas free of external shipping containers; and
  - (h) Emergency collection and disposition of supplies when special warnings have been issued by a manufacturer or safety agency;
- (4) Processing and sterilizing services and areas including:
- (a) Adequate space and equipment for sorting, processing, and storage;
  - (b) Separation between soiled and clean items maintained during sorting, processing, transporting, and storage;
  - (c) Positive air pressure maintained in clean areas in relation to adjacent areas;
  - (d) Negative air flow maintained in soiled areas;
  - (e) Equipment, including sterilizers of the proper type for adequate sterilization, maintained in a satisfactory and safe condition; and
  - (f) If ethylene oxide sterilizers are used, mechanical aerators maintained in safe and satisfactory condition.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-310, filed 12/21/90, effective 1/21/91.]

#### WAC 246-388-320 Support services and functions—

**Dietary.** Rural health care facilities shall provide or arrange for dietary and food service meeting requirements under chapter 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.]

**WAC 246-388-330 Support services and functions—**  
**Housekeeping.** Rural health care facilities shall provide housekeeping services to ensure a safe and sanitary environment by establishing and implementing written policies and procedures for:

- (1) Daily and periodic cleaning schedules and routines;
- (2) Cleaning between occupancies or visits;
- (3) Cleaning of specialized areas;
- (4) The use and storage of effective, safe, cleaning, and disinfecting agents; and
- (5) Insect and rodent control.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-330, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-340 Support services and functions—**  
**Laundry.** Rural health care facilities shall arrange or provide laundry services including:

- (1) Establishing and implementing written policies and procedures specifying scheduled activities and routines of personnel;
- (2) Adequate space and equipment for:
  - (a) Storage;
  - (b) Sorting and processing of clean and soiled linen and laundry;
  - (c) Separation between clean and soiled linen and laundry during sorting, processing, transporting, and storage;
  - (d) Handling to minimize contamination risks including bagging and provision of adequate supply of hot water at a minimum temperature of one hundred sixty degrees Fahrenheit or 71.1 degrees Centigrade, with use of appropriate disinfecting agents; and
  - (e) Providing clean linen and laundry free of toxic residues;
- (3) A clean and safe environment with:
  - (a) Adequate ventilation and lighting;
  - (b) Positive clean air flow in clean linen and laundry areas;
  - (c) Negative soiled air flow in soiled linen and laundry areas;
  - (d) Chemical or soap product containers clearly labeled; and

- (e) Posting of procedures for use and precautions related to chemical agents and soap products;
- (4) Assuring all requirements are met when contractual services are used through:
  - (a) A written agreement; and
  - (b) An annual on-site visit of the complete physical plant of any contracted laundry:
    - (i) Conducted by designated infection control staff; and
    - (ii) Documented.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-340, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-350 Support services and functions—Maintenance.** Rural health care facilities shall:

- (1) Ensure the facility, its component parts, and equipment are:
  - (a) Clean;
  - (b) In good repair; and
  - (c) Maintained with consideration for the safety and well-being of the patients, staff, and visitors;
- (2) Delegate responsibility for maintenance to qualified personnel familiar with the facility equipment and systems;
- (3) Establish and implement written policies and procedures for:
  - (a) A preventive maintenance program including a system of identification for patient care and physical plant equipment including:
    - (i) Cleaning, calibration, and adjustment of equipment;
    - (ii) Definition of the inspection intervals; and
    - (iii) Description of equipment included with:
      - (A) Date of inspection and maintenance; and
      - (B) Name of technician;
    - (b) Retaining manufacturer's specifications and the maintenance and operation procedures appropriate for the facility equipment;
    - (c) Describing conditions requiring specific infection control measures;
    - (d) What to do in the event of failure of essential equipment and major utility services including a system for summoning essential personnel and outside assistance; and
    - (e) Documentation requirements.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-350, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-360 Support services and functions—Medical records.** (1) The rural health care facility shall have a well-defined medical record system with facilities, staff, equipment, and supplies necessary to develop, maintain, control, retrieve, and preserve patient care data and medical records.

- (2) Rural health care facilities shall:
  - (a) Establish an organized medical record service consistent with recognized principles of medical record management and "*International Classification of Diseases*" (ICD), 9th edition, 1989, and directed, staffed, and equipped to ensure:
    - (i) Timely, complete, and accurate checking, processing, indexing, filing, and preservation of medical records; and
    - (ii) The compilation, maintenance, and distribution of patient care statistics;

(b) Establish and implement written policies and procedures related to the medical record system, including requirements for:

- (i) An established format for patients' individual medical records;
- (ii) Access to and release of data in patients' individual medical records and other medical data considering the confidential nature of information in these records;
- (iii) The retention, preservation, and destruction of medical records; and
- (iv) Maintenance and disposition of medical and other patient care information and records;

(c) Develop and maintain an individual medical record for each person, including each neonate, receiving care, treatment, or diagnostic service at the rural health care facility except as permitted under subsection (3)(b) of this section;

(d) Establish a systematic method for identifying and retrieving each patient's medical record;

(e) Require prompt, pertinent entries in a patient's medical record including:

- (i) Date;
- (ii) Time as required under rural health care facility policy;

(iii) Significant observations;

(iv) Any diagnostic or treatment procedure;

(v) Other significant events in a patient's clinical course or care and treatment; and

(vi) Authentication by the individual assuming responsibility for the entry;

(f) File the originals or durable, legible, direct copies of originals of reports in patients' individual medical records;

(g) Enter all diagnoses and surgical procedures in patients' medical records in terminology consistent with a recognized system of disease and surgical nomenclature (ICD, 9th edition);

(h) Require permanent, legible entries in a patient's medical record.

(3) Rural health care facilities may:
 

- (a) Store entries on magnetic tapes, discs, or other devices suited to the storage of data;

(b) Maintain a simple record system instead of the individual medical records required under (c) of this subsection and subsection (2)(c) through (h) of this section for patients receiving only outpatient diagnostic services, provided the system requires:

- (i) Identification of the patient;
- (ii) Filing and retrieval of authenticated reports on all tests or examinations provided to any patient receiving services; and

(c) Limit content in individual medical records for patients considered outpatients, except for use of parenteral injections during diagnostic tests, to:

- (i) Documentation of relevant history and physical findings where indicated;
- (ii) Known allergies or idiosyncratic reactions;
- (iii) Diagnostic interpretations;
- (iv) Written patient consent;
- (v) Identifying admission data; and
- (vi) Patient's presenting complaint.

(4) Rural health care facilities shall require and ensure entry of the following data into a medical record for each



period a patient receives inpatient or outpatient services with exceptions only as specified in subsection (3) of this section:

- (a) Admission data including:
  - (i) Identifying and sociological data;
  - (ii) The name, address, and telephone number of the patient's next of kin or, when indicated, another person with legal authority over the person of the patient;
  - (iii) The date of the patient's admission as an inpatient or outpatient;
  - (iv) The name or names of the patient's attending medical staff member; and
  - (v) The admitting or provisional diagnosis or description of medical problem;
- (b) A report on any medical history obtained from the patient;
- (c) Report or reports on the findings of physical examination or examinations performed upon the patient;
- (d) Authenticated orders for:
  - (i) Drugs or other therapy administered to a patient;
  - (ii) Diets served to the patient;
  - (iii) Standing medical orders used in the care and treatment of the patient except standing medical emergency orders; and
  - (iv) Restraint of the patient;
- (e) Reports on all:
  - (i) Imaging examinations;
  - (ii) Clinical laboratory tests or examinations;
  - (iii) Macroscopic and microscopic examinations of tissue;
  - (iv) Other diagnostic procedures or examinations performed upon the patient; and
  - (v) Specimens obtained from the patient;
- (f) Entries on:
  - (i) Known allergies of the patient or known idiosyncratic reaction to a drug or other agent;
  - (ii) Each administration of therapy, including drug therapy;
  - (iii) Care provided for the patient including:
    - (A) A report on all significant observations and assessments of the patient's condition or response to care and treatment;
    - (B) Interventions and other significant direct care including all administration of drugs or other therapy;
    - (C) An entry on the time and reason for each notification of medical staff or the patient's family regarding a significant change in the patient's condition; and
    - (D) A record of other significant action on behalf of the patient;
  - (iv) Significant health education, training, or instruction provided to the patient or family related to the patient's health care;
  - (v) Social services provided the patient;
  - (vi) Adverse drug reactions of the patient;
  - (vii) Other untoward incidents or accidents occurring during admission or outpatient visit and involving the patient; and
  - (viii) Each anesthetic administered to the patient;
  - (g) Operative report or reports on all surgery performed;
  - (h) Reports on consultations concerning the patient;
  - (i) Reports on labor, delivery, and postpartum period for any woman giving birth in the facility;

(j) Status data for any infant born in or enroute to the rural health care facility including:

- (i) The date and time of birth;
- (ii) Condition at birth or upon arrival at the rural health care facility;
- (iii) Sex; and
- (iv) Weight, if condition permits weighing;
- (k) Progress notes describing the results of treatment and changes in the patient's condition and portraying the patient's clinical course in chronological sequence;
- (l) In the event of an inpatient leaving without medical approval, an entry on:
  - (i) Known events leading to the patient's decision to leave;
  - (ii) A record of notification of the medical staff regarding the patient's leaving; and
  - (iii) The time of the patient's departure;
- (m) Discharge data including:
  - (i) The final diagnosis or diagnoses;
  - (ii) Any associated or secondary diagnoses or complications;
  - (iii) The titles of all surgical procedures performed upon the patient; and
  - (iv) A discharge summary for inpatients to:
    - (A) Outline significant clinical findings and events during the patient's admission;
    - (B) Describe the patient's condition upon discharge or transfer; and
    - (C) Summarize any recommendations and arrangements for future care of the patient;
  - (n) An entry on any transmittal of medical and related data regarding the patient to a health care facility or agency when the patient was referred or transferred;
  - (o) In event of the patient's death in the rural health care facility, entries, reports, and authorizations including:
    - (i) A pronouncement of death;
    - (ii) Notification of coroner, if required;
    - (iii) A report on the autopsy, if performed, including findings and conclusions; and
    - (iv) An entry on release of the patient's body to a mortuary, coroner, or medical examiner;
  - (p) Written consents, authorizations, or releases given by the patient or, if the patient was unable to give such consents, authorizations or releases, by a person or agency with legal authority over the person of the patient; and
  - (q) The relationship, legal or familial, of the signer to the patient clearly stated when a person other than the patient gives written consent, or authorizes treatment, or signs a release.
- (5) Rural health care facilities shall regard materials obtained through procedures employed in diagnosing a patient's condition or assessing the patient's clinical course as original clinical evidence excluded from requirements for content of medical records in subsection (4) of this section. Original clinical evidence includes, but is not limited to:
  - (a) X-ray films and other direct imaging printouts or products;
  - (b) Laboratory slides;
  - (c) Tissue specimens; and
  - (d) Medical photographs.
- (6) Rural health care facilities:

(a) Shall maintain current registers with data entered in chronological order including:

(i) Inpatient registers, if inpatients are admitted, meeting requirements under WAC 246-388-280 (3)(h);

(ii) One or more outpatient registers other than registers for emergency care services, meeting requirements under WAC 246-388-250 (1)(e);

(iii) An emergency service register as required under WAC 246-388-240(7);

(iv) A surgical procedure register as required under WAC 246-388-440(7) if surgical services are provided.

(b) May maintain suitable combinations of registers if combined registers contain data required for each specific register under (a)(i) through (iv) of this subsection.

(7) Rural health care facilities shall maintain data on the numbers of:

(a) Patients in each service;

(b) Inpatients;

(c) Births;

(d) Deaths;

(e) Transfers;

(f) Emergency outpatients; and

(g) Outpatients.

(8) Rural health care facilities shall:

(a) Control access to patients' individual medical records and other personal or medical data on patients;

(b) Prevent access to records by unauthorized persons;

(c) Protect medical records and other personal and medical data from undue deterioration or destruction; and

(d) Maintain a system permitting easy retrieval of medical records and information for medical or administrative purposes.

(9) Rural health care facilities shall retain and preserve medical records as follows:

(a) Each patient's medical record or records, excluding reports on outpatient services for a period of time defined by the governing body;

(b) Reports on outpatient services for at least two years or as defined by the governing body;

(c) Data in the inpatient and outpatient registers for at least three years or as defined by the governing body;

(d) Data in an emergency service register for at least the same period of time as the medical record or records;

(e) Data in the surgical procedure register for at least three years;

(f) Patients' medical records and registers in original form or in photographic form consistent with requirements under chapter 5.46 RCW;

(g) During final disposal, each rural health care facility shall prevent retrieval and subsequent use of any data permitting identification of individuals in relation to personal or medical information;

(h) If transferring ownership, the rural health care facility shall keep patients' medical records, registers, indices, and any analyses of services provided in the rural health care facility for retention and preservation by the new owner in accordance with state statutes and regulations; and

(i) If ceasing operation, the rural health care facility shall:

(i) Make immediate arrangements for preservation of medical records and other records or reports on patient care

data in accordance with applicable state statutes and regulations; and

(ii) Obtain approval of the department for the planned arrangements prior to the cessation of operation.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-360, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-370 Support services and functions—Pharmacy service.** Rural health care facilities shall:

(1) Arrange for or provide pharmacy services approved by the Washington state board of pharmacy under chapter 18.64 RCW;

(2) Provide for pharmacist participation and approval in development of policies and procedures for pharmacy services and drugs;

(3) Require written orders or prescriptions by members of medical staff authorized by state rule or law to prescribe drugs under chapter 69.41 RCW for all medications administered to patients or self-administered by patients within the rural health care facility;

(4) Establish and implement medication administration policies and procedures approved by medical staff and a pharmacist consistent with federal and state laws governing such acts, including:

(a) Composition of a medication or drug order, i.e., date, type and amount of drug, route, frequency of administration, and authentication by medical staff authorized to prescribe drugs under chapter 69.41 RCW;

(b) Administering of drugs and medications only by authorized individuals functioning in accordance with state laws and rules;

(c) Proper recording of time and dose given;

(d) Requirements for personnel receiving and recording or transcribing verbal or telephone drug orders, in accordance with laws and regulations governing such acts, e.g., pharmacists, physicians, physician assistants, and licensed nurses;

(e) Timely authentication of verbal and telephone orders by medical staff authorized to prescribe drugs;

(f) Specific written orders, identification of drug, administration, handling and proper storage, control, or disposition of medications owned by the patient;

(g) Requirements for self-administration of medications including use of electronic medication devices, if used;

(5) Ensure safe, clean, secure storage of drugs under appropriate conditions; and

(6) Restrict access to drugs to authorized individuals.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-370, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-380 Support services and functions—Intravenous care.** Rural health care facilities shall provide or arrange for intravenous care services with:

(1) Personnel inserting intravenous devices when:

(a) Legally authorized;

(b) Appropriately trained; and

(c) With demonstrated and documented skills in intravenous insertion techniques.

(2) Personnel administering intravenous solutions and admixtures when:

(a) Legally authorized to administer medications;

- (b) Appropriately trained; and
  - (c) With demonstrated and documented skills in intravenous administration techniques.
  - (3) Intravenous solutions administered only when ordered by a legally authorized individual.
  - (4) Implemented policies and procedures addressing:
    - (a) Administration of intravenous solutions, medications, admixtures, blood, and blood products;
    - (b) Infection control as approved by the individual responsible for infection control and including:
      - (i) Site preparation;
      - (ii) Tubing and dressing management;
      - (iii) Site assessment and rotation;
      - (iv) Aseptic preparation of intravenous admixtures and medications in a clean, low traffic area, preferably under a clean air center; and
      - (v) Cleaning and preventive maintenance of clean air centers;
    - (c) Use and control of intravenously administered investigational drugs;
    - (d) Administration of parenterally administered drugs causing tissue necrosis upon extravasation;
    - (e) Documentation requirements;
    - (f) Patient teaching and discharge instruction;
    - (g) All orders or prescriptions for intravenous solutions, admixtures, and medications specify:
      - (i) Identification of solution or medication;
      - (ii) Rate of flow or frequency;
      - (iii) Duration;
      - (iv) Strength of additive;
      - (v) Dilution ratio of solution;
      - (vi) Identification of patient;
      - (vii) Identification of prescribing individual;
      - (h) Use of electronic infusion control devices; and
      - (i) Labeling of precision volume chambers.
  - (5) Intravenous solution containers labeled to include:
    - (a) Patient name;
    - (b) Identification of solution;
    - (c) Identification and strength of additives;
    - (d) Volume;
    - (e) Rate of flow;
    - (f) Expiration time and date of admixture;
    - (g) Any special requirements for handling and storage;
- and
- (h) Identification of individual preparing admixture.
  - (6) Documentation in the medical record including:
    - (a) Solution, medication or medications, time, date, amount administered, and rate;
    - (b) Site and site assessment;
    - (c) Date and time of insertion and removal of cannula;
    - (d) Device used, including gauge, length and type of needle, or cannula;
    - (e) Condition of cannula and site at time of removal;
    - (f) Use of electronic infusion devices;
    - (g) Observed complications and treatment of complications;
    - (h) Management of tubing and dressing; and
    - (i) Signature or authorization by the individual responsible for initiation, maintenance, and discontinuance of intravenous solution.
  - (7) Readily available drug compatibility reference material.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-380, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-390 Support services and functions—Discharge planning.** Rural health care facilities shall provide discharge planning including:

- (1) A systematic method of planning for discharge;
- (2) A designated person responsible for system management and implementation; and
- (3) Established, implemented, written policies and procedures to:
  - (a) Identify patients needing further nursing, therapy, or supportive care following discharge from or care in the rural health care facility;
  - (b) Develop a documented discharge plan for each identified patient including coordination with:
    - (i) Patient and family or caregiver, as appropriate;
    - (ii) Appropriate members of the health care team; and
    - (iii) Receiving agency or agencies when necessary;
  - (c) Notify referral agencies, minimally including verbal contact and communication regarding:
    - (i) Relevant patient history;
    - (ii) Specific care requirements including:
      - (A) Equipment;
      - (B) Supplies; and
      - (C) Medications needed; and
    - (iii) Date care to be initiated;
  - (d) For those patients identified under (a) of this subsection, assess and document needs and implement discharge plans to the extent possible.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-390, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-400 Optional services.** A rural health care facility may choose to provide optional services with prior approval by the department.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-400, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-410 Optional—Long-term care.** Rural health care facilities offering long-term care shall:

- (1) Meet requirements under chapter 70.38 RCW; and
- (2) Meet requirements for long-term care under chapter 18.51 or 70.41 RCW.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-410, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-420 Optional—Occupational and physical therapy and respiratory care.** Each rural health care facility providing physical therapy, occupational therapy, or respiratory therapy services shall:

- (1) Define in writing the scope of diagnostic, therapeutic, and rehabilitative services provided;
- (2) Provide services under the direction of a member of the medical staff including:
  - (a) When physical therapy is required, consult or services by a physical therapist;
  - (b) When occupational therapy is required, consult or services by an occupational therapist;
- (3) Establish and implement written policies and procedures including:

- (a) Patient care protocols approved by rural health care facility medical staff;
- (b) Operation and application of equipment;
- (c) Equipment maintenance and monitoring;
- (d) Infection control practices including:
  - (i) Cleaning;
  - (ii) Disinfecting;
  - (iii) Sterilizing;
  - (iv) Changing of equipment; and
  - (v) Documentation;
- (4) Review policies and procedures periodically with revision as needed;
- (5) Establish a written patient treatment plan for each patient including:
  - (a) Identification of patient's problems and limitations;
  - (b) Description of planned procedures and modalities;
 and
  - (c) Identification of short and long-term goals;
  - (6) Require a written authenticated order for treatment by a member of the medical staff;
  - (7) Document physical therapy, occupational therapy, and respiratory therapy services provided in each patient's medical record including:
    - (a) Date;
    - (b) Time treatment was initiated;
    - (c) Type of therapy service performed;
    - (d) Periodic assessment of the response of the patient;
    - (e) Authentication by the person performing the service;
 and
  - (f) Medications administered, if any, including patient's response;
  - (8) Provide adequate space and equipment for the type and scope of each service offered;
  - (9) Provide documented calibration of equipment.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-420, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-430 Optional—Other diagnostic/therapeutic services.** Rural health care facilities offering and providing diagnostic or therapeutic services other than those specified elsewhere in this chapter shall:

- (1) Establish and implement policies and procedures:
  - (a) Addressing referral orders issued by persons other than medical staff;
  - (b) Specific to operation of each service offered including:
    - (i) Patient safety and infection control;
    - (ii) Maintenance and calibration of equipment; and
    - (iii) Coordination with other rural health care facility services, as appropriate;
  - (2) Require evidence of medical staff orders for any diagnostic or treatment services;
  - (3) Maintain adequate space and equipment for the scope of services offered;
  - (4) Provide for patient privacy.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-430, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-440 Optional—Surgical services.** Rural health care facilities providing surgical services shall provide:

- (1) Only those inpatient and outpatient surgical procedures for which they have adequate staff and facilities;
- (2) Anesthesia services as described in WAC 246-388-450;
- (3) Written policies and procedures relating to areas where surgical procedures are performed including:
  - (a) A designated physician responsible for surgical services;
  - (b) A designated registered nurse responsible for surgical nursing services;
  - (c) A current roster of medical staff including surgical privileges granted by the governing body;
  - (d) Infection control specifically addressing:
    - (i) Surgical attire;
    - (ii) Appropriate surgical scrub procedures;
    - (iii) Housekeeping functions before, between, and after cases;
    - (iv) Cleaning, disinfecting, sanitizing, packaging, and materials management of equipment and supplies;
    - (v) Disposal of wastes; and
    - (vi) Equipment which may be brought into the surgical service areas;
  - (e) Servicing and maintenance of surgical equipment;
  - (4) Preoperative patient procedures including:
    - (a) A current history and report of physical examination by a health care provider included in the patient medical record prior to surgery with definition of "current" by the rural health care facility;
    - (b) Test results available prior to surgery or procedure;
    - (c) Written consent for surgical procedure and anesthesia available in the medical record; and
    - (d) Identification of each patient by a secured name band;
  - (5) A surgical procedure room with:
    - (a) Location in a designated area of the rural health care facility;
    - (b) Easily cleanable surfaces;
    - (c) Size adequate to accommodate the equipment and personnel required for surgical procedures performed;
    - (d) The following equipment:
      - (i) Adequate surgical and general lighting;
      - (ii) Operating table, stretcher, or equivalent;
      - (iii) Oxygen;
      - (iv) Suction;
      - (v) Appropriate electrical receptacles;
      - (vi) X-ray film illuminator;
      - (vii) Anesthesia equipment and supplies;
      - (viii) Emergency signaling device, telephone, or equivalent to obtain extra help as required; and
      - (ix) Source of emergency power and lighting;
    - (e) Appropriately maintained emergency equipment, supplies, and services available within sixty seconds and appropriate for the care of adults, children, and infants including:
      - (i) Ventilatory equipment, including airways;
      - (ii) Cardiac defibrillator;
      - (iii) Cardiac monitor;
      - (iv) Laryngoscopes and endotracheal tubes;
      - (v) Emergency drugs and fluids including schedules of pediatric dosages; and
      - (vi) Suctions;

(f) Filtered clean air in each surgical procedure room with a positive pressure ventilation gradient to adjoining corridors; and

(g) Temperature control device or system capable of maintaining appropriate patient body temperature;

(6) Surgical service areas including:

(a) Scrub sinks with:

(i) Cleansing agent located adjacent to sink; and

(ii) Hot and cold water;

(b) A dressing area available for persons entering surgical procedure rooms;

(c) Adequate types and quantities of surgical instruments, equipment, and supplies for procedures performed;

(d) Adequate storage for clean and sterile supplies and equipment;

(e) A designated area for collection and cleaning of soiled instruments and equipment; and

(f) Adequate, cleanable facilities for safe and appropriate waste collection and disposal;

(7) A surgical procedure register containing at least the following for each surgical procedure:

(a) Date;

(b) Identifying number and name of patient;

(c) Descriptive name of surgical procedure;

(d) Name of medical staff and others performing or assisting with the procedure;

(e) Type of anesthesia; and

(f) Name and title of the person administering anesthesia;

(8) Discharge instructions based upon patient evaluation prior to discharge including:

(a) Signs and symptoms the patient should report;

(b) Who to contact;

(c) Limitations on activities or diet;

(d) Medication control;

(e) Driving or operation of mechanical equipment; and

(f) Instructions for follow-up.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-440, filed 12/21/90, effective 1/21/91.]

#### WAC 246-388-450 Optional—Anesthesia services.

Rural health care facilities anesthesia and post-anesthesia care services shall:

(1) Provide services appropriate to the scope of surgical, obstetrical, or other care offered in each rural health care facility, including appropriate:

(a) Facilities;

(b) Equipment;

(c) Personnel; and

(d) Policies and procedures;

(2) Designate a physician member of medical staff responsible for:

(a) Anesthesia services; and

(b) Establishing general policies for anesthesia administration and post-anesthesia care;

(3) Designate a registered nurse available for provision of post-anesthesia recovery;

(4) Provide or arrange for a registered nurse anesthetist ARNP under RCW 18.88.175 or a physician trained in anesthesia present whenever a patient is under anesthesia or is recovering from anesthesia;

(5) Establish written policies and procedures including:

(a) Appropriate monitoring and attendance of all anesthetized patients;

(b) Qualifications and responsibilities of persons performing anesthesia services;

(c) Evaluation of each patient prior to anesthesia;

(d) Recording of pertinent information in the medical record at the time of the preoperative anesthesia evaluation;

(e) Criteria or protocols for assessment of all patients by qualified persons prior to discharge from any post-anesthesia recovery area;

(f) Safe administration of anesthetizing agents and other drugs consistent with rural health care facility policy;

(g) Preparation, administration, and documentation of intravenous solutions, medications, and admixtures; and

(h) Management of infectious cases;

(6) Enter information specific to the condition and treatment of the patient into the medical record including:

(a) Anesthesia induction;

(b) Anesthesia maintenance; and

(c) Emergence from anesthesia;

(7) Provide post-anesthesia equipment and supplies including:

(a) A handwashing facility or lavatory, soap dispenser, and towel dispenser available within each post-anesthesia recovery area;

(b) Provisions for visual privacy for patients;

(c) Suction and oxygen available for each patient;

(d) Emergency equipment and supplies available within sixty seconds;

(e) Adequate, easily cleanable storage facilities;

(f) A designated area for handling, collection, and cleaning of soiled equipment; and

(g) An emergency signaling device, phone, or equivalent to obtain additional help when required.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-450, filed 12/21/90, effective 1/21/91.]

**WAC 246-388-990 Licensure fees.** Each rural health care facility shall submit a license fee of three hundred eighty dollars per year to the department under RCW 43.70.110.

[Statutory Authority: Chapter 70.175 RCW. 91-02-014 (Order 123), § 246-388-990, filed 12/21/90, effective 1/21/91.]

### Chapter 246-390 WAC

#### DRINKING WATER CERTIFICATION RULES

##### WAC

246-390-001	Purpose—Objectives.
246-390-010	Definitions.
246-390-020	Requirement for certification.
246-390-030	Certification.
246-390-040	Provisional certification.
246-390-050	Revoking or denying certification.
246-390-060	Reciprocity.
246-390-070	Third-party certification.
246-390-100	Appeals.
246-390-990	Fees.

**WAC 246-390-001 Purpose—Objectives.** (1) The purpose of this chapter is to establish a state drinking water

program is designed to satisfy the intent of the primacy agreement with United States Environmental Protection Agency and the state, in compliance with 40 C.F.R. 142.10, 7/1/90.

(2) The department certification program:

(a) Requires laboratories to demonstrate capability to accurately analyze drinking water samples;

(b) Aids laboratories in improving quality assurance;

(c) Offers technical assistance in all drinking water analyses; and

(d) Fosters cooperation between the state department of health, local health agencies, and operators of laboratories.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-001, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-010 Definitions.** Definitions in this section shall apply throughout this chapter, unless clearly indicated otherwise.

(1) "Administrative Procedure Act" means the adjudicative proceedings governed by chapter 34.05 RCW and chapter 246-08 WAC.

(2) "Analytical data" means the recorded qualitative and/or quantitative results of a chemical, physical, biological, microbiological, or radiological determination.

(3) "Certification" means the formal contractual agreement between the department and the certified laboratory indicating a laboratory is capable of producing accurate analytical data and is authorized to test drinking water compliance samples. The department will issue a certificate to the laboratory indicating the contaminants the laboratory is authorized to analyze. Certification does not guarantee validity of analytical data submitted by a certified laboratory.

(4) "Certification authority" means the designated official or a representative of the official authorized by the department as the head of the certification program.

(5) "Certification manual" means the most recent revision of the procedural and technical criteria of the drinking water certification rules. This document, entitled "Certification Manual for Laboratories Analyzing Washington State Drinking Water," is available from the Department of Health, Public Health Laboratory, Drinking Water Certification Program, 1610 NE 150th St., Seattle, Washington 98155-7224.

(6) "Certification official (CO)" means the designated official authorized by the department to certify drinking water laboratories.

(7) "Compliance sample" means a drinking water sample collected in accordance with WAC 246-290-300 and/or 246-290-320 and submitted to a state certified laboratory for analysis.

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

(9) "EMSL-CI" means the EPA Environmental Monitoring and Support Laboratory, Cincinnati, Ohio.

(10) "EMSL-LV" means the EPA Environmental Monitoring System Laboratory, Las Vegas, Nevada.

(11) "EPA" means United States Environmental Protection Agency.

(12) "Intercomparison studies" means a series of cross check samples sent to radiochemistry laboratories by EPA to compare the results between participating laboratories.

(13) "Laboratory" means any facility under the ownership and technical management of a single entity in a single geographical locale. A laboratory is where scientific examinations are performed on drinking water samples.

(14) "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 location identified under WAC 246-290-300, Table 4.

(15) "Official methods" means methodologies specified by EPA drinking water regulations under 40 C.F.R. 141.21 - 141.30, 141.41 - 141.42, 7/1/90 and approved by the department.

(16) "Parameter" means a single determination or group of related determinations using a specific written official method.

(17) "Performance evaluation (PE)" means an evaluation of the results of analysis of samples from an external testing source whose true values are unknown to the laboratory conducting the analysis. The external testing service must be approved by the department and/or CO if other than EPA sources are used.

(18) "On-site audit" means an on-site inspection performed by the department to determine a laboratory's capabilities and facilities.

(19) "Quality assurance (QA)" means all those planned and systematic actions necessary to provide confidence that an analysis, measurement, or surveillance program produces data of known and defensible quality.

(20) "Quality controls (QC)" means internal written procedures and routine analyses of laboratory reference materials, samples, and blanks to insure precision and accuracy of methodology, equipment and results.

(21) "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.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-010, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-020 Requirement for certification.**

(1) Certification officers are required to meet EPA requirements for drinking water certification as described in the latest version of the *Manual for the Certification of Laboratories Analyzing Drinking Water, EPA/570/9-90/008,4/90*.

(2) Applicants for laboratory certification shall submit to the department:

(a) An application fee as specified in WAC 246-390-990;

(b) A written application which includes one of the following:

(i) A request for first-time certification;

(ii) A request for certification to analyze additional or newly regulated contaminants; or

(iii) A request to reapply for certification after correction of deficiencies which resulted in the downgrading or revocation of certification status, or after lapse of previous contract; and

(c) A QA plan as specified in subsection (6) of this section.



(3) Applicants for routine renewal shall submit to the department at least three months before expiration of the contract:

- (a) A renewal fee as specified in WAC 246-390-990;
- (b) A written application which includes:
  - (i) Name and address of each laboratory or testing site;
  - (ii) Owner's name, address, and contact person;
  - (iii) List of parameters to be certified;
  - (iv) Completed personnel training and experience forms;
  - (v) List of methods used;
  - (vi) Copy of QA manual; and
  - (vii) List of equipment;

(c) Verification of the successful performance of PE studies as specified in subsection (4) of this section; and

(d) A QA plan, if changes have been made since the plan was last submitted to the department.

(4) Laboratory approved personnel shall participate in EPA Water Supply, EMSL-CI, EMSL-LV, or other department approved PE studies at least once annually for microbiological and twice annually for chemistry and radiochemistry laboratories as described in the certification manual. Radiochemistry laboratories must also participate in two intercomparison studies per year.

(5) Laboratory directors shall allow on-site audit by the CO as follows:

- (a) At least every three years;
- (b) Announced or unannounced;
- (c) At contract renewal; or
- (d) At the discretion of the CO.

(6) Laboratory directors shall submit a QA plan with a section specific to drinking water with initial application; at contract renewal, if changes have been made; or at the discretion of the CO. The QA plan or manual shall follow EPA and state requirements, as described in the certification manual.

(7) Laboratory personnel shall notify the CO in writing within thirty days of major changes to analytical staff management including:

- (a) Moving facilities;
- (b) Loss or replacement of the laboratory supervisor;
- (c) A situation in which a trained and experienced analyst no longer is available to analyze a particular parameter for which certification had been granted;
- (d) Loss or replacement of major equipment; and
- (e) Any other situation described in the certification manual that would affect laboratory operations.

(8) Laboratories shall meet the following minimum workload requirements for each certified parameter:

(a) Microbiological laboratories to analyze a minimum of fifteen water samples per quarter that are positive for both total and fecal coliform.

(b) Chemistry and radiochemistry laboratories to analyze five water samples per quarter. These workload requirements shall not include PE samples. Laboratories must assure the CO that proper QA/QC was followed, and official drinking water methods were used. See certification manual for further explanation.

(9) Laboratory personnel shall follow official EPA methods, or EPA approved alternate analytical techniques, as described in the certification manual.

(10) Laboratory personnel shall accurately report analytical results of compliance samples in a timely manner as described in the certification manual using:

- (a) The department specified format; and
- (b) Electronic or hard copy transmission.

(11) Laboratories shall follow the standard of quality requirements as described in the certification manual.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-020, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-030 Certification.** (1) The department may grant certification to a laboratory after conducting a complete assessment of the laboratory's capabilities, including:

- (a) Submission of a completed application;
- (b) Submission of the proper fees;
- (c) Satisfactory performance on PE studies, and intercomparison samples where necessary;
- (d) Submission of an updated QA plan; and
- (e) Successful completion of an on-site inspection.

(2) The department may grant less than full certification based on terms and conditions incorporated in the contractual agreement between the laboratory and the department.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-030, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-040 Provisional certification.** Laboratories which have deficiencies requiring corrective action but which can produce valid analytical data as determined by the CO may be given provisional certification. The department may downgrade a laboratory to provisional certification for failure to:

(1) Analyze a PE sample and/or an intercomparison sample, or any other unknown test sample within the acceptance limits established by the EPA and/or the department. Failure on a mandatory PE sample is defined as a failure on any concentration provided, unless otherwise specified by the EPA and/or the department. The laboratory shall be given an opportunity to request a make up PE or QC sample before the CO takes action.

(2) Notify the CO in writing within thirty days of major change impairing analytical capability, such as personnel, equipment, or location.

(3) Demonstrate that the laboratory maintains the required standard of quality, based upon an on-site evaluation. See certification manual for minimum standard of quality requirements.

(4) Promptly send reports of analysis to the department as described in the certification manual.

(5) Promptly notify the public water system by the end of the business day, or the department if the public water system can not be notified, of results exceeding MCL or SAL. For all results exceeding MCL or SAL the laboratory must notify the department as soon as possible.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-040, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-050 Revoking or denying certification.** Action shall be taken consistent with the contract, with 40 C.F.R. 142.10 7/1/90, EPA Manual, RCW 43.20.050, and chapter 246-08 WAC. The department may immediately

downgrade laboratories from certified or provisionally certified to not certified, or may deny certification for a particular contaminant analysis or group of contaminants, for the following reasons:

(1) Two consecutive failures to analyze a PE sample or intercomparison sample or any other unknown test sample for a particular contaminant within the acceptance limits established by EPA and/or the department. The laboratory shall be given an opportunity to request a make-up PE or QC sample before the CO takes final action. The decision to revoke certification shall be made at the discretion of the CO after examination of all information.

(2) Failure to demonstrate to the CO that the laboratory has corrected deficiencies identified during an on-site evaluation within:

(a) Three months to correct a procedural or administrative deficiency; and

(b) Six months to correct an equipment deficiency. If the equipment or instrument involved is the only instrument available for a particular analysis, certification may be downgraded immediately, at the discretion of the CO.

(3) Submission of a PE sample to another laboratory for analysis and reporting data as its own.

(4) Failure to use analytical methodology specified in the certification manual.

(5) Failure to submit an appropriate application and associated fees to the department.

(6) Failure to pass a re-audit and correct deficiencies if the laboratory is found deficient in its ability to provide accurate analytical data.

(7) Justifiable evidence of falsification of data or any other practice considered deceptive by the department.

(8) Failure to comply with other provisions of the contractual agreement between the department and the laboratory.

(9) Failure to correct deficiencies quoted in a revoked certificate before reapplying for certification.

(10) Failure to permit entry of a CO or CO's representative for an on-site audit to examine methods, facilities, equipment, and analytical data.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-050, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-060 Reciprocity.** The department may recognize certification of an out-of-state laboratory by another primacy state with which the department has an established mutual reciprocity agreement. The laboratory shall submit an application and a fee as specified in WAC 246-390-990; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020. A laboratory accepted under the reciprocity agreement shall enter into a contract with the department.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-060, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-070 Third-party certification.** The department shall recognize only the certification officials authorized and approved by the department. See certification manual for recognized and approved certification officials. Laboratories requesting third party certification shall submit

an application; perform approved PE studies; follow the workload requirements; and follow drinking water methods per WAC 246-390-020.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-070, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-100 Appeals.** A laboratory manager may appeal any certification action such as denial and revocation in writing to the CO. If the question is not satisfactorily resolved, the laboratory manager may appeal in writing by certified mail to the certification authority within thirty days of the decision of the CO. Decisions of the certification authority may be appealed to the secretary of the department within thirty days of notification of final action. The adjudication procedure is governed by the Administrative Procedure Act, this chapter, and chapter 246-08 WAC. Laboratories may be allowed to maintain certification during the appeal process.

[Statutory Authority: RCW 43.20.050, 92-15-152 (Order 290B), § 246-390-100, filed 7/22/92, effective 8/22/92.]

**WAC 246-390-990 Fees.** The fees in this section are established in accordance with RCW 43.70.250 to defray the department's costs associated with certifying laboratories. The department shall review the fee structure annually and may modify the fees as necessary to reflect current administrative costs.

(1) On-site inspections shall not be conducted nor shall provisional or other certifications be granted until appropriate fees have been received by the department.

(2) Out-of-state laboratories requesting reciprocity shall pay a fee of one hundred dollars.

(3) Out-of-state laboratories in states which have not established a reciprocity agreement with Washington shall follow the fee schedule in this section and pay all travel costs for the CO for any necessary on-site inspections.

(4) The following fees are due upon application and at the time of each renewal:

BASE FEE OF \$100 PLUS THE FOLLOWING SCHEDULE

Category	Parameter	Fee/Parameter	Max. Fee per Category
Inorganic Contaminants & Physical Characteristics	Arsenic	As	\$60.00
	Barium	Ba	
	Cadmium	Cd	
	Chromium	Cr	
	Iron	Fe	
	Lead	Pb	
	Manganese	Mn	
	Mercury	Hg	
	Selenium	Se	
	Silver	Ag	
	Sodium	Na	
	Hardness		
	Conductivity		
	Turbidity		
Color			
Fluoride	F		
Nitrate	as N		
Chloride	Cl		
Sulfate	SO <sub>4</sub>		
TDS			
Copper	Cu		
Zinc	Zn		

	Residual Disinfection Chlorine		
	Ozone Chlorine Dioxide Alkalinity Calcium Nitrite Temperature pH Chloride		
Organic Contaminants (GC, GC/MS)	Insecticides (Endrin, Lindane, methoxychlor & toxaphene)	\$150.00	\$750.00
	Herbicides (2,4-D & 2,4,5-TP)	\$150.00	
	TTHM	\$150.00	
	MTP	\$150.00	
	Regulated VOCs	\$150.00	
	Unregulated VOCs	\$150.00	
Micro-biological	MF	\$150.00	\$450.00
	P-A	\$150.00	
	HPC	\$150.00	
	MPN	\$150.00	
Radio-logical	Gross alpha Radium-226 Radium-228 Uranium Gross beta Strontium-89 Strontium-90 Photon Emitters Iodine-131 Tritium Radon	\$150.00	\$1400.00

[Statutory Authority: RCW 43.20.050, 92-23-060 (Order 313), § 246-390-990, filed 11/17/92, effective 12/18/92.]

**Chapter 246-420 WAC  
SENTINEL BIRTH DEFECTS**

**WAC**

246-420-001	Purpose.
246-420-010	Definitions.
246-420-020	General requirements.
246-420-030	Information—Content of reports.
246-420-040	Information to parents.
246-420-050	Confidentiality of reports—Access to information—Use of information.
246-420-060	Information on public and private services for handicapped.

**WAC 246-420-001 Purpose.** (1) The purpose of these rules and regulations is to establish procedures for reporting birth defects to the department's birth defects monitoring program (BDMP). These rules are promulgated pursuant to RCW 70.58.300 through 70.58.350 directing the department of social and health services to implement the provisions of the Sentinel Birth Defects Act.

(2) The purposes of the BDMP are to count and map birth defects, to correlate data on birth defects with factors potentially affecting the fetal environment such as environmental exposures, genetic disease, and maternal nutrition,

and to provide information needed for planning and evaluating services for the handicapped.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-001, filed 10/11/85.]

**WAC 246-420-010 Definitions.** (1) "BDMP" means the department's birth defects monitoring program.

(2) "Confidential" means information maintained in the DSHS birth defects registry that identifies or which could be used to identify a child with a birth defect.

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

(4) "ICD-9-CM" means a publication entitled International Classification of Diseases, 9th Revision, Clinical Modification, published by the U.S. Department of Health and Human Services, where disease classification is confined to a limited number of categories encompassing the entire range of morbid conditions.

(5) "May" means permissive or discretionary on the part of the department.

(6) "Record" means the computerized birth defects registry record for a child with a reported birth defect.

(7) "Report" means a written report of information required for birth defects registration purposes made on a form designated for reporting purposes by the department.

(8) "Sentinel" means a birth defect signaling the possible presence of environmental hazards, genetic disease, poor maternal health, or some other risk factor to which a child's mother and/or father was exposed and which exposure may have contributed to development of the child's birth defect. For purposes of this chapter, sentinel birth defects include all congenital anomalies (ICD-9-CM, 740.0-759.9), childhood cancers, cerebral palsy, mental retardation, and congenital infections.

(9) "Shall" means compliance is mandatory.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-010, filed 10/11/85.]

**WAC 246-420-020 General requirements.** (1)

Physicians have primary responsibility for reporting birth defects detected in their patients.

(2) Birth defects shall be reported if each of the following criteria apply:

(a) The condition is among those listed in WAC 248-164-030;

(b) The child was born on or after January 1, 1986;

(c) The child was between zero and fourteen years of age at the time of first diagnosis or treatment of the condition; and

(d) The child was seen for the condition in a medical care setting in Washington state.

(3) Hospitals and outpatient clinics may elect to fulfill physicians' reporting responsibilities. Physicians need not submit reports for patients treated at hospitals or clinics having agreed to provide birth defects information to the BDMP directly.

(4) For infants delivered in a birth center or other nonhospital setting, the attendant at birth shall be responsible for reporting birth defects detected at time of birth.

(5) Physicians need not report conditions already reported to the DSHS crippled children's services (CCS) program or the DSHS division of developmental disabilities (DDD).

(6) Conditions need only be reported once. To avoid duplicate reporting, health care providers may contact the BDMP at 1-800-228-6087 to find out whether a condition of their patient was previously reported.

(7) Instructions for completing and submitting birth defects reports shall be provided in a procedures manual published by the BDMP.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-020, filed 10/11/85.]

**WAC 246-420-030 Information—Content of reports.** (1) Congenital anomalies and other childhood conditions shall be reported in a manner identifying conditions by name and ICD-9-CM code. Conditions to be reported include:

Conditions	Code ICD-9-CM Range
(a) Anomalies of the central nervous system	740.0 - 742.9
(b) Anomalies of the eye	743.0 - 743.9
(c) Anomalies of the ear, face, neck	744.0 - 744.9
(d) Anomalies of the cardiovascular system	745.0 - 747.9
(e) Anomalies of the respiratory system	748.0 - 748.9
(f) Anomalies of the gastrointestinal system	749.0 - 751.9
(g) Urogenital anomalies	752.0 - 753.9
(h) Musculoskeletal deformities	754.0 - 756.9
(i) Anomalies of the skin	757.0 - 757.9
(j) Chromosomal anomalies, syndromes, and other congenital anomalies	758.0 - 759.9
(k) Childhood cancers	140.0 - 208.9
(l) Mental retardation (I.Q. less than 70)	317 - 319
(m) Congenital infections	090.0 - 090.2, 090.4 - 090.9, 770.0 - 771.2, 760.2
(n) Cerebral palsy	343.0 - 343.3, 437.8

(2) For children having one or more of the above cited reportable birth defects, the following diagnostic information shall be reported:

(a) Name and ICD-9-CM code of diagnosed birth defect.

(b) Month, day, and year defect was diagnosed or treated.

(c) Whether diagnosed defects comprise a recognizable birth defect syndrome and, if so, the name and ICD-9-CM code of syndrome.

(d) Child's height and weight (only for nonneonates and only if available).

(e) Child's head circumference (for nonneonates up to two years of age if available).

(3) To eliminate duplicate reports for the same condition, and to permit combining of information from multiple reporting sources, the following identifying information shall be reported:

(a) Child's name (first, last, and middle initial).

(b) Name of child's father and mother, if available (first, last, and middle initial).

(c) Child's current address (street, city, state, ZIP code).

(d) Child's residence at time of birth (state or foreign country).

(e) Child's birth date (month, day, and year).

(f) Child's sex.

(4) To provide a basis for verifying the accuracy and completeness of birth defects information, and to provide information needed for follow-back epidemiologic studies, the following information shall be reported:

(a) Name of physician detecting or treating child's condition (first, last, and middle initial).

(b) Identification of data source (name of hospital, clinic, service treatment program, etc.).

(c) Name and phone number of person completing form.

(d) Identification number on child's medical/treatment chart.

(e) Date report was completed (month, day, and year).

(5) Forms for reporting of birth defects shall be available through the office of the birth defects monitoring program of the Division of Health, DSHS, Mailstop ET-14, Olympia, Washington 98504.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-030, filed 10/11/85.]

**WAC 246-420-040 Information to parents.** The primary physician or other primary health care provider of the child shall advise parents or legal guardians of birth defects reported to the birth defects registry. DSHS shall make available a brochure and a copy of the completed birth defects report that may be used as a means of meeting this information requirement.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-420-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505. 85-21-038 (Order 295), § 248-164-040, filed 10/11/85.]

**WAC 246-420-050 Confidentiality of reports—Access to information—Use of information.** (1) The release of confidential information shall be governed by the provisions of current law regarding personal records/disclosure (chapter 334, Laws of 1985).

(2) In accordance with the provisions of chapter 334, Laws of 1985, confidential information shall not be disclosed unless:

(a) The request for confidential information is made by the child's parent or legal guardian or the child himself or herself at age of majority; or

(b) The request for confidential information is made by a scientific research professional associated with a bona fide scientific research organization, and the research professional's written research proposal has been reviewed and approved by the department's human research review board with respect to scientific merit and confidentiality safeguards, and the director of the division of health has given administrative approval for the proposal; or

(c) The request for confidential information is made by the DSHS office of epidemiology and is needed for epidemi-

ological research activities in response to a real or suspected immediate public health hazard.

(3) In carrying out epidemiologic investigations using confidential information, researchers shall contact the child's attending physician before contacting families if possible.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-050, filed 10/11/85.]

**WAC 246-420-060 Information on public and private services for handicapped.** Information on public and private services for the handicapped shall be available through the BDMP.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-420-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.58.350 and 43.20.505, 85-21-038 (Order 295), § 248-164-060, filed 10/11/85.]

### Chapter 246-430 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 246-450 WAC

### HOSPITAL DATA—PUBLIC RECORDS

#### WAC

246-450-001	Purpose.
246-450-010	Definitions.
246-450-020	Public records available.

246-450-030	Public records officer.
246-450-040	Office hours.
246-450-050	Requests for public records.
246-450-060	Inspection and copying.
246-450-070	Exemptions.
246-450-080	Review of denials of public records requests.
246-450-090	Protection of public records.
246-450-100	Records index.

**WAC 246-450-001 Purpose.** The purpose of this chapter shall be to ensure compliance by the hospital commission with the provisions of RCW 42.17.250-42.17.340, dealing with public records.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-001, filed 12/27/90, effective 1/31/91; Order 73-01, § 261-06-010, filed 1/11/74.]

**WAC 246-450-010 Definitions.** (1) "Public record" includes any writing containing information relating to the conduct of governmental or the performance of any governmental or proprietary function prepared, owned, used or retained by any state or local agency regardless of physical form or characteristics.

(2) "Writing" means handwriting, typewriting, printing, photostating, photographing, and every other means of recording any form of communication or representation, including letters, words, pictures, sounds, or symbols, or combination thereof, and all papers, maps, magnetic or paper tapes, photographic films and prints, magnetic or punched cards, discs, drums and other documents.

(3) "Hospital commission" and "commission" shall mean the Washington state hospital commission created by chapter 70.39 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-020, filed 2/28/83; Order 73-01, § 261-06-020, filed 1/11/74.]

**WAC 246-450-020 Public records available.** All public records of the commission, as defined in WAC 261-06-020 are deemed to be available for public inspection and copying pursuant to these rules, except as otherwise provided by RCW 42.17.250 through 42.17.340, 70.39.110, and WAC 261-06-080.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-06-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-030, filed 2/28/83; Order 73-01, § 261-06-030, filed 1/11/74.]

**WAC 246-450-030 Public records officer.** The commission's public records shall be in the charge of the public records officer designated by the executive director of the commission. The person so designated shall be located in the administrative office of the commission. The public records officer shall be responsible for implementing the commission's rules and regulations regarding release of public records, coordinating the staff of the commission in this regard, and generally insuring compliance by the staff with the public records disclosure requirements of chapter 42.17 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-030, filed 12/27/90, effective 1/31/91. Statutory Authority:



Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-06-040, filed 10/1/84; Order 73-01, § 261-06-040, filed 1/11/74.]

**WAC 246-450-040 Office hours.** Public records shall be available for inspection and copying during the customary office hours of the commission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-050, filed 2/28/83; Order 73-01, § 261-06-050, filed 1/11/74.]

**WAC 246-450-050 Requests for public records.** In accordance with requirements of chapter 42.17 RCW that agencies prevent unreasonable invasions of privacy, protect public records from damage or disorganization, and prevent excessive interference with essential functions of the agency, public records may be inspected or copied or copies of such records may be obtained, by members of the public, upon compliance with the following procedures:

(1) A request shall be made in writing upon a form prescribed by the commission, which form shall be available at its administrative office. The form shall be presented to the public records officer, or to any member of the commission's staff if the public records officer is not available, at the administrative office of the commission during customary office hours. The request shall include the following information:

- (a) The name of the person requesting the record;
- (b) The time of day and calendar date on which the request was made;
- (c) The nature of the request;
- (d) If the matter requested is referenced within the current index maintained by the public records officer, a reference to the requested record as it is described in such current index;
- (e) If the requested matter is not identifiable by reference to the commission's current index, an appropriate description of the record requested.

(2) In all cases in which a member of the public is making a request, the public records officer or staff member to whom the request is made shall assist the member of the public in appropriately identifying the public record requested.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-060, filed 2/28/83; Order 73-01, § 261-06-060, filed 1/11/74.]

**WAC 246-450-060 Inspection and copying.** (1) No fee shall be charged for the inspection of public records. The commission shall charge a fee of ten cents per page of copy, plus postage, if any, for providing copies of public records and for use of the commission's copy equipment. This charge is the amount necessary to reimburse the commission for its actual costs incident to such copying.

(2) The charge for manuals and manual revisions shall be the cost to the commission for printing and mailing.

(3) The charge for computer-generated reports, tapes, or other media shall be the cost to the commission for producing and mailing.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-060, filed 12/27/90, effective 1/31/91. Statutory Authority:

(1992 Ed.)

RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-070, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-070, filed 2/28/83; Order 73-01, § 261-06-070, filed 1/11/74.]

**WAC 246-450-070 Exemptions.** (1) The commission reserves the right to determine that a public record requested in accordance with the procedures outlined in WAC 261-02-060 is exempt under the provisions of RCW 42.17.310 and 70.39.110.

(2) In addition, pursuant to RCW 42.17.260, the commission reserves the right to delete identifying details when it makes available or publishes any public record, in any cases when there is reason to believe that disclosure of such details would be an invasion of personal privacy protected by chapter 42.17 RCW. The public records officer will fully justify such deletion in writing.

(3) All denials of requests for public records must be accompanied by a written statement specifying the reason for withholding the record and a brief explanation of how the exemption applies to the record withheld.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-080, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-080, filed 2/28/83; Order 73-01, § 261-06-080, filed 1/11/74.]

**WAC 246-450-080 Review of denials of public records requests.** (1) Any person who objects to the denial of a request for a public record may petition for prompt review of such decision by tendering a written request for review. The written request shall specifically refer to the written statement by the public records officer or other staff member which constituted or accompanied the denial.

(2) Immediately after receiving a written request for review of a decision denying a public record, the public records officer or other staff member denying the request shall refer it to the executive director of the commission. The executive director may request that a special meeting of the commission be called as soon as legally possible to review the denial. In any case, the request shall be returned with a final decision, within two business days following the receipt of the petition for review.

(3) Administrative remedies shall not be considered exhausted until the commission has returned the petition with a decision or until the close of the second business day following receipt of the petition for review, whichever occurs first.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-450-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW. 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-090, filed 10/23/87. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-090, filed 2/28/83; Order 73-01, § 261-06-090, filed 1/11/74.]

**WAC 246-450-090 Protection of public records.** In order that public records maintained on the premises of the commission may be protected from damage or disorganization as required by chapter 42.17 RCW, the following procedures and practices are hereby instituted:

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(1) Upon receipt of a request by a member of the public for a public record, the public records officer or the staff member in the commission office receiving the request shall review the request for a public record and the requested public record to determine whether deletions from such record should be made or the request for such record should be denied pursuant to WAC 261-06-080.

(2) Only after a determination has been made that all or such portion of a public record as is not deleted may be inspected, shall such public record or portion thereof be made available for inspection by a member of the public.

(3) Only the staff and members of the commission may open commission files to gain access to commission records for either commission business or to respond to a request for a public record.

(4) No public record of the commission may be taken from the premises of the commission by a member of the public.

(5) Public inspection of commission records shall be done only in such locations as are approved by the public records officer, which locations must provide an opportunity for commission staff members to insure no public record of the commission is damaged, destroyed, or unreasonably disorganized or removed from its proper location or order by a member of the public.

(6) Public records of the commission may be copied only on the copying machinery of the commission unless other arrangements are authorized by the public records officer.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-450-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-06-100, filed 2/28/83; Order 73-01, § 261-06-100, filed 1/11/74.]

**WAC 246-450-100 Records index.** (1) As a result of the commission's responsibility to regulate the rates of Washington hospitals, the commission has generated and continues to generate an extremely high volume of records. These records include many categories of budget-related documents for each of the approximately one hundred hospitals subject to the commission's regulatory authority; massive data bases for various aspects of hospital rate regulation; and many other related documents necessarily generated by the commission's performance of its statutory functions. Due to the high volume of such records as well as their technical and diverse nature, the commission finds that it would be unduly burdensome and would interfere with commission operations to maintain an index of records as specified in RCW 42.17.260 (2)(a) through (f). The maintenance of such an index would substantially reduce the commission staff's availability to assist the commission in the discharge of its substantive regulatory duties.

(2) The commission has promulgated a general index of commission records. This index shall be available to all persons under the same rules and on the same conditions as are applied to public records available for inspection.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-450-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.17.250 through 42.17.340 and chapter 70.39 RCW, 87-22-005 (Order 87-03, Resolution No. 87-03), § 261-06-110, filed 10/23/87; Order 73-01, § 261-06-110, filed 1/11/74.]

## Chapter 246-451 WAC

### HOSPITALS—ASSESSMENTS AND RELATED REPORTS

#### WAC

246-451-001	Purpose.
246-451-010	Definitions.
246-451-020	Levy of assessment.
246-451-030	Payment of assessment.
246-451-040	Exemption from assessment.
246-451-050	Reporting of information.
246-451-060	Penalties for violation.

**WAC 246-451-001 Purpose.** This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement the provisions of RCW 70.39.170, regarding the financing of expenses of the Washington state hospital commission by an assessment against hospitals.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-001, filed 12/27/90, effective 1/31/91; Order 74-04, § 261-10-010, filed 3/29/74; Order 74-03, § 261-10-010, filed 2/15/74.]

**WAC 246-451-010 Definitions.** As used in this chapter, unless the context requires otherwise,

(1) "Commission" shall mean the Washington state hospital commission created by chapter 70.39 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

(3) "Gross operating costs" shall mean the sum of direct operating expenses required to be reported in cost centers 6000-8899, excluding the professional component of hospital-based physicians, and prior to the distribution of other operating revenue reported in accounts 5000-5799, all as specified in the manual adopted under WAC 261-20-030.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-10-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-020, filed 2/28/83; Order 74-03, § 261-10-020, filed 2/15/74.]

**WAC 246-451-020 Levy of assessment. Rate:** The commission, pursuant to RCW 70.39.170 hereby levies upon each hospital an annual assessment at the rate of four one-hundredths of one percent of such hospital's gross operating costs incurred during its fiscal year ending on or before June 30th of the preceding calendar year.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-030, filed 2/28/83; Order 74-03, § 261-10-030, filed 2/15/74.]

**WAC 246-451-030 Payment of assessment.** (1) The commission annually shall calculate the amount of assessment due from each hospital, and shall prepare and mail to such hospital a statement indicating the amount of the assessment. The assessment shall be paid within ninety days

after the statement of such assessment is mailed by the commission.

(2) An assessment reminder notice shall be mailed forty-five days after the mailing of the initial statement.

(3) A second assessment reminder notice shall be mailed ninety days after the mailing of the initial statement. This reminder shall declare the assessment delinquent and a penalty shall be payable, calculated as interest on the delinquent assessment at the rate of twelve percent per annum.

(4) A third assessment reminder notice shall be mailed one hundred twenty days after the mailing of the initial statement. This reminder shall state the delinquent status of the assessment and the total accrued interest to the date of this reminder notice.

(5) A fourth assessment reminder notice shall be mailed one hundred fifty days after the mailing of the initial statement. This reminder shall be the final reminder and shall state the amount of the delinquent assessment and total interest accrued to the date of this reminder. In addition, the hospital will be notified that if payment of the assessment and all accrued interest is not made within thirty days of the reminder, the account will be sent to the attorney general for appropriate action.

(6) Whenever a partial payment is made, the remaining balance shall be treated in the same manner as provided in subsections (2) through (5) of this section.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-040, filed 2/28/83; Order 74-03, § 261-10-040, filed 2/15/74.]

#### **WAC 246-451-040 Exemption from assessment.** (1)

Upon receipt of a request in detail to the satisfaction of the commission, the commission may grant an exemption from assessment to a hospital for such assessment period(s) or portion thereof as the commission shall specify, for the following reasons:

(a) The hospital was not in operation for the entire twelve months of its assessable fiscal year. (Such hospital, however, shall be liable for an assessment based on its gross operating costs for the period of its assessable fiscal year during which it was in operation.)

(b) A change in ownership of the operating entity of the hospital has occurred during such hospital's assessable fiscal year. (From and after February 15, 1974, however, an entity that assumes the operation of, or otherwise becomes the operator of a hospital shall also assume the assessment obligation of any previous operating entity.)

(c) The hospital charges no fee to users of its services; presents no billing, either direct or indirect, to users of its services; and presents no billing and accepts no payment for services from private or public insurers.

(2) The request for an exemption from assessment shall specify the assessment period(s) or portion thereof for which exemption is sought, and the reasons why the commission should grant the exemption. A request for an exemption shall be acted upon by the commission within sixty days of the receipt thereof.

(3) Any hospital granted an exemption from assessment under this chapter, nevertheless, shall be required to conform

to all reporting requirements as the commission may prescribe.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-040, filed 12/27/90, effective 1/31/91; Order 74-03, § 261-10-050, filed 2/15/74.]

**WAC 246-451-050 Reporting of information.** For the purpose of calculating the assessment, the commission will use the most recent year-end report submitted pursuant to WAC 261-20-050.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-10-060, filed 2/28/83; Order 74-03, § 261-10-060, filed 2/15/74.]

**WAC 246-451-060 Penalties for violation.** RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to remit the payment required by WAC 261-10-040 or file the reports required by WAC 261-10-060 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to remit the payment or file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-451-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180, 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-10-080, filed 5/16/86; Order 74-03, § 261-10-080, filed 2/15/74.]

### **Chapter 246-452 WAC**

#### **HOSPITAL PRICE INFORMATION REPORTING**

##### **WAC**

246-452-001	Purpose.
246-452-010	Definitions.
246-452-020	Report of changes in or new prices—Reporting form.
246-452-030	Information regarding pricing policy.
246-452-040	Time deadline for submission of report.
246-452-050	Changes in contracts.
246-452-060	Additional information request.
246-452-070	Commission review and response to reports.
246-452-080	Penalties for violation.

**WAC 246-452-001 Purpose.** This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement provisions of RCW 70.39.150, regarding the compilation of relevant financial and accounting data, including a current price schedule as well as any subsequent amendments or modifications of that schedule.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-452-001, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-010, filed 2/13/76; Order 74-07, § 261-12-010, filed 5/10/74.]

**WAC 246-452-010 Definitions.** As used in this chapter, unless the context requires otherwise,

(1) "Commission" means the Washington state hospital commission created by chapter 70.39 RCW;

(2) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets [tenets] of any church or denomination;

(3) "Price" means the amount of money demanded for each service, procedure, treatment, medication, or other hospital service provided a patient; the term "charge" as used in chapter 70.39 RCW may be a synonym;

(4) "Price schedule" means the compilation of prices;

(5) "Pricing policy" means the controlling principles, policies, and procedures adopted or utilized by a hospital in establishing its prices.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-12-020, filed 10/1/84; Order 76-01, § 261-12-020, filed 2/13/76; Order 74-07, § 261-12-020, filed 5/10/74.]

**WAC 246-452-020 Report of changes in or new prices—Reporting form.** Each hospital shall report any and all proposed changes in existing prices as well as any prices to be established for a new service on form number 510, changes in hospital prices, which form is hereby incorporated by this reference.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-040, filed 2/28/83; Order 76-01, § 261-12-040, filed 2/13/76; Order 74-07, § 261-12-040, filed 5/10/74.]

**WAC 246-452-030 Information regarding pricing policy.** In addition to information reported under WAC 261-12-040, the commission may request a hospital to provide information regarding its pricing policy. Such a request shall describe the requested information and set a time within which it will be provided.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-050, filed 2/28/83; Order 76-01, § 261-12-050, filed 2/13/76; Order 74-07, § 261-12-050, filed 5/10/74.]

**WAC 246-452-040 Time deadline for submission of report.** The commission expects a hospital to submit to the commission any report required by WAC 261-12-040 immediately after the adoption or approval of such proposed price change(s) or new price(s) by the hospital's appropriate governing authority. In no event, however, shall a hospital fail to provide such report to the commission within thirty days after the date of adoption or approval of such price change(s) or price(s) for newly instituted service(s).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-12-055, filed 2/28/83; Order 76-01, § 261-12-055, filed 2/13/76.]

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**WAC 246-452-050 Changes in contracts.** Each hospital shall report to the commission any changes in existing contracts or other agreements and any new contracts or agreements with physicians or other health professionals which will impact the pricing policy or the prices charged for services provided by or through the hospital immediately upon approval by the appropriate authority of the hospital of such contract or agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-050, filed 12/27/90, effective 1/31/91; Order 74-07, § 261-12-060, filed 5/10/74.]

**WAC 246-452-060 Additional information request.** In the event the commission or its staff desires additional information not provided by a hospital in its report to the commission regarding a proposed change in price(s) or pricing policy or the price(s) proposed to be established for a newly instituted service, the commission or its staff shall telephone or mail to such hospital a request detailing the additional information that should be submitted to the commission.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-060, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-070, filed 2/13/76.]

**WAC 246-452-070 Commission review and response to reports.** Following receipt of the reports and additional information (if any) submitted to the commission pursuant to WAC 261-12-040 through 261-12-070, the commission shall review the submitted material and may provide comments expressing the commission's viewpoint to the hospital regarding the price(s) established for a newly instituted service or price or pricing policy change(s).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-070, filed 12/27/90, effective 1/31/91; Order 76-01, § 261-12-080, filed 2/13/76.]

**WAC 246-452-080 Penalties for violation.** RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 261-12-040, 261-12-050, 261-12-055, 261-12-060, and 261-12-070 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-452-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-12-090, filed 5/16/86.]

**Chapter 246-453 WAC**  
**HOSPITAL CHARITY CARE**

**WAC**

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.
246-453-090	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.
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**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 nonavailability 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 246-453-090 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 246-454 WAC

### HOSPITALS—SYSTEM OF ACCOUNTING, FINANCIAL REPORTING, BUDGETING, COST ALLOCATION

#### WAC

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246-454-090	Modifications of uniform system.
246-454-100	Modifications of uniform system applicable to only "basic service" hospitals.
246-454-110	Uniformly applicable interpretive rulings and minor manual modifications.
246-454-120	Penalties for violation.

**WAC 246-454-001 Purpose.** This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement the provisions of RCW 70.39.100, 70.39.110, 70.39.120, and 70.39.140 regarding the establishment of a uniform system of accounting, financial reporting, budgeting, cost allocation, and prospective rate setting for hospitals in Washington state. This system shall be utilized by each hospital to record and report to the commission its revenues, expenses, other income, other

outlays, assets and liabilities, and units of service and to submit information, as may be required by the commission, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs. This system is intended to carry out the commission's mandate to assure all purchasers of hospital health care services that the total costs of a hospital are reasonably related to the total services offered by that hospital, that the hospital's costs do not exceed those that are necessary for a prudently and reasonably managed hospital, that the hospital's aggregate revenues as expressed by rates are reasonably related to the hospital's aggregate costs, and that rates are set equitably among all purchasers or classes of purchasers of services without undue discrimination or preference.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-010, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-010, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-010, filed 2/20/81.]

**WAC 246-454-010 Definitions.** As used in this chapter, unless the context requires otherwise.

(1) "Washington state hospital commission" and "commission" each shall mean the Washington state hospital commission created by chapter 70.39 RCW.

(2) "Hospital" shall mean any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any church or denomination.

(3) "Basic service hospital" means a hospital classified in peer groups 1 and 2 or a specialty hospital having fewer than fifty licensed beds.

(4) "Manual" means the *Washington State Hospital Commission Accounting and Reporting Manual for Hospitals*, second edition adopted under WAC 261-20-030.

(5) "System of accounts" means the list of accounts, code numbers, definitions, units of measure, and principles and concepts included in the manual.

(6) "Rate" means the maximum revenue which a hospital may receive for each unit of service, as determined by the commission.

(7) "Budget" means the forecast of each hospital's total financial needs and the resources available to meet such needs for its next fiscal year and includes such information as shall be specified in the manual concerning goals and objectives, volume and utilization projections, operating expenses, capital requirements, deductions from revenue, and proposed rates.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-020, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-020, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-020, filed 2/20/81.]

**WAC 246-454-020 Adoption and establishment of uniform system.** The commission, pursuant to RCW 70.39.100, hereby adopts and establishes a uniform system of accounting, financial reporting, budgeting, cost allocation, and prospective rate setting for hospitals in Washington state, which system is described in the commission's publication entitled *Washington State Hospital Commission Accounting and Reporting Manual for Hospitals*, second edition, which publication is hereby incorporated by this reference. The manual shall be utilized by each hospital for submitting information, as may be required by the commission, pertaining to the total financial needs of the hospital and the resources available or expected to become available to meet such needs.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-030, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-030, filed 2/28/83; 81-06-016 and 81-06-017 (Order 81-01, Resolution No. R-81-01 and Order 81-02, Resolution No. R-81-02), § 261-20-030, filed 2/20/81.]

**Reviser's note:** Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed by the Washington State Hospital Commission under Order and Resolution No. 84-01, filed June 8, 1984, (Statutory Authority: Chapter 70.39 RCW). The code reviser, under the authority of RCW 34.05.210(4), has deemed it unduly cumbersome to publish. Copies of the *Accounting and Reporting Manual*, second edition, may be obtained by writing to the Washington State Hospital Commission, Mailstop FJ-21, Olympia, WA 98504.

**Reviser's note:** Amendments to the commission's *Accounting and Reporting Manual*, second edition, were filed on August 29, 1984, by Order and Resolution No. 84-03 (Statutory Authority: RCW 70.39.180(1)). The specific portions of the manual amended are as follows:

The addition of "Appendix E Respiratory Therapy Services Uniform Reporting Service Code Listing";  
Page 2420.2 (cont. 13) 7180 RESPIRATORY SERVICES;  
Appendices Table of Contents.

**Reviser's note:** Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 84-08, filed December 7, 1984, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

- (1) Addition of Appendix G, HFMA Principles and Practices Board Statement 2, defining charity service as contrasted to bad debt; and
- (2) Revising the appendices table of contents to add Appendix G.

**Reviser's note:** Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser under Order and Resolution No. 85-01, filed January 31, 1985, (Statutory Authority: Chapter 70.39 RCW). The specific portions of the manual amended by this action are as follows:

Accounting and reporting manual chapter 10000, entitled, "Reporting Requirements" sections:

Section 10001	Year-end report
Section 10010	Instructions
Section 10101	Quarterly report
Section 10110	Instructions
	Form HOS-939 (1/85), Quarterly report (WSHC Q1)

**Reviser's note:** Amendments to the *Washington State Hospital Commission's Accounting and Reporting Manual*, second edition, were filed with the code reviser on July 29, 1985, under Order and Resolution No. 85-04 (Statutory Authority: RCW 70.39.180(1)), affecting System of Accounts, chapters 2000, 8000, and 10000.

The specific pages of the manual amended are as follows:

Page	2210.4
	2220
	2220.1

2410.4  
 2410.4 (cont. 1)  
 2410.4 (cont. 2)  
 2410.4 (cont. 3)  
 8020 (cont. 60)  
 10101  
 10110  
 10110 (cont. 1)  
 10110 (cont. 2)  
 Quarterly Report Form  
 SS-8 Forms

**Reviser's note:** Amendments to the *Washington State Hospital Commission's Accounting And Reporting Manual*, second edition, were filed with the code reviser on November 24, 1986, under Order and Resolution No. 86-05 (Statutory Authority: Chapter 70.39 RCW). The topics amended are as follows:

**Quarterly Report**

- volumes by payer source
- deductions from revenue related to charity care
- expense and revenue accounts
- budgeting forms and instructions for magnetic resonance imaging, air transportation, extracorporeal shock wave lithotripsy, and organ acquisition
- reporting forms, accounts, and instructions for deductions from revenue
- bad debt collection procedures
- amendment request procedures, forms and instructions

**Appendices**

- radiology relative value units
- standards for collection procedures
- magnetic resonance imaging relative value units
- nuclear medicine relative value units.

**WAC 246-454-030 Submission of budget and rate request.** (1) Each hospital shall submit its budget and rate request to the commission not less than eighty-three days prior to the beginning of its fiscal year, including the effect of proposals made by area-wide and state comprehensive health planning agencies. The budget and rate request shall contain that information specified in the commission's manual and shall be submitted in the form and manner specified in the manual. Where more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) The chief executive officer and presiding officer of the hospital's governing body shall attest that the information submitted under this section or budget amendments under WAC 261-20-045 has been examined by such person and that to the best of his/her knowledge and belief such information is a true and correct statement of the total financial needs of the hospital and the rates necessary to meet those needs for the budget period.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180, 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-040, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-040, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-040, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-040, filed 2/20/81.]

**WAC 246-454-040 Budget amendment submittals authorized—Time limitations—Presumption.** (1) Hospitals are authorized, upon learning of facts justifying revision of their approved budgets, to submit amendments to such

budgets not less than thirty days in advance of the proposed effective date of any associated proposed rate changes, however, any budget amendment must be received more than one hundred five days prior to the hospital's fiscal year end; amendments submitted without effective dates will be assigned effective dates falling thirty days after receipt.

(2) Within thirty days after receipt of a budget amendment submittal, the staff shall determine whether it is complete and conforms to commission regulations, policies, and instructions, and shall verify the data contained therein.

(3) The provisions of WAC 261-40-100, 261-40-105, 261-40-110, 261-40-115, 261-40-120, 261-40-125, 261-40-130, 261-40-135, 261-40-140, 261-40-145, 261-40-150, and 261-40-160 shall apply to budget amendment submittals with the same force with which they apply to annual budget submittals.

(4) Any element of a hospital's budget amendment submittal which is not specifically identified as changed from the previously approved amount may be reopened to assure that the hospital's amended budget complies with WAC 261-40-150.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180, 86-13-052 (Order 86-02, Resolution No. 86-02), § 261-20-045, filed 6/13/86. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-045, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-045, filed 2/28/83.]

**WAC 246-454-050 Submission of year-end report.**

(1) Each hospital annually shall file its year-end report with the commission within one hundred twenty days after the close of its fiscal year in the form and manner specified in the manual (chapter 10000): *Provided, however,* The one hundred twenty-day period may be extended up to and including an additional sixty days upon submission to the commission, of what it in its discretion, may consider good and sufficient reasons. Where more than one hospital is operated by the reporting organization, the information required by this section shall be reported for each hospital separately.

(2) Information submitted pursuant to this section shall be certified by the hospital's certified or licensed public accountant, or under oath by the hospital's administrative and financial officers, that such reports, to the best of their knowledge and belief, have been prepared in accordance with the prescribed system of accounting and reporting, and fairly state the financial position of the hospital as of the specified date; the commission also may require attestation as to such statements from responsible officials of the hospital so designated by the governing body, if any, of the hospital.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-050, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-050, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-050, filed 2/20/81.]

**WAC 246-454-060 Inspection of hospitals' books and records.** The commission will inspect a hospital's books, audits, and records as reasonably necessary to implement the policies and purposes of chapter 70.39 RCW.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-054, filed 10/1/84.]

**WAC 246-454-070 Submission of quarterly reports.**

(1) Each hospital shall submit a quarterly summary utilization and financial report within forty-five days after the end of each calendar quarter beginning on or after January 1, 1985. The quarterly report shall contain that information specified by the commission and shall be submitted in the form and manner specified by the commission.

(2) The report submitted pursuant to this section must be signed by the hospital's chief executive officer or chief financial officer.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-057, filed 1/31/85.]

**WAC 246-454-080 Alternative system of financial reporting.** Upon receipt of a request in detail to the satisfaction of the commission, the commission in its discretion may approve by resolution an alternative system for reporting of information under WAC 261-20-040 or 261-20-050 by a hospital for such period(s) or portion thereof as the commission shall specify, if:

(1) The hospital charges no fee to users of its services, presents no billing, either direct or indirect, to users of its services, and presents no billing and accepts no payment for services from private or public insurers.

(2) The hospital is significantly different from other hospitals in one or more of the following respects: Size; financial structure; methods of payment for services; or scope, type, and method of providing services.

(3) The hospital has other pertinent distinguishing characteristics.

(4) Such alternative system will avoid otherwise unduly burdensome costs in meeting the requirements of the uniform reporting system established by the commission.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-060, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-060, filed 2/20/81.]

**WAC 246-454-090 Modifications of uniform system.**

The commission, after due consideration, in its discretion, may prepare and publish modifications of the manual, for such period and under such conditions as the commission shall determine. Such modifications shall be prepared in the format of, and shall be adopted by the commission as a rule pursuant to chapter 34.04 [34.05] RCW. A copy of such modifications shall be mailed to each hospital and manual holder of record.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-070, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-070, filed 2/20/81.]

**WAC 246-454-100 Modifications of uniform system applicable to only "basic service" hospitals.** (1) The

commission may notify a hospital at any time that it will be classified as a "basic service" hospital for the purpose of submitting its next budget and year-end report. Notice of such change to the affected hospital shall be provided at least six months before the beginning of the hospital's next fiscal year.

(2) Any hospital notified by the commission that it has been classified as a "basic service" hospital may combine the accounts specified below in the following manner for the purpose of submitting information to the commission pursuant to WAC 261-20-040 and 261-20-050:

(a) Combine Electrodiagnosis-7110 into Laboratory-7070.

(b) Combine Cafeteria-8330 into Dietary-8320.

(c) Combine Accounting-8510, Communications-8520, Patient Accounting-8530, Data Processing-8540, and Admitting-8560 into a single account, Fiscal Services-8500, which cost center should be allocated on the basis of accumulated costs.

(d) Combine Hospital Administration-8610, Public Relations-8630, Management Engineering-8640, Personnel-8650, Auxiliary-8660, and Chaplaincy-8670 into a single account, Administrative Services-8600, which cost center should be allocated on the basis of accumulated costs.

(e) Combine Medical Library-8680 into Medical Records-8690.

(f) Combine Inservice Education-Nursing-8740 into Nursing Administration-8720.

(3) The commission will provide notice to the affected hospital of any change from "basic service" to a more complex class at least six months before the next budget is due.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-066 (Order 84-05, Resolution No. 84-05), § 261-20-074, filed 10/1/84; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-074, filed 2/28/83.]

**WAC 246-454-110 Uniformly applicable interpretive rulings and minor manual modifications.** (1) The

executive director of the commission is authorized to make uniformly applicable interpretive rulings with respect to matters contained in the manual. The executive director of the commission is also authorized to correct typographical and coding errors as well as make other minor organizational modifications when such corrections and modifications appear to be necessary. The commission shall be notified in advance of the executive director's proposed actions.

(2) Any such interpretive ruling, correction, or modification shall be in writing and distributed as an attachment to a consecutively numbered transmittal. Such transmittal shall describe the changes in detail and shall include instructions regarding the placement of such material in the manual. Each hospital and manual holder of record shall be sent a copy of any such transmittal together with all attachments.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-080, filed 2/28/83; 81-06-016 (Order 81-01, Resolution No. R-81-01), § 261-20-080, filed 2/20/81.]

**WAC 246-454-120 Penalties for violation.** RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of a misdemeanor. Following official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the reports required by WAC 261-20-040(1), 261-20-050(1), and 261-20-057(1) shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of the violation by the commission. The executive director of the commission may grant extensions of time to file the reports, in which cases failure to file the reports shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-454-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180, 86-11-041 (Order 86-01, Resolution No. 86-01), § 261-20-090, filed 5/16/86. Statutory Authority: Chapter 70.39 RCW, 85-04-026 (Order 85-01, Resolution No. 85-01), § 261-20-090, filed 1/31/85; 83-06-036 (Order 83-02, Resolution No. 83-02), § 261-20-090, filed 2/28/83.]

### Chapter 246-455 WAC

## HOSPITAL PATIENT DISCHARGE INFORMATION REPORTING

### WAC

246-455-001	Purpose.
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246-455-030	Reporting of E-Codes.
246-455-040	Acceptable media for submission of data.
246-455-050	Time deadline for submission of data.
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246-455-090	Certification of data accuracy.
246-455-100	Penalties for violation.

**WAC 246-455-001 Purpose.** This chapter is adopted by the Washington state hospital commission pursuant to RCW 70.39.180 to implement provisions of RCW 70.39.100 as amended by section 10, chapter 288, Laws of 1984, relating to the collection and maintenance of patient discharge data, including data necessary for identification of discharges by diagnosis-related groups.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-455-001, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-010, filed 10/1/84.]

**WAC 246-455-010 Definitions.** As used in this chapter, unless the context requires otherwise,

(1) "Commission" means the Washington state hospital commission created by chapter 70.39 RCW;

(2) "Diagnosis-related groups" is a classification system that groups hospital patients according to principal and secondary diagnosis, presence or absence of a surgical

procedure, age, presence or absence of significant comorbidities or complications, and other relevant criteria;

(3) "Hospital" means any health care institution which is required to qualify for a license under RCW 70.41.020(2); or as a psychiatric hospital under chapter 71.12 RCW, but shall not include beds utilized by a comprehensive cancer center for cancer research, or any health care institution conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets [tenets] of any church or denomination;

(4) "UB-82 data set" means the data element specifications developed by the Washington state uniform billing implementation committee and set forth in the state of Washington *UB-82 Procedure Manual*, which is available to the public upon request, which are to be reported by a hospital in processing hospital patient bills/claims for payment.

(5) "Patient discharge" means the termination of an inpatient admission or stay, including an admission as a result of a birth, in a Washington hospital.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-455-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180, 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-020, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW, 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-020, filed 10/1/84.]

**WAC 246-455-020 Reporting of UB-82 data set information.** (1) Effective with all hospital patient discharges on or after July 1, 1984, hospitals shall collect and report the following UB-82 data set elements to the commission:

(a) Patient control number

Patient's unique alpha-numeric number assigned by the hospital to facilitate retrieval of individual patient records and posting of payments. This number should be constructed to allow prompt hospital access to the patient's discharge record for data verification.

(b) Type of bill

This three-digit code requires 1 digit each, in the following sequence form: Type of facility, bill classification, frequency.

Digit #1 must be "1" to indicate a hospital.

Digit #2 must be a "1," a "2" or an "8" to indicate an inpatient.

Digit #3 must be one of the following:

1 - Admit through discharge claim

(c) Medicare provider number

This is the number assigned to the provider by Medicare.

(d) Patient identifier

The patient identifier shall be composed of the first two letters of the patient's last name, the first two letters of the patient's first name, or one or two initials if no first name is available, and the patient's birthdate.

(e) Zipcode

Patient's five or nine digit zipcode. In the case of a foreign country, enter the first nine characters of the name.

(f) Birthdate

The patient's date of birth in MMDDYY format. Note: If the patient is over 100 years old at the date of admission, then "17" must be the value in the "condition code #1" field.

(g) Sex

Patient's sex in M/F format.

(h) Admission date



Admission date in MMDDYY format.

(i) Type of admission

This field is filled with one of the following codes:

- 1 Emergency
- 2 Urgent
- 3 Elective
- 4 Newborn
- 5 Other

(j) Source of admission

This field is completed with one of the following codes:

- 1 Physician referral
- 2 Clinic referral
- 3 HMO referral
- 4 Transfer from another hospital
- 5 Transfer from a SNF
- 6 Transfer from another HCF
- 7 Emergency room
- 8 Court/law enforcement
- 9 Other

When type of admission is a "4 newborn," enter one of the following for source of admission:

- 1 Normal delivery
- 2 Premature delivery
- 3 Sick baby
- 4 Extramural birth
- 5 Multiple birth

(k) Patient status

Patient discharge disposition in one of the following codes:

- 01 Discharged home
- 02 Discharged to another short-term general hospital
- 03 Discharged to SNF
- 04 Discharged to an ICF
- 05 Discharged to another type institution
- 06 Discharged to home under care of HHA
- 07 Left against medical advice
- 20 Expired

(l) Statement covers period

This is the beginning and ending dates for which the UB-82 covers.

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(m) Condition code #1

If a patient is equal to or over 100 years old at the time of admission, the value "17" must be the value of this field.

(n) Revenue code

The Medicare required revenue code (as defined in the *UB-82 Procedures Manual*), which identifies a specific accommodation, ancillary service or billing calculation. Effective January 1, 1987.

(o) Units of service

The Medicare required units of service (as defined in the *UB-82 Procedures Manual*) which provide a quantitative measure of services rendered by revenue category to or for the patient. Where no units of service are required by Medicare, the units of service may be those used by the hospital. Effective January 1, 1987.

(p) Total charges by revenue code category

Total charges pertaining to the related revenue code. Effective January 1, 1987.

(q) Payer identification #1

Enter the three-digit code that identifies the primary payer.

The required code options include:

- 001 for Medicare
- 002 for Medicaid
- 004 for health maintenance organizations
- 006 for commercial insurance
- 008 for labor and industries
- 009 for self pay
- 610 for health care service contractors, e.g., Blue Cross, county medical bureaus, Washington Physicians Service
- 625 for other sponsored patients, e.g., CHAMPUS, Indian health
- 630 charity care, as defined in WAC 261-14-020(5)

(r) Payer identification #2

Same requirements as in payer identification #1. This field should only be completed when a secondary payer has been identified.

(s) Principal diagnosis code

ICD9-CM code describing the principal diagnosis (the condition established after study to be chiefly responsible or causing the hospitalization) that exists at time of admission.

(t) Diagnosis #2 code

ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(u) Diagnosis #3 code

ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(v) Diagnosis #4 code

ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(w) Diagnosis #5 code

ICD9-CM code of secondary diagnosis corresponding to additional diagnosis that coexist at the time of admission, or develop subsequently, and which have an effect on the treatment received or the length of stay.

(x) Principal procedure code

The ICD9-CM code that identifies the principal procedure performed during the patient admission.

(y) Procedure #2 code

Secondary procedure code identifying procedures, other than the principal procedure, performed during the admission.

(z) Procedure #3 code

Secondary procedure code identifying procedures, other than the principal procedure, performed during the admission.

(aa) Attending physician ID

The Medicaid assigned number of the licensed physician who would normally be expected to certify and recertify the medical necessity of the services rendered and/or who has primary responsibility for the patient's medical care and treatment. For physicians who do not have a Medicaid number assigned, the state license number should be used. Effective July 1, 1987.



**(bb) Other physician ID**

The Medicaid assigned number of the licensed physician who performed the principal procedure. For physicians who do not have a Medicaid number, the state license number should be used. If no principal procedure was performed, this field should be left blank. Effective July 1, 1987.

(2) It shall be the responsibility of each hospital to ensure that data reported pursuant to WAC 261-50-030(1) is provided for all patient discharges. Each patient discharge must carry a separate, unique patient control number on a separate UB-82 record. For example, a mother and her newborn require separate UB-82s, each with a separate, unique patient control number.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-030, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-030, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-030, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-030, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-030, filed 10/1/84.]

**WAC 246-455-030 Reporting of E-Codes.** Effective with hospital patient discharges occurring on or after January 1, 1989, hospitals shall collect and report up to two ICD-9-CM codes identifying the external cause of injury and poisoning (E-Codes), when applicable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-035, filed 7/29/88.]

**WAC 246-455-040 Acceptable media for submission of data.** For purposes of the data collected and reported pursuant to WAC 261-50-030 and 261-50-035, hospitals shall submit such data in such form as prescribed by the commission in the *Procedure Manual for Submitting Discharge Data*.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-040, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-040, filed 1/23/87. Statutory Authority: RCW 70.39.180. 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-040, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-040, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-040, filed 10/1/84.]

**WAC 246-455-050 Time deadline for submission of data.** Data collected by hospitals pursuant to WAC 261-50-030 and 261-50-035 shall be submitted to the commission or its designee within forty-five days following the end of each calendar month.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-050, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-050, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-050, filed 10/1/84.]

**WAC 246-455-060 Edits to data.** The commission or its designee shall subject the data submitted to the

commission pursuant to WAC 261-50-030 and 261-50-035 to the following set of edits:

(1) Record layout compatibility edits on data submitted in accordance with WAC 261-50-040; and

(2) Verification of the data set elements set forth in WAC 261-50-030 and 261-50-035.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-060, filed 7/29/88; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-060, filed 1/23/87; 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-060, filed 10/1/84.]

**WAC 246-455-070 Revisions to submitted data.** (1) All data revisions required as a result of the edits performed pursuant to WAC 261-50-060 shall be corrected and resubmitted in the prescribed manner to the commission or its designee within fourteen working days.

(2) The commission may assess a civil penalty as provided in RCW 70.39.200 and WAC 261-50-090 for the costs associated with more than one cycle of edits as described in WAC 261-50-060.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.39.180. 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-065, filed 8/13/85. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-065, filed 10/1/84.]

**WAC 246-455-080 Confidentiality of data.** The commission deems information submitted pursuant to WAC 261-50-030 (1)(a) and (d) privileged medical information as stated in RCW 70.39.110, as amended by section 11(5), chapter 288, Laws of 1984 and, therefore, such information will not be available for public inspection and copying pursuant to chapter 42.17 RCW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 84-20-067 (Order 84-06, Resolution No. 84-06), § 261-50-070, filed 10/1/84.]

**WAC 246-455-090 Certification of data accuracy.** Following the end of each calendar quarter, the commission shall furnish each hospital a report of its discharge data for that quarter contained in the commission's discharge system. The chief executive officer of the hospital shall, within fourteen calendar days of receipt of the report, certify that the information contained in the commission's discharge system is complete and accurate to within ninety-five percent of the total discharges and total charges experienced at the hospital during that quarter, or submit the necessary corrections to the data to permit such certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-455-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW. 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-075, filed 3/30/87.]

**WAC 246-455-100 Penalties for violation.** RCW 70.39.200 provides that every person who shall violate or knowingly aid and abet the violation of chapter 70.39 RCW or any valid orders, rules, or regulations thereunder, or who fails to perform any act which that chapter makes it his/her duty to perform shall be guilty of misdemeanor. Following

official notice to the accused by the commission of the existence of an alleged violation, each day upon which a violation occurs shall constitute a separate violation. Any person violating the provisions of chapter 70.39 RCW may be enjoined from continuing such violation. Failure to file the information required by WAC 261-50-030, 261-50-035, 261-50-040, 261-50-065 and 261-50-075 shall constitute a violation, and the commission may levy a civil penalty not to exceed one hundred dollars per day for each day following official notice of violation by the commission. The executive director of the commission may grant extensions of time to file the information, in which cases failure to file the information shall not constitute a violation until the extension period has expired.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-455-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.39 RCW, 88-16-043 (Order 88-05, Resolution No. 88-05), § 261-50-090, filed 7/29/88; 87-08-037 (Order 87-02, Resolution No. 87-02), § 261-50-090, filed 3/30/87; 87-04-008 (Order 87-01, Resolution No. 87-01), § 261-50-090, filed 1/23/87. Statutory Authority: RCW 70.39.180, 86-14-081 (Order 86-03, Resolution No. 86-03), § 261-50-090, filed 7/1/86; 85-17-020 (Order 85-05, Resolution No. 85-05), § 261-50-090, filed 8/13/85.]

## Chapter 246-490 WAC VITAL STATISTICS

### WAC

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.
246-490-050	Transportation of human remains.
246-490-060	Cremated remains.
246-490-069	Birth certificate to be filed for foundling child.

**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.]

#### **WAC 246-490-050 Transportation of human remains.** (1) Persons handling human remains shall:

(a) Use effective hygienic measures consistent with handling potentially infectious material;

(b) Obtain and use a burial-transit permit from the local health officer or local registrar of vital statistics when transporting human remains by common carrier;

(c) Enclose the burial-transit permit in a sturdy envelope; and

(d) Attach the permit to the shipping case.

(2) Prior to transporting human remains by common carrier, persons responsible for preparing and handling the remains shall:

(a) Enclose the casket or transfer case in a tightly closed, securely constructed outer box;

(b) Transport human remains pending final disposition more than twenty-four hours after receipt of human remains by the funeral director only if:

(i) The remains are thoroughly embalmed, or

(ii) The remains are prepared by:

(A) Packing orifices with a material saturated with a topical preservative;

(B) Wrapping the remains in absorbent material approximately one inch thick and saturated with a preservative or coating the remains with heavy viscosity preservative gel;

(C) Placing the remains in a lightweight, disposable burial pouch; and

(D) Placing the disposable burial pouch inside a heavy canvas rubberized pouch and appropriately sealing along the zippered area with a substance such as collodion.

(3) Persons responsible for human remains routed to the point of final destination on a burial-transit permit shall:

(a) Allow temporary holding of remains at a stopover point within the state of Washington for funeral or other purposes without an additional permit; and

(b) Surrender the burial-transit permit to the sexton or crematory official at the point of interment or cremation.

(4) Sextons and cremation officials shall accept the burial-transit permit as authority for interment or cremation anywhere within the state of Washington.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 (2)(e). 89-02-007 (Order 323), § 248-40-050, filed 12/27/88; 88-13-080 (Order 312), § 248-40-050, filed 6/16/88. Statutory Authority: RCW 43.20.050. 86-14-008 (Order 300), § 248-40-050, filed 6/19/86; Regulation .40.050, effective 3/11/60.]

**WAC 246-490-060 Cremated remains.** Rules and regulations adopted by the state board of health pertaining to dead human bodies shall not be construed as applying to human remains after cremation: *Provided, however,* That a permit for disposition of cremated remains may be issued by local registrars in cooperation with the Washington state cemetery board. The permit for the disposition of cremated remains may be used in connection with the transportation of cremated remains by common carrier or other means: *Provided further,* That the state department of health may issue a permit for the disposition of cremated remains which have been in the lawful possession of any person, firm, corporation, or association for a period of two years or more. Issuance of such a permit shall not be construed as authorizing disposition which is inconsistent with any statute of the state of Washington or rule or regulation prescribed by the state department of licenses.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-490-060, filed 12/27/90, effective 1/31/91; Regulation .40.060, effective 3/11/60.]

**WAC 246-490-069 Birth certificate to be filed for foundling child.** When an infant is found for whom no known certificate of birth is on file and for whom no other identification is known, the finder shall notify the police authorities having jurisdiction within the area of finding.

The police authorities, within 48 hours, shall have the local health officer determine or cause to be determined the approximate date of birth of the child.

The health officer, within 72 hours of notification shall complete a certificate of live birth on a standard Washington certificate of live birth form designating the place of finding as the place of birth and place of residence, the approximate date of birth, sex, and assign a given name. He shall write across the face of the certificate in the sections provided for parental information the words, "foundling child," sign, and date the certificate and cause the same to be filed with the local registrar of the area in which the finding occurred.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-490-069, filed 12/27/90, effective 1/31/91; Regulation .40.080, effective 3/11/60.]

## Chapter 246-491 WAC

### VITAL STATISTICS—CERTIFICATES

#### WAC

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.
246-491-990	Vital records fees.

**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>b</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.]

**WAC 246-491-990 Vital records fees.** The department shall collect fees to cover program costs as follows:

- (1) To prepare a sealed file following amendment of the original vital record \$15.00
- (2) To review a sealed file \$15.00
- (3) The director of the division of health may enter into agreements with state and local government agencies to establish alternate fee schedules and payment arrangements for reimbursement of these program costs.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-491-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 26.33.330. 88-15-011 (Order 2650), § 440-44-095, filed 7/8/88; 85-04-023 (Order 2199), § 440-44-095, filed 1/30/85.]

**Chapter 246-510 WAC  
STANDARDS FOR COMMUNITY HEALTH  
CLINICS**

**WAC**

246-510-001	Purpose.
246-510-010	Definitions.
246-510-100	Administration.
246-510-130	Application for funds.
246-510-160	Eligibility.
246-510-200	Allocation of state funds.
246-510-300	Dispute resolution procedures.
246-510-320	Audit review.
246-510-400	Limitations on awards.

**WAC 246-510-001 Purpose.** The purpose of this chapter is to establish procedures for determining eligibility and distribution of funds for medical and dental services to community health clinics under section 214(3), chapter 19, Laws of 1989 1st ex. sess. including other state general fund appropriations for medical and dental services in community health clinics since 1985.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-001, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-001, filed 2/6/90, effective 3/9/90.]

**WAC 246-510-010 Definitions.** For the purposes of these rules, the following words and phrases shall have these meanings unless the context clearly indicates otherwise.

- (1) "Community health clinic" means a public or private nonprofit tax exempt corporation with the mission of providing primary health care to low income individuals at a charge based upon ability to pay.
- (2) "Department" means the Washington state department of health.
- (3) "Encounter" means a face-to-face contact between a patient and a health care provider exercising independent judgment, providing primary health care, and documenting the care in the individual's health record.
- (4) "Health care provider" means any person having direct or supervisory responsibility for the delivery of health care including:
  - (a) Physicians under chapters 18.57 and 18.71 RCW;
  - (b) Dentists under chapter 18.32 RCW;

(c) Advanced registered nurse practitioner under chapter 18.88 RCW;

(d) Physician's assistant under chapters 18.71A and 18.57A RCW;

(e) Dental hygienist under chapter 18.29 RCW;

(f) Licensed midwife under chapter 18.50 RCW;

(g) Registered nurse under chapter 18.88 RCW.

(h) Federal uniformed service personnel lawfully providing health care within Washington state.

(5) "Low income individual" means a person with income at or below 200% of federal poverty level. The poverty level has been established by Public Law 97-35 § 652 (codified at 42 USC 9847), § 673(2) (codified at 42 USC 9902 (2)) as amended; and the Poverty Income Guideline updated annually in the Federal Register.

(6) "Primary health care" means a basic level of preventive and therapeutic medical and dental care, usually delivered in an outpatient setting, and focused on improving and maintaining the individual's general health.

(7) "Relative value unit" means a standard measure of performance based upon time to complete a clinical procedure. The formula is 1 unit equals 10 minutes. A table is available from the department stating the actual values.

(8) "Secretary" means the secretary of the department of health or the secretary's designee.

(9) "User" means an individual having one or more primary health care encounters and counted only once during a calendar year.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-020, filed 2/6/90, effective 3/9/90.]

**WAC 246-510-100 Administration.** The department shall contract with community health clinics to provide primary health care in the state of Washington by;

- (1) Developing criteria for the selection of community health clinics to receive funding;
- (2) Establishing statewide standards governing the granting of awards and assistance to community health clinics;
- (3) Disbursing funds appropriated for community health clinics only to those clinics meeting the criteria in 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: 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.]

**WAC 246-510-200 Allocation of state funds.** The department shall allocate available funds to medical and dental contractors providing primary health care based on the following criteria:

**(1) Medical**

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year;

(B) Prorated according to the percentage of total medical contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the appropriated funds is referred to as the "medical base." The medical base means the total amount of money appropriated by the legislature for the medical program minus the amounts specified in (a)(i) and (a)(ii) of this subsection. The medical base is distributed to medical contractors based upon the following formulas:

(i) 40% of the medical base is distributed equally among all medical contractors.

(ii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times 30\% \text{ medical base}$$

(iii) 30% of the medical base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters reported by all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical encounters}}{\text{total of all contractors' medical encounters}} \times 30\% \text{ medical base}$$

**(2) Dental**

(a) The department may withhold appropriated funds as follows:

(i) As specified under law or up to ten percent of appropriated funds to provide funding for new contractors, special projects, and emergency needs:

(A) With distribution of any remaining portion of this ten percent among contractors by April 1 of each year:

(B) Prorated according to the percentage of total dental contract funds distributed to each contractor.

(ii) Up to ten percent for administration.

(b) The remainder of the funds is referred to as the dental base. The dental base means the total amounts appropriated by the legislature for dental programs minus the amounts specified in (i) and (ii) in part (a) of this subsection and as follows:

(i) The dental base is distributed to dental contractors based upon the following formula until June 30, 1991:

(A) 40% of the dental base is distributed equally among all dental contractors.

(B) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' medical users}} \times 30\% \text{ dental base}$$

(C) 30% of the dental base is distributed by the ratio of the contractor's primary health care (PHC) medical encounters by the total number of medical encounters of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical encounters}}{\text{total of all contractors' medical encounters}} \times 30\% \text{ dental base}$$

(ii) Starting July 1, 1991, the dental base is distributed to dental contractors based upon the following formula:

(A) 40% of the dental base distributed equally among all dental contractors;

(B) 30% of the dental base distributed by the ratio of contractor primary health care (PHC) medical users divided by the total medical users of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's medical users}}{\text{total of all contractors' users}} \times 30\% \text{ dental base}$$

(C) 30% of the dental base is distributed by the ratio of the contractor's relative value units (RVU) divided by the total relative value units of all contractors as reported in the prior calendar year annual reports.

$$\frac{\text{individual contractor's RVU}}{\text{total of all contractors' RVU}} \times 30\% \text{ dental base}$$

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-200, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-200, filed 2/6/90, effective 3/9/90.]

**WAC 246-510-300 Dispute resolution procedures.**

The department shall define dispute resolution procedures in the contract which shall be the exclusive remedy and shall be binding and final to all parties.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-510-300, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214. 90-04-082 (Order 027), § 248-170-300, filed 2/6/90, effective 3/9/90.]

**WAC 246-510-320 Audit review.** Contractors shall:

(1) Maintain books, records, documents, and other materials relevant to the provision of goods or services adequate to document the scope and nature of the goods or services provided;

(2) Make the materials in subsection (1) available at all reasonable times with prior notice for inspection by the department;

(3) Retain these materials for at least three years after the initial contract with the department;

(4) Provide access to the facilities at all reasonable times with prior notice for on-site inspection by the department; and

(5) Submit annual reports consistent with the instructions of the department.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-510-320, filed 12/27/90, effective 1/31/91. Statutory Authority: 1989 1st ex.s. c 19 § 214, 90-04-082 (Order 027), § 248-170-320, filed 2/6/90, effective 3/9/90.]

**WAC 246-510-400 Limitations on awards.** Specific to the medical and dental base as referenced in WAC 246-510-200 (1)(b) and (2)(b):

(1) Any approved contractor shall initially receive no more than one hundred ten percent of that contractor's previous year's initial allotment.

(2) Any approved contractor shall initially receive no less than ninety percent of that contractor's previous year's initial allotment. In the event that funding is inadequate to provide ninety percent, criteria shall be established to equitably allocate the available funds.

(3) Funds in excess of the initial allocation shall be distributed in a supplemental allotment pursuant to WAC 246-510-200.

[Statutory Authority: RCW 43.70.040 and 1989 sp.s. c 19 § 214, 92-14-055 (Order 282), § 246-510-400, filed 6/25/92, effective 6/30/92.]

## Chapter 246-520 WAC KIDNEY CENTERS

### WAC

246-520-001	Purpose.
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 appropriat-

ed 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

##### WAC

246-560-001	Purpose.
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246-560-090	Issuance of contracts.
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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:

(1992 Ed.)

(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 246-610 WAC

### CYTOGENETIC LABORATORY SERVICES

#### WAC

246-610-010	Definitions.
246-610-020	Performance of cytogenetic laboratory procedures.
246-610-030	Fees.
246-610-040	Eligibility for reduced fee or no-fee services.

**WAC 246-610-010 Definitions.** For the purposes of this chapter:

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

(2) "Cytogenetics" means the hereditary components of cells in the form of chromosomes made visible and identifiable by specialized laboratory procedures. Abnormalities of the number or structure of chromosomes are generally associated with physical malformations, impaired reproduction, mental deficiency, mental illness, or aberrant behavior. Viable cells for cytogenetic analysis may be obtained from blood, bone marrow, skin, other solid tissues, or body fluids, including amniotic fluid.

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(3) "Cytogenetics services" means the analysis of chromosome number and structure by established laboratory procedures.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-610-010, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-010, filed 6/1/83.]

**WAC 246-610-020 Performance of cytogenetic laboratory procedures.** (1) Requests for cytogenetic studies to establish or rule out the presence of a chromosomal number or structural abnormality as the biologic cause for an observed disorder in an individual may be made to the cytogenetics laboratory of the genetics program, by a regional genetics clinic or physician licensed under chapter 18.71 or 18.57 RCW, on behalf of a patient, subject to:

(a) Submittal of a suitable specimen, according to cytogenetics laboratory instructions;

(b) Submittal of such medical information as the cytogenetics laboratory director may require; and

(c) The ability of the cytogenetics laboratory to process the specimen for the analysis required.

The director may refuse to process specimens he or she deems unsuitable for the analysis requested.

(2) The cytogenetics laboratory protocols for performance of cytogenetics studies shall conform to generally accepted practices established for cytogenetic diagnosis as used in comparable cytogenetics service laboratories elsewhere.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-610-020, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-020, filed 6/1/83.]

**WAC 246-610-030 Fees.** (1) The department shall charge fees for cytogenetics laboratory services based on:

(a) Codes listed in Physicians' Current Procedural Terminology, current edition (including current updates), American Medical Association; and

(b) The fee to be established by the current department of social and health services, division of medical assistance, schedule of maximum allowances and program descriptions.

(2) The cytogenetics laboratory shall bill the patient, the patient's responsible party, and/or a third-party payor for the appropriate fee. The payment shall be remitted in a form and manner prescribed by the department.

(3) The billing may be reduced or waived as determined by WAC 248-160-040.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-610-030, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-030, filed 6/1/83.]

**WAC 246-610-040 Eligibility for reduced fee or no-fee services.** The department shall determine the financial eligibility of individual patients for reduced or no-fee services according to criteria established by the department. These criteria shall consider national accepted standards of living for low-income families, such as federal poverty levels or state median income, adjusted for family size.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-610-040, filed 12/27/90, effective 1/31/91; 83-12-049 (Order 258), § 248-160-040, filed 6/1/83.]

## Chapter 246-650 WAC NEWBORN SCREENING

### WAC

246-650-001	Purpose.
246-650-010	Definitions.
246-650-020	Performance of screening tests.
246-650-030	Implementation of hemoglobinopathy screening.
246-650-990	Fees.

**WAC 246-650-001 Purpose.** The purpose of this chapter is to establish board rules to detect, in newborns, congenital disorders leading to developmental impairment or physical disabilities as required by RCW 70.83.050.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-001, filed 5/18/87.]

**WAC 246-650-010 Definitions.** For the purposes of this chapter:

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

(2) "Congenital adrenal hyperplasia" means a severe disorder of adrenal steroid metabolism which may result in death of an infant during the neonatal period if undetected and untreated.

(3) "Congenital hypothyroidism" means a disorder of thyroid function during the neonatal period causing impaired mental functioning if undetected and untreated.

(4) "Department" means the Washington state department of health.

(5) "Newborn" means an infant born in a hospital in the state of Washington prior to discharge from the hospital of birth or transfer.

(6) "Phenylketonuria" (PKU) means a metabolic disorder characterized by abnormal phenylalanine metabolism causing impaired mental functioning if undetected and untreated.

(7) "Hemoglobinopathy" means a hereditary blood disorder caused by genetic alteration of hemoglobin which results in characteristic clinical and laboratory abnormalities and which leads to developmental impairment or physical disabilities.

(8) "Significant screening test result" means a laboratory test result indicating a suspicion of abnormality and requiring further diagnostic evaluation of the involved infant for the specific disorder.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-010, filed 12/11/90, effective 1/11/91. Statutory Authority: RCW 43.20.050 and 70.83.050. 87-11-040 (Order 303), § 248-103-010, filed 5/18/87.]

**WAC 246-650-020 Performance of screening tests.** (1) Hospitals providing birth and delivery services or neonatal care to infants shall:

(a) Inform parents or responsible parties, by providing a departmental information pamphlet or by other means, of:

(i) The purpose of screening newborns for congenital disorders,

(ii) Disorders of concern as listed in WAC 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 246-650-030 Implementation of hemoglobinopathy screening.** The department shall:

(1) Begin performing appropriate screening tests for hemoglobinopathy on all newborn screening specimens received from Pierce County by May 1, 1991;

(2) Expand screening by performing appropriate screening tests on all newborn screening specimens received from King County along with those received from Pierce County by August 1, 1991;

(3) Fully implement screening by performing appropriate screening tests on all newborn screening specimens received by November 1, 1991;

(4) On or before January 31, 1991, and annually thereafter, report to the board the following information concerning tests conducted pursuant to this section:

(a) The costs of tests as charged by the department;

(b) The results of each category of tests, by county of birth and ethnic group, as reported on the newborn screening form and, if available, birth certificates;

(c) Follow-up procedures and the results of such follow-up procedures.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-650-030, filed 12/27/90, effective 1/31/91. Statutory Authority:

Chapters 43.20 and 70.83 RCW. 91-01-032 (Order 114B), § 248-103-040, filed 12/11/90, effective 1/11/91.]

**WAC 246-650-990 Fees.** The department has authority under 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 246-680 WAC

### PRENATAL TESTS—CONGENITAL AND HERITABLE DISORDERS

#### WAC

246-680-001	Purpose.
246-680-010	Definitions.
246-680-020	Board of health standards for screening and diagnostic tests during pregnancy.

**WAC 246-680-001 Purpose.** The purpose of this chapter is to:

(1) Establish department and state board of health description, definition,, and enumeration of prenatal tests under RCW 70.83B.020 (3)(a) and (b);

(2) Establish standards of the Washington state board of health for screening and diagnostic procedures for prenatal diagnosis of congenital disorders of the fetus under RCW 48.21.244, 48.44.344, and 48.46.375;

(3) Require health care provider to provide information on certain prenatal tests under RCW 70.83B.030 to both their pregnant patients and the department;

(4) Establish requirements for laboratories to provide information on certain prenatal tests under RCW 70.83B.030 to the department; and

(5) Establish criteria and time lines for distribution of educational materials by health care providers related to prenatal tests under RCW 70.54.220.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-001, filed 1/3/90, effective 2/3/90.]

**WAC 246-680-010 Definitions.** For the purpose of RCW 70.83B.020, 70.83B.030, 70.83B.040, 70.54.220, 48.42.090, 48.21.244, 48.44.344, and 48.46.375 and chapter 248-106 WAC:

(1) "Approved written information" means the department form DOH 344-002 "prenatal genetic information," or an equivalent form.

(2) "Department" means the Washington state department of health.

(3) "Health care providers" means persons licensed or certified by the state of Washington under Title 18 RCW to provide prenatal care or to practice medicine.

(4) "Laboratory" means a private or public person, agency, or organization performing prenatal tests for congenital and heritable disorders.

(5) "Parental chromosomal testing" means a procedure to remove blood or other tissue from one or both parents in order to perform laboratory analysis to establish chromosome constitution of the parents.

(6) "Prenatal test" means any test to predict congenital or heritable disorders which:

(a) When improperly utilized, may clearly harm or endanger the health, safety, or welfare of the public;

(b) Potential harm is easily recognizable and not remote or dependent upon tenuous argument; and

(c) As determined by the state board of health under RCW 70.83B.020(3) and enumerated by the department, includes procedures and laboratory tests as follows:

(i) Maternal serum alpha-fetoprotein (MSAFP) screening is a procedure involving obtaining blood from a pregnant woman during the fifteenth to twentieth completed menstrual weeks of gestation, in order to measure through laboratory tests the level of alpha-fetoprotein in the blood.

(ii) Amniocentesis is a procedure performed to remove a small amount of amniotic fluid from the uterus of a pregnant woman, in order to perform one or more of the following laboratory tests:

(A) Measure the level of alpha-fetoprotein;

(B) Measure the level of acetylcholinesterase;

(C) Cytogenetic studies on fetal cells;

(D) Biochemical studies on fetal cells or amniotic fluid;

and

(E) Deoxyribonucleic Acid (DNA) studies on fetal cells.

(iii) Chorionic villus sampling is a procedure to remove a small amount of cells from the developing placenta, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies on fetal cells;

(B) Biochemical studies on fetal cells; and

(C) DNA studies on fetal cells.

(iv) Percutaneous umbilical cord blood sampling is a procedure to obtain blood from the fetus, in order to perform one or more of the following laboratory tests:

(A) Cytogenetic studies;

(B) Viral titer studies;

(C) Fetal blood typing for isoimmunization studies;

(D) Prenatal diagnostic tests for hematological disorders;

(E) DNA studies on fetal cells.

(v) Prenatal ultrasonography is a procedure resulting in visualization of the uterus, the placenta, the fetus, and internal structures through use of sound waves.

(d) Includes pre-procedure and post-procedure genetic counseling when required under WAC 248-106-020.

(7) "Pre-procedure genetic counseling" means individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss the purposes, risks, accuracy, and limitations of a prenatal testing procedure, and to aid in decision making.

(8) "Post-procedure genetic counseling" means, when test results are available, individual counseling, which may be part of another substantive procedure or service, involving a health care provider or a qualified genetic counselor under direction of a physician and a pregnant woman with or without other family members, to discuss:

(a) The meaning of the results of the prenatal tests done; and

(b) Subsequent testing or procedures available.

(9) "Qualified genetic counselor" means an individual eligible for certification or certified as defined in *Bulletin of Information*, 1984, American Board of Medical Genetics, Inc., as a:

(a) Genetic counselor;

(b) Clinical geneticist;

(c) Ph.D. medical geneticist;

(d) Clinical cytogeneticist; or

(e) Clinical biochemical geneticist.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-680-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375, 90-02-094 (Order 024), § 248-106-010, filed 1/3/90, effective 2/3/90.]

**WAC 246-680-020 Board of health standards for screening and diagnostic tests during pregnancy.** (1) For the purpose of RCW 48.21.244, RCW 48.44.344, and RCW 48.46.375, the following are standards of medical necessity for insurers, health care service contractors, and health maintenance organizations to use in determining medical necessity on a case-by-case basis:

(a) Maternal serum alpha-fetoprotein screening for all pregnant women beginning prenatal care before the twentieth completed menstrual week of gestation:

(i) Without the requirement for case-by-case determination; and

(ii) Including post-procedure genetic counseling if test result is abnormal.

(b) Prenatal ultrasonography if one or more of the following criteria are met:

(i) A woman undergoing amniocentesis, chorionic villus sampling, or percutaneous umbilical cord blood sampling;

(ii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;

(iii) A woman or her partner:

(A) Has a prior child or fetus with a congenital abnormality detectable by prenatal ultrasonography; or

(B) Has a family history of congenital abnormality detectable by prenatal ultrasonography; or

(C) Is affected with a congenital abnormality detectable by prenatal ultrasonography.

(iv) A woman is suspected to be carrying a fetus with a congenital abnormality; or

(v) A medical evaluation indicates the possibility of hydramnios or oligohydramnios.

(c) Amniocentesis with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

(i) A woman thirty-five years of age or older at the time of delivery;

(ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;

(iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;

(iv) A woman or her partner:

(A) With a neural tube defect; or

(B) Having had a child or fetus with a neural tube defect.

(v) A woman or her partner with a history of:

- (A) A sibling with a neural tube defect;
  - (B) A parent with a neural tube defect;
  - (C) A niece or nephew with a neural tube defect; or
  - (D) Other risk factors related to a neural tube defect.
  - (vi) A woman and/or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder;
  - (vii) The results on a maternal serum alpha-fetoprotein screening test are abnormal;
  - (viii) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing;
  - (ix) Ultrasound diagnosis of fetal anomaly.
- (2) The board recommends the following additional procedures for use of insurers, health service contractors, and health maintenance organizations in determining medical necessity on a case-by-case basis:

(a) Chorionic villus sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

- (i) A woman thirty-five years of age or older at the time of delivery;
- (ii) A woman or her partner having had a previous child or fetus with a chromosomal abnormality;
- (iii) A woman or her partner is a carrier of a chromosomal rearrangement or anomaly;
- (iv) A woman or her partner are carriers of, or affected with, a prenatal diagnosable inherited disorder; or
- (v) A woman with a documented history of three or more miscarriages of unknown cause when circumstances prevent parental chromosomal testing.

(b) Percutaneous umbilical cord blood sampling with pre-procedure and post-procedure genetic counseling if one or more of the following criteria are met:

- (i) A medical evaluation indicates rapid or detailed chromosomal diagnosis is required to:
  - (A) Protect the health of the mother; or
  - (B) Predict prognosis for the fetus.
- (ii) A medical evaluation indicates the possibility of a prenatal diagnosable fetal infection;
- (iii) Fetal blood studies are medically indicated for isoimmunization studies or therapy;
- (iv) Prenatal diagnosis of hematological disorders is medically indicated.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-680-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 48.21.244, 48.44.344 and 48.46.375. 90-02-094 (Order 024), § 248-106-020, filed 1/3/90, effective 2/3/90.]

## Chapter 246-710 WAC

### COORDINATED CHILDREN'S SERVICES

#### WAC

246-710-001	Declaration of purpose.
246-710-010	Definitions.
246-710-020	Program eligibility.
246-710-030	Program limitations.
246-710-040	Funding ceilings on neuromuscular program and individual neuromuscular centers.
246-710-050	Authorization of services.
246-710-060	Qualifications and assurances of providers.
246-710-070	Fees and payments.
246-710-080	Third-party resources.
246-710-090	Repayment.

(1992 Ed.)

**WAC 246-710-001 Declaration of purpose.** The following rules are adopted pursuant to RCW 43.20.140 wherein the state board of health is empowered to promulgate rules and regulations as shall be necessary to carry out the purposes of RCW 43.20A.635 empowering the secretary of the department of social and health services to establish and administer a program of services for crippled children. It is the purpose of the crippled children's services program to develop, extend, and improve services for locating, diagnosing, and treating children who are crippled or who are suffering from physical conditions leading to crippling.

In accordance with RCW 43.20A.635 and these rules, the crippled children's services (CCS) program shall limit services in such manner and degree as will assure, in the judgment of the physician-director, provision of optimum services to crippled children with the greatest needs, commensurate with the fixed funding available to CCS.

It is the declared purpose of the department of social and health services and the state board of health that the CCS program shall be administered strictly within the limits of funds available for CCS purposes and that CCS may not authorize provision of services beyond those limits.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-010, filed 12/2/82.]

**WAC 246-710-010 Definitions.** (1) "Client" means an individual whose application for crippled children's services program funds has been approved.

(2) "Crippled child" means an individual below the age of eighteen years having an organic disease, defect or condition substantially interfering with normal growth and development.

(3) "CCS" means crippled children's services.

(4) "DSHS" means department of social and health services.

(5) "Limited intervention" means treatment given during a limited period of time designed to move a client's status from a lower to a substantially higher level of functioning.

(6) "Local CCS agency" means the local health department and/or district or other agency locally administering the CCS program for the county where the CCS applicant or client resides.

(7) "Physician-director" means a medical doctor or osteopath employed by the department of social and health services having the following qualifications:

(a) Doctorate of medicine from a school of medicine accredited by the liaison committee on medical education; and

(b) Licensed to practice medicine in the state of Washington; and

(c) Certified (or eligible for certification) by an appropriate medical specialty board.

(8) "Services" means medical, surgical and rehabilitation care, and equipment and appliances provided in hospitals, clinics, offices, and homes by approved physicians and other approved health care providers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-020, filed 12/2/82.]

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**WAC 246-710-020 Program eligibility.** Medical and financial eligibility is required in order to confine program expenditures for services to the program funding available. Both medical and financial eligibility must be established before an applicant may receive service which may be paid for by CCS program funds. However, determinations of financial and medical eligibility do not constitute entitlement to services. Services must be requested by providers and authorized in advance by CCS according to procedures outlined in WAC 248-105-060.

(1) Medical eligibility shall be determined by the physician-director of the crippled children's services program and shall be based upon the following medical criteria:

(a) The applicant's physical condition must be of such a nature that the applicant is crippled or is expected to become crippled; and

(b) The condition must be beyond the usual scope of routine medical care and must not be a problem common to children during the growing-up process, such as upper respiratory infections, ear infections, urinary tract infection, pneumonia, and appendicitis; and

(c) The condition must be amenable to limited intervention; and

(d) The condition must not be of a kind requiring long-term continuous treatment to maintain the condition at a relatively stable level; and

(e) There must be a strong likelihood the treatment will have a substantial impact upon the crippling conditions.

(2) The crippled children's services program shall determine at least annually the financial eligibility of individual clients for CCS services according to criteria established by the department. These criteria shall consider nationally accepted standards of living for low-income families such as federal poverty levels or state median income, adjusted for family size. A client shall be determined eligible if his or her family's resources are insufficient to cover the cost of eligible medical services required by the client during the period of his or her eligibility. Resources shall include:

(a) Family income from all sources;

(b) Family savings, property, and other assets;

(c) Medical insurance or other third-party resources.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-030, filed 12/2/82.]

**WAC 246-710-030 Program limitations.** (1) Reductions in the scope of the program shall be made by the department when required to limit program expenditures for services according to program funding available.

(2) CCS may, for budgetary reasons, upon the advice and authority of the physician-director, impose or revise funding limitations on certain CCS programs.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-040, filed 12/2/82.]

**WAC 246-710-040 Funding ceilings on neuromuscular program and individual neuromuscular centers.** (1) CCS may, for budgetary reasons, impose or revise funding

ceilings upon the amount paid for neuromuscular services throughout the state. The ceilings may be placed on a monthly, quarterly, annual or biennial basis as deemed appropriate by the physician-director.

(2) CCS may, for budgetary reasons, impose or revise funding ceilings upon each individual designated neuromuscular center (NMC). In the event the individual designated NMC is limited by funding ceilings, the professional staff members of the NMC shall prioritize requests for authorization for neuromuscular services according to sound principles of medical judgment with due consideration that optimum services to children most in need of those services requested be provided in accordance with WAC 248-105-010.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-050, filed 12/2/82.]

**WAC 246-710-050 Authorization of services.** Authorization for services shall be accomplished in the form and manner described by crippled children's services, in accordance with the following:

(1) Using forms approved by CCS, the local CCS agency secures financial resource information from the family and the medical documentation of the crippling condition from the provider, prepares a request for authorization, and forwards all three to the state CCS office.

(2) Medical eligibility, under the supervision of the CCS physician-director, and financial eligibility shall be determined by the state CCS staff.

(3) If the child is accepted on the program, each requested service is reviewed for appropriateness to program policies and guidelines, and quality assurance criteria. Services must be of a nature and state of development as to be a recognized acceptable form of treatment by a significant portion of the professional community.

(4) If all criteria are met and funding is available, an authorization document is prepared by state CCS staff and sent directly to the provider of service and local CCS agencies.

(5) Written notification of a child's acceptance or nonacceptance to the program shall be mailed to the family.

(6) No services will be authorized for out-of-state providers if an equivalent service is available within the state of Washington. This does not preclude utilization of resources in contiguous states when appropriate.

(7) In cases of emergencies, and on the basis of information available, the CCS physician-director shall have the authority to approve requested services in advance of a written application and service request being received.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-060, filed 12/2/82.]

**WAC 246-710-060 Qualifications and assurances of providers.** (1) Hospitals authorized by CCS to provide services must be accredited by the joint commission of accreditation of hospitals and licensed by the state of location.

(2) Physicians and other health care providers authorized by CCS to provide services must meet all requirements and

assurances set forth in the crippled children's services provider agreement form.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-070, filed 12/2/82.]

**WAC 246-710-070 Fees and payments.** Payments to providers of services shall be made in accordance with the DSHS schedule of maximum allowances and the crippled children's services supplemental fee schedule.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-080, filed 12/2/82.]

**WAC 246-710-080 Third-party resources.** CCS is a secondary payer to all private and other public funded health programs. Such sources of funding must be utilized before CCS payment is made. These sources include, but are not limited to, insurance, Medicaid, Medicare, CHAMPUS (Civilians Health and Medical Program of the Uniformed Services) including provisions for basic benefits and benefits under the program for the handicapped, and other special programs with liability for health care, such as prisons, group or foster homes, and state mental hospitals and facilities. No payment will be made where trust funds or other protected assets are available.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-090, filed 12/2/82.]

**WAC 246-710-090 Repayment.** Repayment from the provider, family or other source is required should trusts, court-awarded damages or like funds become available, and where payments have been made to the family or provider for services paid for by CCS.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-710-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.140 and 43.20.050. 83-01-002 (Order 247), § 248-105-100, filed 12/2/82.]

**Chapter 246-760 WAC**

**AUDITORY AND VISUAL STANDARDS—SCHOOL DISTRICTS**

**WAC**

246-760-001	Purpose.
	<b>AUDITORY ACUITY STANDARDS</b>
246-760-020	Criteria for selection of children for screening.
246-760-030	Auditory acuity screening standards—Screening equipment and procedures.
246-760-040	Auditory acuity screening procedures.
246-760-050	Auditory acuity screening failure—Referral procedures.
246-760-060	Auditory acuity screening—Qualification of personnel.
	<b>VISUAL ACUITY STANDARDS</b>
246-760-070	Visual acuity screening equipment.
246-760-080	Visual acuity screening procedures.
246-760-090	Visual acuity screening failure—Referral procedures.
246-760-100	Qualifications of personnel.

**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.]

**AUDITORY ACUITY STANDARDS**

**WAC 246-760-020 Criteria for selection of children for screening.** Boards of school directors shall require auditory and visual screening of children as follows:

- (1) Schools shall screen all children in kindergarten and grades one, two, three, five, and seven.
- (2) Schools shall promptly screen all children having a possible loss in auditory or visual acuity referred to the district by parents, guardians, or school staff.
- (3) If manpower resources permit, schools shall annually screen children at other grade levels.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-021, filed 10/26/87.]

**WAC 246-760-030 Auditory acuity screening standards—Screening equipment and procedures.** (1) Schools shall use auditory screening equipment providing tonal stimuli at frequencies at one thousand, two thousand, and four thousand herz (Hz) at hearing levels of twenty or twenty-five decibels (dB), as measured at the earphones, in reference to American National Standards Institute (ANSI) 1969 standards.

(2) Qualified persons shall check the calibration of said frequencies and intensity at least every twelve months, at the earphones, using equipment designed for audiometer calibration.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-031, filed 10/26/87.]

**WAC 246-760-040 Auditory acuity screening procedures.** (1) Schools shall screen all children referenced in WAC 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.]

**WAC 246-760-050 Auditory acuity screening failure—Referral procedures.** Boards of school directors shall establish procedures requiring school districts:

(1) Rescreen students not responding to one or more frequencies in either ear in three to six weeks after the initial screening, and notify their teachers of the need for preferential positioning in class because of the possibility of decreased hearing.

(2) Notify parents of the need for audiological evaluation if the student fails the second screening.

(3) Schools shall notify parents of the need for medical evaluation if:

(a) Indicated by audiological evaluation, or

(b) Audiological evaluation is not available.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-091, filed 10/26/87.]

**WAC 246-760-060 Auditory acuity screening—Qualification of personnel.** Each school district shall designate a district audiologist or district staff member having:

(1) Responsibility for the administration of the auditory screening program in conformity with these regulations, and

(2) Training and experience appropriate to:

(a) Develop an administrative plan for conducting auditory screening in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently and effectively;

(b) Obtain the necessary instrumentation for carrying out the screening program, and ensuring the equipment is in proper working order and calibration; and

(c) Secure appropriate personnel for carrying out the screening program, if such assistance is necessary, and for assuring such personnel are sufficiently trained to:

(i) Understand the purposes and regulations involved in the auditory screening programs; and

(ii) Utilize the screening equipment in an appropriate manner to ensure maximum accuracy.

(d) Ensure records are made and distributed as appropriate; and

(e) Disseminate information to other school personnel acquainting them with aspects of a child's behavior denoting the need for referral for auditory screening.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-101, filed 10/26/87.]

## VISUAL ACUITY STANDARDS

**WAC 246-760-070 Visual acuity screening equipment.** Boards of school districts shall require personnel conducting the screening use a Snellen test chart for screening for distance central vision acuity: *Provided*, That either the Snellen E chart or the standard Snellen distance acuity chart may be used as appropriate to the child's age and abilities. The test chart shall be properly illuminated and glare free.

Other screening procedures equivalent to the Snellen test may be used only if approved by the state board of health.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-121, filed 10/26/87.]

**WAC 246-760-080 Visual acuity screening procedures.** (1) Schools shall:

(a) Screen children wearing glasses for distance viewing with their glasses on;

(b) Place the results of screening, any referrals, and results of such referrals in each student's health and/or school record; and

(c) Forward the results to the student's new school if the student transfers.

(2) When a child is observed by school personnel to demonstrate other signs or symptoms related to eye problems to the extent such signs or symptoms negatively influence the child in his or her studies, school personnel shall refer the child to the parents or guardians for professional care.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-123, filed 10/26/87.]

**WAC 246-760-090 Visual acuity screening failure—Referral procedures.** Boards of school directors shall require schools rescreen students having a visual acuity of 20/40 or less in either eye as determined by the Snellen test or its approved equivalent within two weeks or as soon as possible after the original screening. Failure is indicated by the inability to identify the majority of letters or symbols on the thirty foot line of the test chart at a distance of twenty feet.

Schools shall inform parents or guardians of students failing the second screening, in writing, of the need and importance of the child receiving professional care.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-760-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.030. 87-22-010 (Order 306), § 248-148-131, filed 10/26/87.]

**WAC 246-760-100 Qualifications of personnel.** (1) Screening shall be performed by persons competent to administer such screening procedures as a function of their professional training and background and/or special training and demonstrated competence under supervision.

(2) Technicians and nonprofessional volunteers shall have adequate preparation and thorough understanding of the tests as demonstrated by their performance under supervision.

(3) Supervision, training, reporting and referral shall be the responsibility of a professional person specifically

designated by the school administration. He may be a school nurse or public health nurse, a special educator, teacher or administrator who possesses basic knowledge of the objectives and methods of visual acuity screening, supervisory experience and ability, demonstrated ability to teach others and demonstrated capacity to work well with people.

(4) Screening will not be performed by ophthalmologists, optometrists, or opticians or any individuals where a conflict of interest might occur.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-760-100, filed 12/27/90, effective 1/31/91; Order 63, § 248-144-150 (codified as WAC 248-148-150), filed 11/1/71.]

## Chapter 246-762 WAC

### SCOLIOSIS SCREENING—SCHOOL DISTRICTS

#### WAC

246-762-001	Declaration of purpose.
246-762-010	Examinations of school children for scoliosis—Definitions.
246-762-020	Criteria for selection of children for scoliosis screening.
246-762-030	Qualification of personnel.
246-762-040	Screening procedures.
246-762-050	Screening results—Recording and referral procedures.
246-762-060	Distribution of rules and procedures.
246-762-070	Exemptions from examinations—Screening waivers.

**WAC 246-762-001 Declaration of purpose.** The following rules are adopted pursuant to chapter 28A.31 RCW, wherein is contained the mandate that the superintendent of public instruction shall provide for and require screening for scoliosis of school children in the state of Washington. It is the purpose of such screening to identify those children who may have a lateral curvature of the spine.

[Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-762-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050, 85-23-029 (Order 294), § 248-150-010, filed 11/14/85. Statutory Authority: RCW 43.20.050, 79-11-103 (Order 189), § 248-150-010, filed 10/31/79.]

**WAC 246-762-010 Examinations of school children for scoliosis—Definitions.** (1) "Proper training" means instruction and training provided by, or under the supervision of, physicians licensed pursuant to chapters 18.57 or 18.71 RCW specializing in orthopedic, physiatric, or rehabilitative medicine, or a registered nurse licensed pursuant to RCW 18.88.130 who has had specialty training in scoliosis detection, and appropriate for persons who perform the screening procedures referred to in WAC 246-762-040.

(2) "Pupil" means a student enrolled in the public school system in the state.

(3) "Public schools" means common schools referred to in Article IX of the state Constitution and those schools and institutions of learning having a curriculum below the college or university level as now or may be established by law and maintained at public expense.

(4) "Qualified licensed health practitioners" means physicians licensed pursuant to chapters 18.57 and 18.71 RCW, registered nurses licensed pursuant to RCW 18.88.130, and physical therapists licensed pursuant to

chapter 18.74 RCW, practicing within the scope of their field as defined by the appropriate regulatory authority.

(5) "Scoliosis" includes idiopathic scoliosis and kyphosis.

(6) "Screening" means a procedure to be performed for the purpose of detecting the possible presence of the condition known as scoliosis, except as provided for in WAC 246-762-070.

(7) "Superintendent" means the superintendent of public instruction pursuant to Article III of the state Constitution or his or her designee.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220, 92-06-067 (Order 249B), § 246-762-010, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-762-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050, 85-23-029 (Order 294), § 248-150-020, filed 11/14/85. Statutory Authority: RCW 43.20.050, 79-11-103 (Order 189), § 248-150-020, filed 10/31/79.]

**WAC 246-762-020 Criteria for selection of children for scoliosis screening.** All children in grades five, seven, and nine shall be screened annually except as provided for in RCW 28A.210.240.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220, 92-06-067 (Order 249B), § 246-762-020, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050, 91-02-051 (Order 124B), recodified as § 246-762-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050, 85-23-029 (Order 294), § 248-150-030, filed 11/14/85. Statutory Authority: RCW 43.20.050, 79-11-103 (Order 189), § 248-150-030, filed 10/31/79.]

**WAC 246-762-030 Qualification of personnel.** (1) Screening shall be conducted by school physicians, school nurses, qualified licensed health practitioners, physical education instructors, other school personnel, or persons designated by school authorities who have received proper training in screening techniques for scoliosis.

(2) Each school district shall designate one individual of the district's staff who shall be responsible for the administration of scoliosis screening. This individual's training and experience shall be appropriate to perform the following tasks:

(a) To develop an administrative plan for conducting scoliosis screening in the district in cooperation with the appropriate school personnel in order to ensure the program can be carried out efficiently with minimum disruption, to include arrangement of appropriate scheduling for scoliosis screenings;

(b) To secure appropriate personnel to carry out the screening program and to ensure such personnel receive proper training to conduct the necessary screening procedures;

(c) To ensure accurate and appropriate records are made, to make recommendations appropriate to the needs of each child whose screening test is indicative of scoliosis, and to provide copies of these records to parents or legal guardians of the child, as provided for in section 4, chapter 216, Laws of 1985;

(d) To disseminate information to other school personnel explaining the purpose of the program, and to acquaint them with the criteria which might denote the need for referral for scoliosis screening; and

(e) To institute a procedure to evaluate the effectiveness and accuracy of the screening program.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-040, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-040, filed 10/31/79.]

**WAC 246-762-040 Screening procedures.** The screening procedures shall be consistent with nationally accepted standards for scoliosis screening and published by the American Academy of Orthopedic Surgeons as contained in *Screening Procedure Guidelines*, to be obtained from the Scoliosis Research Society.

[Statutory Authority: RCW 28A.210.200 and [28A.210].220. 92-06-067 (Order 249B), § 246-762-040, filed 3/3/92, effective 4/3/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-050, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-050, filed 10/31/79.]

**WAC 246-762-050 Screening results—Recording and referral procedures.** A record of the "screening" results shall be made of each child suspected of having scoliosis and copies of the results shall be sent to the parents or guardians of the children. The notification shall include an explanation of scoliosis, the significance of treating scoliosis at an early stage, the services generally available from a qualified licensed health practitioner for treatment after diagnosis, and a method for the school to receive follow-up information from health care providers.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-060, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-15-060 (codified as WAC 248-150-060), filed 10/31/79.]

**WAC 246-762-060 Distribution of rules and procedures.** The superintendent shall print and distribute to school officials these rules and the recommended records and forms to be used in recording and reporting the screening results to parents and to the superintendent.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-070, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-070, filed 10/31/79.]

**WAC 246-762-070 Exemptions from examinations—Screening waivers.** (1) Any pupil shall be exempt from the screening procedure upon written request of his or her parent or guardian as specifically provided for in section 5, chapter 216, Laws of 1985.

(2) Screening waivers shall occur as provided by section 6, chapter 216, Laws of 1985.

[Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-762-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 28A.31.134 and 43.20.050. 85-23-029 (Order 294), § 248-150-080, filed 11/14/85. Statutory Authority: RCW 43.20.050. 79-11-103 (Order 189), § 248-150-080, filed 10/31/79.]

## Chapter 246-790 WAC

### SPECIAL SUPPLEMENTAL FOOD PROGRAM FOR WOMEN, INFANTS, AND CHILDREN (WIC)

#### WAC

246-790-010	Definitions.
246-790-050	Description of WIC program.
246-790-060	Authorized foods.
246-790-070	Food vendor participation.
246-790-080	Food vendor contracts.
246-790-090	Food vendor monitoring.
246-790-100	Food vendor sanctions.
246-790-110	Notice of adverse action to WIC food vendor—Denial of food vendor application, contract nonrenewal.
246-790-120	WIC food vendor—Administrative review—Contract dispute resolution.
246-790-130	WIC contractor—Continued participation pending contract dispute resolution.

#### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-790-020	Rules—Applicability. [Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550. 91-01-098 (Order 3118), § 246-790-020, filed 12/18/90, effective 1/18/91.] Repealed by 92-22-036 (Order 314), filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.70.120.
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**WAC 246-790-010 Definitions.** (1) "Applicant" means any food vendor making a written request for authorization to participate in the program.

(2) "Authorization" means the applicant has been given approval by the department to participate in the WIC program.

(3) "CFR" means the Code of Federal Regulations.

(4) "Contract" means a written legal document with the department, which allows the food vendor to accept food instruments from WIC in exchange for specified supplemental foods. The contract shall be signed by the food vendor's legal representative and the contracting officer of the department of health.

(5) "Contractor" means a WIC-authorized food vendor.

(6) "Department" means the Washington state department of health.

(7) "Disqualification" means the act of ending the participation of an authorized food vendor, participant, or local agency in the WIC program.

(8) "Food company" means a manufacturer of food items.

(9) "Food instrument" means a WIC check which is used by a participant to obtain specified supplemental foods.

(10) "Food vendor" means the owner, chief executive officer, controller, or other person legally authorized to obligate a store location to a contract.

(11) "Fine" means a sum of money imposed as a penalty for an offense.

(12) "Fraud" means any act in which a food vendor misuses the WIC program for monetary gain.

(13) "Local WIC agency" means the contracted clinic or agency where a participant receives WIC services.

(14) "Program" means the special supplemental food program for women, infants and children (WIC).

(15) "Supplemental foods" means those foods containing nutrients determined to be beneficial for pregnant, breast-

feeding, and postpartum women, infants and children, as prescribed by federal and state regulations.

(16) "Termination" means discontinuing:

(a) Authorization of a food vendor to participate in the program; or

(b) Authorization of a participant to receive WIC benefits.

(17) "Wholesaler" means a business entity which sells food and other items to a food vendor.

(18) "WIC participant" means any individual receiving WIC benefits.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-010, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.17.060, 43.21C.120 and 43.20A.550, 91-01-098 (Order 3118), § 246-790-010, filed 12/18/90, effective 1/18/91.]

#### **WAC 246-790-050 Description of WIC program.**

(1) The WIC program is a federally funded program established in 1972 by an amendment to the Child Nutrition Act of 1966. The purpose of the program is to serve as an adjunct to health care by providing nutritious food; nutrition education and counseling; health screening; and referral services to pregnant and breast-feeding women, infants, and children in certain high-risk categories.

(2) Federal regulations governing the WIC program (7 CFR Part 246) require implementation of standards and procedures to guide the state's administration of the WIC program and are hereby incorporated by reference. These regulations are designed to promote consistent and high quality services to clients, promote consistent application of procedures for eligibility and food issuance, and lessen the possibility of participant, food vendor, and local agency abuse of the WIC program. These regulations define the rights, responsibilities, and legal procedures of participants, vendors, and local agencies.

(3) The WIC program in the state of Washington is administered by the office of WIC services in the department of health.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-050, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-050, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-005, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-005, filed 6/30/88.]

**WAC 246-790-060 Authorized foods.** (1) The department shall provide one or more of the following foods to eligible women, infants, and children:

- (a) Cereals,
- (b) Juices,
- (c) Infant formula,
- (d) Infant cereal,
- (e) Milk,
- (f) Eggs,
- (g) Dry beans and peas,
- (h) Peanut butter, and
- (i) Cheese.

These foods shall meet nutritional standards established by federal regulations.

The department shall approve specific brands of infant formula, juice, and cereal based on federal nutritional

requirements. In addition, the department specifies juice provided to WIC clients must be unsweetened.

The department shall designate specific types of domestic, pasteurized cheese for the WIC program.

(2) A copy of the authorized WIC food list shall be included in the annually revised state plan which is available for public comment and is submitted to the United States Department of Agriculture Food and Nutrition Services regional office.

(3) The following steps have been established by the department as the formal procedure for adding a food product to the WIC program:

(a) A food company or other entity, such as a local WIC clinic, shall submit a written request for authorization of a product;

(b) The food company representative shall furnish the state WIC office with:

(i) Package flats or labels, information on package sizes and prices, and a summary of current distribution; and

(ii) The food company's summary of current distribution shall be in writing and shall include, but not be limited to:

(A) Identification of the wholesaler carrying the product; and

(B) Assessment of when the new product replaces the old on store shelves when there is a change in the product formulation.

This information must be received ninety days or more before WIC food instrument revision deadlines.

(c) When the product meets federal and state requirements, the department shall verify product availability and price;

(d) The nutrition services work group of the office of WIC services shall make a recommendation based on the product's ingredients and value to the promotion of healthful and economic food buying practices;

(e) The department shall survey local WIC agency staff for their recommendation in regard to need and demand for the product;

(f) The department shall review data and recommendations and shall notify the food company of the department's decision;

(g) The department shall add the newly authorized food items to the WIC food instrument at the next scheduled printing.

(4) State WIC monitor staff shall determine if a food product considered for authorization is available to retail outlets, statewide, and has a history of availability for one year or more.

(5) The department reserves the right to require a food company to submit a statement guaranteeing a minimum period of time during which a food product will be available throughout the state of Washington.

(6) The department reserves the right to refuse any food product that appears in contradiction to the principles promoted by the WIC program's nutrition service component.

(7) The department reserves the right to limit the number of authorized foods within a food category.

(8) Food companies shall notify the department of any changes in product content, name, label design, or availability.



(a) If a food company fails to notify the department of the changes in writing, the WIC program shall revoke the product's authorization; and

(b) A food company shall notify the department of changes before a Washington state wholesaler receives the new product.

(9) A food company shall not use the term "WIC approved" without prior department approval.

[Statutory Authority: RCW 43.70.120. 92-22-036 (Order 314), § 246-790-060, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-060, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-015, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-015, filed 6/30/88.]

**WAC 246-790-070 Food vendor participation.** (1)

The department shall authorize food vendors who may redeem WIC food instruments or otherwise provide supplemental foods to WIC participants. Unauthorized vendors who redeem WIC food instruments are subject to the penalties specified in WAC 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 Service regional office.

(b) The department may require 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 food 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 food 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 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 the department's request;

(f) The food vendor's 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 or reimbursement of an overcharge within the time specified;

(e) Refusing to accept training from the WIC program; and

(f) Repeated department-documented noncompliance with program regulations.

[Statutory Authority: RCW 43.70.120. 92-22-036 (Order 314), § 246-790-070, filed 10/27/92, effective 11/27/92; 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 authorized food vendors shall enter into written contracts with the department. The contract shall be signed by the food 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, 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 time period specified on the food instrument and submit 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 and in the quantity specified on the food instrument;

(g) The food vendor shall post the prices of WIC foods so they are visible to the public;

(h) The food vendor shall provide supplemental foods at the current price or at less than the current price charged other customers;

(i) The food vendor shall not sell WIC-authorized foods after the manufacturer's expiration date;

(j) The food vendor shall not accept WIC checks exceeding the maximum amount allowable;

(k) The department has the right to demand refunds from the food vendors for documented overcharges;

(l) 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.

(m) The food vendor shall not seek restitution from WIC participants for food instruments not honored by the WIC program, nor shall the food vendor seek restitution through a collection agency;

(n) The food vendor shall not request cash or give change in a WIC transaction;

(o) The food vendor shall not impose a surcharge or charge sales tax on any product purchased with WIC food instruments;

(p) The food vendor shall not issue refunds for returned WIC foods or allow exchanges of WIC foods;

(q) The food vendor shall not issue rain checks or any form of credit;

(r) The food vendor shall treat WIC customers with the same courtesy provided to other customers;

(s) The department shall hold the food vendor responsible for the actions of employees or agents of the vendor with regard to any WIC transaction;

(t) 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;

(u) The food vendor shall inform and train cashiers or other employees on WIC program rules and food instrument cashing procedures;

(v) The department shall monitor the food vendor for compliance with WIC program rules;

(w) During the department monitoring visit of a food vendor, the food vendor shall provide access to redeemed food instruments for the purpose of review by the department representative;

(x) Food vendors shall provide department reviewers access to shelf price records, wholesale receipts, and purchase orders;

(y) Each food vendor shall provide the department with a complete price list of authorized WIC foods not more than twelve times per year; and

(z) 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 DOH WIC Program, P.O. Box 47880, Olympia, Washington 98504 7880.

(5) Renewal of contract.

(a) Neither the department nor the food vendor is obligated to renew the food vendor contract. The department shall notify food 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 food 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 at any time 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.

(c) The food vendor must reapply to be considered for participation in the WIC program.

(d) The food vendor shall remain in compliance with selection criteria (WAC 246-790-070(3)) and WIC food vendor rules (WAC 246-790-080).

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-080, filed 10/27/92, effective 11/27/92; 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.]

#### **WAC 246-790-090 Food vendor monitoring.** (1)

The department shall identify high-risk food vendors and ensure on-site monitoring, further investigation, and sanctioning of such food vendors. Criteria for identifying high-risk vendors shall include, but not be limited to, such considerations as participant complaints and the amount or frequency of suspected overcharges or other improper handling of redeemed food instruments.

(2) The department shall conduct on-site monitoring visits as required by CFR 246. Vendors shall take corrective action as directed by the department.

(3) The department shall submit a summary of the results of the monitoring of high-risk and representative food vendors and of the review of food instruments to USDA

Food and Nutrition Service on an annual basis within four months after the end of the federal fiscal year.

(4) The department shall document the following for all on-site vendor monitoring visits:

(a) Names of vendor, reviewer, and, except for compliance buys, persons interviewed;

(b) Date of review;

(c) Nature of problem or problems detected or observation that the food vendor appears to be in compliance with program requirements;

(d) If the deficiencies are detected, how the food vendor plans to correct those deficiencies; and

(e) Signature of reviewer.

(5) Methods of on-site monitoring visits include, but are not limited to:

(a) Compliance purchases;

(b) Review of cashier check-out procedures;

(c) Review of inventory records;

(d) Review of the availability, prices, and expiration dates of authorized WIC foods; and

(e) Review of food instruments negotiated the day of the review.

(6) The department may conduct compliance purchases to collect evidence of improper food vendor practices, or arrange for this responsibility to be assumed by the proper federal, state, or local authorities.

(7) The department shall establish procedures to document the handling of complaints by WIC participants against food vendors. The department shall deal with complaints of civil rights discrimination in accordance with 7 CFR 246.8(b).

(8) The department shall establish procedures to document the handling of complaints by food vendors against WIC participants or other food vendors.

[Statutory Authority: RCW 43.70.120. 92-22-036 (Order 314), § 246-790-090, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-090, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-030, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-030, filed 6/30/88.]

**WAC 246-790-100 Food vendor sanctions.** (1) The department may disqualify a food vendor for reasons of program abuse, and terminate the food vendor's participation in the WIC program for a specified period of time. At the end of the disqualification period, the food vendor shall be required to reapply for authorization.

(2) Food vendors may be subject to sanctions in addition to, or in lieu of, disqualification, such as fines for improperly handled food instruments. Prior to disqualifying a food vendor, the department shall consider whether the disqualification would create undue hardships for WIC participants.

(3) The department shall set the period of disqualification from program participation at a minimum of one year and shall not exceed three years.

(4) The department shall disqualify a food vendor from the WIC program if that food vendor is suspended or disqualified from another FNS program.

(5) The department shall recover funds due the WIC program and impose a fine of not less than one hundred dollars on food vendors for the offenses in subsection (5) of

this section. The department shall account for these funds in accordance with federal regulations.

Money shall be paid to the department within the time period specified in the notice of adverse action or the food vendor shall be disqualified from the WIC program for a period of at least one year. Offenses include:

(a) Providing cash, unauthorized food, nonfood items, or other items to WIC customers in lieu of or in addition to authorized WIC supplemental foods;

(b) Charging the WIC program for foods not received by the customer;

(c) Charging the WIC program more for authorized WIC supplemental foods than other customers are charged for the same food item;

(d) Providing rain checks or credit to customers in a WIC transaction;

(e) Charging WIC customers cash or giving change to customers in a WIC transaction; and

(f) Redeeming WIC food instruments without having authorization from the department.

Repeating any offense listed in subsection (5) of this section shall subject a food vendor to additional sanctions including disqualification.

(6) A food vendor who fails to give the specified notice of a change in ownership, store name, and/or location shall be liable for resultant costs incurred by the WIC program. In addition, a food vendor who fails to furnish the state WIC office with written notice of a change in ownership before the effective date of sale shall be subject to a fine of not less than one hundred dollars.

(7) A food vendor's failure to maintain a sufficient stock of WIC authorized foods or to follow the appropriate WIC food instrument cashing procedure may result in a one-year disqualification.

(8) Food vendors who have willfully misapplied, stolen, or fraudulently obtained program funds shall be subject to a fine of not more than one thousand dollars or imprisonment for not more than five years or both, if the value of the funds is one hundred dollars or more. If the value is less than one hundred dollars, the penalties are a fine of not more than one thousand dollars or imprisonment for not more than one year or both. The department shall refer these food vendors to federal, state, or local authorities for prosecution under applicable statutes.

[Statutory Authority: RCW 43.70.120. 92-22-036 (Order 314), § 246-790-100, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550. 91-01-097 (Order 3117), recodified as § 246-790-100, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-035, filed 6/6/90, effective 7/7/90; 88-14-037 (Order 2638), § 388-19-035, filed 6/30/88.]

**WAC 246-790-110 Notice of adverse action to WIC food vendor—Denial of food vendor application, contract nonrenewal.** (1) When the department denies a food vendor's application to participate in the WIC program or denies a contractor's application to renew the contract, the denial shall be in writing. The notice shall state the basis for the denial.

(2) When the department proposes to take an adverse action against a food vendor with whom the department has a contract, the department shall give the contractor a written notice. The notice shall:

- (a) State the cause for the action;
- (b) State the effective date of the action;
- (c) State the procedure for requesting an administrative review; and
- (d) Be provided to the contractor not less than fifteen days in advance of the effective date of the action.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-110, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-110, filed 12/18/90, effective 1/18/91; 88-14-037 (Order 2638), § 388-19-040, filed 6/30/88.]

**WAC 246-790-120 WIC food vendor—Administrative review—Contract dispute resolution.** (1) Administrative review.

(a) A food vendor whose application to participate in the WIC program is denied has the right to administrative review which is an informal meeting between the department and the food vendor to discuss the reasons for the denial. With the exception of required reimbursements, contracted food vendors dissatisfied with department decisions regarding sanctions or affecting the food vendor's participation may request an administrative review.

(b) A request for an administrative review shall be in writing and:

- (i) State the issue raised;
- (ii) State the grounds for contesting the aggrieving department action;
- (iii) State the law and allegations of fact on which the appeal relies;
- (iv) Contain the appellant's current address and telephone number, if any; and
- (v) Have a copy of the adverse department notice attached.

(c) A request for an administrative review shall be made by personal service on parent-child health services headquarters office or by certified mail to the address given in the notice of adverse action. The request shall be made within thirty days of the date the food vendor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the division of parent-child health services properly addressed and with no postage due.

(d) The director of parent-child health services, or the director's designee, shall conduct the administrative review. The time limit for making the determination is thirty days from the date the request for an administrative review was received by the office. The time shall be extended by as many days as the vendor requests, assents to, or necessitates a delay in the proceedings with due cause.

(e) Administrative review is the sole administrative remedy the department offers a WIC contract applicant. Contracted food vendors dissatisfied with administrative review decisions may request a contract dispute resolution.

**(2) Contract dispute resolution.**

(a) A WIC food vendor who is disqualified from participating in the program or who is aggrieved by any other adverse action the department takes which affects participation, has the right to a contract dispute resolution. This shall not apply to a nonrenewal of the contract.

(b) A request for a contract dispute resolution shall be in writing and:

- (i) State the issue raised;
- (ii) State the grounds for contesting the aggrieving department action;
- (iii) State the law and allegations of fact on which the appeal relies;
- (iv) Contain the contractor's current address and telephone number, if any; and
- (v) Have a copy of the adverse department notice attached.

(c) A request for a contract dispute resolution shall be made by personal service on the office of contracts management in Olympia or by certified mail addressed to the Office of Contracts Management, 1300 SE Quince, P.O. Box 47902, Olympia, Washington 98504-7902. The request shall be made within thirty days of the date the contractor received the notice of adverse action. When the request is mailed, it shall be treated as having been made on the date it was postmarked provided it is received by the office of contracts management properly addressed and with no postage due.

(d) The time limit for making the determination is thirty days from the date the request for a contract dispute resolution was received by the office of contracts management. The time shall be extended by as many days as the contractor requests, assents to, or causes a delay in the proceedings.

(e) The contract dispute resolution is the sole administrative remedy the department offers a WIC contractor.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-120, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-120, filed 12/18/90, effective 1/18/91; 90-12-112 (Order 2960), § 388-19-045, filed 6/6/90, effective 7/7/90; 88-18-022 (Order 2681), § 388-19-045, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-045, filed 6/30/88.]

**WAC 246-790-130 WIC contractor—Continued participation pending contract dispute resolution.** (1) If the action being appealed is a disqualification of a WIC authorized food vendor, that food vendor shall cease redeeming WIC checks effective on the date specified in the sanction notice. The food vendor shall not accept WIC food instruments during the appeal period. Payments shall not be made for any food instruments submitted by a food vendor for payment during a period of disqualification.

(2) The department may at its discretion permit the contractor to continue participating in the WIC program pending the proceedings outcome when implementing the action would unduly inconvenience WIC participants.

[Statutory Authority: RCW 43.70.120, 92-22-036 (Order 314), § 246-790-130, filed 10/27/92, effective 11/27/92. Statutory Authority: RCW 43.20A.550, 91-01-097 (Order 3117), recodified as § 246-790-130, filed 12/18/90, effective 1/18/91; 88-18-022 (Order 2681), § 388-19-050, filed 8/30/88; 88-14-037 (Order 2638), § 388-19-050, filed 6/30/88.]

**Chapter 246-800 WAC**

**GENERAL PROVISIONS—PROFESSIONALS**

**WAC**

**TRIPPLICATE PRESCRIPTION FORM PROGRAM**

246-800-101	Scope and purpose of chapter.
246-800-120	Official triplicate prescription forms.
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.

### TRIPLICATE PRESCRIPTION FORM PROGRAM

#### WAC 246-800-101 Scope and purpose of chapter.

This chapter is intended to implement RCW 69.50.311. The purpose of this chapter is to establish a triplicate prescription program participation which may be imposed by the appropriate disciplinary authority upon licensed health care practitioners with prescription or dispensing authority. Participation in this triplicate prescription program may be required of licensees as a part of disciplinary action or board-supervision of the licensee's practice. The determination as to whether to impose participation in this program upon a licensee shall be within the sole discretion of the disciplinary authority.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-800-101, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 69.50.311. 86-10-036 (Order 197), § 308-250-010, filed 5/5/86.]

**WAC 246-800-120 Official triplicate prescription forms.** Any licensed health care practitioner upon whom participation in the triplicate prescription form program is imposed shall obtain official triplicate prescription forms from the Washington state department of 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

246-802-010	Definitions.
246-802-020	License renewal registration date and fee.
246-802-025	Inactive status.
246-802-030	Approval of school, program, apprenticeship or tutorial instruction.
246-802-040	Western sciences.
246-802-050	Acupuncture sciences.
246-802-060	Clinical training.
246-802-070	Documents in foreign language.
246-802-080	Sufficiency of documents.
246-802-090	Examinations.
246-802-100	Consultation plan.
246-802-110	Referral to other health care practitioners.
246-802-120	Patient informed consent.
246-802-130	Application exhibits required.

246-802-140	Advertising.
246-802-160	General provisions.
246-802-170	Mandatory reporting.
246-802-180	Health care institutions.
246-802-190	Acupuncture associations or societies.
246-802-200	Health care service contractors and disability insurance carriers.
246-802-210	Professional liability carriers.
246-802-220	Courts.
246-802-230	State and federal agencies.
246-802-240	Cooperation with investigation.
246-802-250	AIDS prevention and information education requirements.
246-802-990	Acupuncture fees.

**DISPOSITION OF SECTIONS FORMERLY  
CODIFIED IN THIS CHAPTER**

246-802-150	Examination appeal procedures. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-280, filed 3/9/88.] Repealed by 92-17-035 (Order 295B), filed 8/13/92, effective 9/13/92. Statutory Authority: RCW 43.70.040.
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**WAC 246-802-010 Definitions.** For the purpose of administering chapter 18.06 RCW, the following terms shall be considered in the following manner:

(1) "Acupuncture school" is an academic institution which has the sole purpose of offering training in acupuncture.

(2) "Acupuncture program" is training in acupuncture offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) "Acupuncture apprenticeship" is training in acupuncture which is offered by a qualified acupuncture employer to an apprentice on the basis of an apprenticeship agreement between the employer and the apprentice. An apprenticeship is of limited duration and ceases at the time the parties to the apprenticeship agreement have performed their obligations under the agreement.

(4) "Acupuncture tutorial instruction" is training in acupuncture which is offered by an academic institution or qualified instructor on the basis of a tutorial agreement between the school or instructor and the student. A tutorial is of limited duration and ceases at the time the parties to the tutorial agreement have performed their obligations under the agreement.

(5) "Academic year" is three quarters or two semesters.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-130, filed 3/4/87.]

**WAC 246-802-020 License renewal registration date and fee.** (1) The annual license renewal date will coincide with the licensee's birth anniversary date.

(2) Individuals making application for initial license and examination, provided they meet all such requirements, will be issued a license, to expire on their next birth anniversary date.

(3) Licensees who fail to pay the license renewal fee within thirty days of the license expiration date will be subject to the late penalty fee as set forth in RCW 18.06.120 and established in WAC 308-180-260.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-11-093 (Order 051), § 308-180-120, filed 5/18/90, effective 6/18/90; 88-07-031 (Order PM 713), § 308-180-120, filed 3/9/88; 86-10-038 (Order PL 592), § 308-180-120, filed 5/5/86.]

**WAC 246-802-025 Inactive status.** (1) A certified acupuncturist, in good standing, who practices exclusively out-of-state or is on sabbatical, may place his or her license on inactive status by submitting to the department:

- (a) A written request for inactive status; and
- (b) The inactive renewal fee specified in WAC 246-802-990.

(2) An acupuncturist may request that an inactive license be made active by submitting to the department:

- (a) A written request to activate the inactive license;
- (b) The renewal fee specified in WAC 246-802-990;
- (c) An updated consultation plan.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-025, filed 8/13/92, effective 9/13/92.]

**WAC 246-802-030 Approval of school, program, apprenticeship or tutorial instruction.** The department will consider for approval any school, program, apprenticeship or tutorial instruction which meets the requirements outlined in chapter 18.06 RCW and which provides all or part of the courses required in RCW 18.06.050.

(1) A school or program may be approved by the secretary without formal application to the department provided that:

(a) The school or program is accredited or has candidacy status as a United States postsecondary school or program; or

(b) The school or program is accredited under the procedures of another country and these procedures satisfy accreditation standards used for postsecondary education in the United States; or

(c) The nonaccredited school or program is approved by or has candidacy status with the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine; or

(d) The nonaccredited school or program is approved by the Washington state board of medical examiners to prepare persons for the practice of acupuncture.

(2) Approval of any other school, program, apprenticeship or tutorial instruction may be requested on a form provided by the department.

(3) Application for approval of a school, program, apprenticeship or tutorial instruction shall be made by the authorized representative of the school or the administrator of the apprenticeship or tutorial agreement.

(4) An applicant may request approval of the school, program, apprenticeship or tutorial instruction as of the date of the application or retroactively to a specified date.

(5) The application for approval of a school, program, apprenticeship or tutorial instruction shall include documentation required by the department pertaining to educational administration, qualifications of instructors, didactic and/or clinical facilities, and content of offered training.

(6) An application fee must accompany the completed application.



(7) The department will evaluate the application and, if necessary, conduct a site inspection of the school, program, apprenticeship or tutorial instruction prior to approval by the department.

(8) Upon completion of the evaluation of the application, the department may grant or deny approval, or grant approval conditioned upon appropriate modification to the application.

(9) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant school or program or the administrator of the applicant apprenticeship or tutorial instruction may request a review within ninety days of the department's adverse action. Should a request for review of an adverse action be made after ninety days following the department's action, the contesting party may obtain review only by submitting a new application.

(10) The authorized representative of an approved school or program or the administrator of an apprenticeship or tutorial agreement shall notify the department of significant changes with respect to educational administration, instructor qualifications, facilities, or content of training.

(11) The department may inspect an approved school, program, apprenticeship or tutorial instruction at reasonable intervals for compliance. Approval may be withdrawn if the department finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(12) The authorized representative of a school or administrator of an agreement must immediately correct deficiencies which resulted in withdrawal of the department's approval.

[Statutory Authority: RCW 43.70.040, 92-17-035 (Order 295B), § 246-802-030, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 87-06-050 (Order PM 641), § 308-180-140, filed 3/4/87.]

**WAC 246-802-040 Western sciences.** The training in western sciences shall consist of forty-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These forty-five academic credits shall consist of the following:

- (1) Anatomy;
- (2) Physiology;
- (3) Microbiology;
- (4) Biochemistry;
- (5) Pathology;
- (6) Survey of western clinical sciences;
- (7) Hygiene; and
- (8) Cardio-pulmonary resuscitation (CPR).

Training in hygiene and CPR shall consist of a minimum of one academic credit hour or equivalent in each subject. Red Cross certification or documentation of equivalent training may be substituted for one academic credit hour in CPR.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 90-12-114 (Order 052), § 308-180-150, filed 6/6/90, effective 7/7/90; 87-06-050 (Order PM 641), § 308-180-150, filed 3/4/87.]

**WAC 246-802-050 Acupuncture sciences.** The training in acupuncture sciences shall consist of seventy-five academic credits based on the quarter system in which a credit equals ten classroom contact hours at the collegiate level of instruction or equivalent. These seventy-five academic credits shall include the following subjects:

- (1) Fundamental principles of acupuncture;
- (2) Acupuncture diagnosis;
- (3) Acupuncture pathology;
- (4) Acupuncture therapeutics;
- (5) Acupuncture meridians and points; and
- (6) Acupuncture techniques, including electroacupuncture.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 87-06-050 (Order PM 641), § 308-180-160, filed 3/4/87.]

**WAC 246-802-060 Clinical training.** (1) A minimum of one hundred hours or nine quarter credits of clinical training shall consist of observation which shall include case presentation and discussion.

(2) Supervised practice consists of at least four hundred separate patient treatments involving a minimum of one hundred patients. Twenty-nine quarter credits of supervised practice shall be completed over a minimum period of one academic year.

(a) A qualified instructor must observe and provide guidance to the student during the first one hundred patient treatments and be available within the clinical facility to provide consultation and assistance to the student for patient treatments performed subsequently. In the case of each and every treatment, the instructor must have knowledge of and approve the diagnosis and treatment plan prior to the initiation of treatment.

(b) "Patient treatment" shall include:

(i) Conducting a patient intake interview concerning the patient's past and present medical history;

(ii) Performing traditional acupuncture examination and diagnosis;

(iii) Discussion between the instructor and the student concerning the proposed diagnosis and treatment plan;

(iv) Applying acupuncture treatment principles and techniques (a minimum of three hundred sixty patient treatments involving point location, insertion and withdrawal of all needles must be performed); and

(v) Charting of patient conditions, evaluative discussions and findings, and concluding remarks.

(c) Supervised practice shall consist of a reasonable time per patient treatment and a reasonable distribution of patient treatment over one or more academic years so as to facilitate the student's learning experience. If the department is not satisfied that the time per patient treatment and distribution of treatments over one or more academic years facilitates the student's learning experience, it may require detailed documentation of the patient treatments.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 87-06-050 (Order PM 641), § 308-180-170, filed 3/4/87.]

**WAC 246-802-070 Documents in foreign language.** All documents submitted in a foreign language shall be

accompanied by an accurate translation in English. Each translated document shall bear the affidavit of the translator certifying that the translator is competent in both the language of the document and the English language and that the translation is a true and complete translation of the foreign language original, and sworn to before a notary public. Translation of any document relative to a person's application shall be at the expense of the applicant.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-190, filed 3/4/87.]

**WAC 246-802-080 Sufficiency of documents.** In all cases the departments' decision as to the sufficiency of the documentation shall be final. The department may request further proof of qualification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-200, filed 3/4/87.]

**WAC 246-802-090 Examinations.** (1) An examination shall be given twice yearly for qualified applicants.

(2) An applicant for certification as an acupuncturist shall pass the following examinations:

(a) National Commission for Certification of Acupuncturists (NCCA) written examination;

(b) NCCA point location examination; and

(c) NCCA-approved clean needle technique course.

(3) An applicant may take and pass the examinations in subsection (1) of this section in a language other than English if that applicant:

(a) Holds a degree or diploma or transfers from an institution in an English-speaking country; or

(b) Passes the test of English as a foreign language with a minimum score of 550.

(4) Application fees are nonrefundable.

[Statutory Authority: RCW 43.70.040. 92-17-035 (Order 295B), § 246-802-090, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 90-12-114 (Order 052), § 308-180-210, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-210, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-210, filed 3/4/87.]

**WAC 246-802-100 Consultation plan.** Every certified acupuncturist shall develop a written plan for consultation, emergency transfer, and referral. The written consultation plan must be kept on file at the practitioner's place of business and be available on request by the department or its representative. The written consultation plan must include:

(1) The name, address, and telephone numbers of two consulting physicians;

(2) The name, address, and a telephone number of the nearest emergency room facility;

(3) An emergency transport mechanism (i.e., ambulance) with the name, address, and telephone number of the dispatcher nearest to the location of practice; and

(4) Confirmation from the physicians listed as to their agreement to consult with and accept referred patients from the applicant upon becoming a certified acupuncturist and establishing a place of practice.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 88-07-031 (Order PM 713), § 308-180-220, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-220, filed 3/4/87.]

**WAC 246-802-110 Referral to other health care practitioners.** When the acupuncturist sees patients with potentially serious disorders including but not limited to:

(1) Cardiac conditions including uncontrolled hypertension;

(2) Acute abdominal symptoms;

(3) Acute undiagnosed neurological changes;

(4) Unexplained weight loss or gain in excess of fifteen percent body weight within a three-month period;

(5) Suspected fracture or dislocation;

(6) Suspected systemic infection;

(7) Any serious undiagnosed hemorrhagic disorder; and

(8) Acute respiratory distress without previous history or diagnosis.

The acupuncturist shall provide the following as medically prudent:

(a) The acupuncturist shall immediately request a consultation or written diagnosis from a physician licensed under chapter 18.71 or 18.57 RCW for patients with potentially serious disorders. In the event the patient refuses to authorize such consultation or provide a recent diagnosis from such physician, acupuncture treatment shall not be continued.

(b) In emergency situations the acupuncturist shall provide life support and emergency transport to the nearest licensed medical facility.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160. 87-06-050 (Order PM 641), § 308-180-230, filed 3/4/87.]

**WAC 246-802-120 Patient informed consent.** The patient informed consent is to advise the patient of the credentials of the practitioner and the scope of practice of acupuncturists in the state of Washington. The following information must be furnished to each patient in writing prior to or at the time of the initial patient visit.

(1) Practitioner's qualifications, including:

(a) Education. Dates and location(s) of didactic and clinical training.

(b) License information, including:

(i) State license number;

(ii) Date of licensure;

(iii) Licensure in other states or jurisdiction.

(2) The "scope of practice" for an acupuncturist in the state of Washington includes but is not limited to the following list of techniques:

(a) Use of acupuncture needles to stimulate acupuncture points and meridians;

(b) Use of electrical, mechanical, or magnetic devices to stimulate acupuncture points and meridians;

(c) Moxibustion;

(d) Acupressure;

(e) Cupping;

(f) Dermal friction technique (gwa hsa);

(g) Infra-red;

(h) Sonopuncture;

(i) Lasarpuncture;

- (j) Dietary advice based on traditional Chinese medical theory; and
- (k) Point injection therapy (aquapuncture.)
- (3) Side effects may include, but are not limited to, the following:
  - (a) Some pain following treatment in insertion area;
  - (b) Minor bruising;
  - (c) Infection;
  - (d) Needle sickness; and
  - (e) Broken needle.
- (4) Patients with severe bleeding disorders or pace makers should inform practitioners prior to any treatment.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 87-06-050 (Order PM 641), § 308-180-240, filed 3/4/87.]

#### **WAC 246-802-130 Application exhibits required.**

Every application shall be accompanied by:

- (1) The application fee;
- (2) Verification of academic or educational study and training at a school or college which may include the following:
  - (a) Photostatic copy of diploma, certificate, or other certified documents and original copy of school transcript from a school or college evidencing completion of a program and a copy of the curriculum in the areas of study involved in the school or college forwarded directly from the issuing agency/organization; or
  - (b) Notarized affidavit or statement bearing the official school seal and signed by an officer of the school or training program certifying the applicant's satisfactory completion of the academic and clinical training and designating the subjects and hours; or
  - (c) If, for good cause shown, the school is no longer existent, an applicant may submit a sworn affidavit so stating and shall name the school, its address, dates of enrollment and curriculum completed, and such other information and documents as the department may deem necessary; or
  - (d) Certified copies of licenses issued by the applicants jurisdiction which must be forwarded directly to the department of health from the issuing licensing and/or translation agency rather than the applicant.
- (3) Verification of clinical training. The applicant shall submit a certification signed by the instructor(s) under oath that the applicant completed a course of clinical training under the direction of the instructor which shall include:
  - (a) The location of the training site.
  - (b) The inclusive dates of training.
  - (c) That the supervised practice included a minimum of four hundred patient treatments involving a minimum of one hundred different patients.
  - (d) One hundred hours of observation including case presentation and discussion.
- (4) Certified verification of successful completion of the national written examination, practical examination of point location skills and approved clean needle technique course from the National Commission for Certification of Acupuncturists.
- (5) Certified verification of a successful score of at least 550 on the test of English as a foreign language (TOEFL) if required by WAC 246-802-090(3). The applicant shall have

a copy of his/her official score records sent directly to the department from the testing service. The department may grant an exemption to this requirement if the department determines there is good cause.

[Statutory Authority: RCW 43.70.040, 92-17-035 (Order 295B), § 246-802-130, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 90-12-114 (Order 052), § 308-180-250, filed 6/6/90, effective 7/7/90; 88-07-031 (Order PM 713), § 308-180-250, filed 3/9/88; 87-06-050 (Order PM 641), § 308-180-250, filed 3/4/87.]

**WAC 246-802-140 Advertising.** (1) A person certified under chapter 18.06 RCW shall use the title certified acupuncturist or C.A. following their name in all forms of advertising, professional literature and billings. A certified acupuncturist may not represent that he or she holds a degree from an acupuncture school other than that degree which appears on his or her application for certification which has been verified in accordance with the director's requirements, unless the additional degree has also been verified in accordance with WAC 308-180-140.

(2) A certified acupuncturist may not use the title "doctor," "Dr.," or "Ph.D." on any advertising or other printed material unless the nature of the degree is clearly stated.

(3) A certified acupuncturist shall not engage in false, deceptive, or misleading advertising including but not limited to the following:

(a) Advertising which misrepresents the potential of acupuncture.

(b) Advertising of any service, technique, or procedure that is outside the scope of the certified acupuncturist as provided in RCW 18.06.010.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-802-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.06.160, 88-07-031 (Order PM 713), § 308-180-270, filed 3/9/88.]

**WAC 246-802-160 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health, whose address is:

Department of Health  
Professional Licensing Services  
1300 S.E. Quince St.  
P.O. Box 47868  
Olympia, Washington 98504-7868

(5) "Acupuncturist" means a person certified under chapter 18.06 RCW.

(6) "Mentally or physically disabled acupuncturist" means an acupuncturist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice acupuncture with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040, 92-17-035 (Order 295B), § 246-802-160, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified

as § 246-802-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-290, filed 6/30/89.]

**WAC 246-802-170 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the acupuncturist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-300, filed 6/30/89.]

**WAC 246-802-180 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any acupuncturist's services are terminated or are restricted based on a determination that the acupuncturist has either committed an act or acts which may constitute unprofessional conduct or that the acupuncturist may be mentally or physically disabled.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-310, filed 6/30/89.]

**WAC 246-802-190 Acupuncture associations or societies.** The president or chief executive officer of any acupuncture association or society within this state shall report to the department when the association or society determines that an acupuncturist has committed unprofessional conduct or that an acupuncturist may not be able to practice acupuncture with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts

upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-320, filed 6/30/89.]

**WAC 246-802-200 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an acupuncturist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-330, filed 6/30/89.]

**WAC 246-802-210 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to acupuncturists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured acupuncturist's incompetency or negligence in the practice of acupuncture. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the acupuncturist's alleged incompetence or negligence in the practice of acupuncture.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-340, filed 6/30/89.]

**WAC 246-802-220 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed acupuncturists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-350, filed 6/30/89.]

**WAC 246-802-230 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an acupuncturist is employed to provide patient care services, to report to the department whenever such an acupuncturist has been judged to have demonstrated his/her incompetency or negligence in the practice of acupuncture, or has otherwise committed unprofessional conduct. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-802-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-180-360, filed 6/30/89.]

**WAC 246-802-240 Cooperation with investigation.**

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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 director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the 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, 92-17-035 (Order 295B), § 246-802-240, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-180-370, filed 6/30/89.]

**WAC 246-802-250 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (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 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, 92-17-035 (Order 295B), § 246-802-250, filed 8/13/92, effective 9/13/92; 91-02-049 (Order 121), recodified as § 246-802-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 786), § 308-180-400, filed 11/2/88.]

**WAC 246-802-990 Acupuncture fees.** The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application nonrefundable	\$200.00
Annual license renewal	610.00
Inactive renewal	225.00
Late renewal penalty	100.00
Duplicate license	15.00
Certification	25.00
Acupuncture training program application	500.00

[Statutory Authority: RCW 43.70.040 and 43.70.250, 92-17-035 (Order 295B), § 246-802-990, filed 8/13/92, effective 9/13/92. 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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246-806-990	Chiropractic fees.

**DISPOSITION OF SECTIONS FORMERLY  
CODIFIED IN THIS CHAPTER**

246-806-050	Examination review and appeal procedures. [Statutory Authority: RCW 18.25.017, 91-05-026 (Order 111B), recodified 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.] Repealed by 92-17-026 (Order 297B), filed 8/11/92, effective 9/11/92. Statutory Authority: RCW 18.25.017.
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**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 noncompliance. 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 disaccreditation 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, predecision 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; adjunctive 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), recodified 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 246-806-060 Examinations.** (1) Effective January 1, 1990, in order to be eligible to take the board administered 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.

(2) The board's written examination includes The law relating to chiropractic.

(3) The board's practical examination contains the following sections:

(a) Practical x-ray;

(b) Practical technique.

[Statutory Authority: RCW 18.25.017, 92-17-026 (Order 297B), § 246-806-060, filed 8/11/92, effective 9/11/92; 91-05-026 (Order 111B), recodified 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.**

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 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, 92-17-026 (Order 297B), § 246-806-070, filed 8/11/92, effective 9/11/92; 91-05-026 (Order 111B), recodified 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), recodified 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 246-806-085 Thirty-day permit.** A chiropractor practicing under authority of RCW 18.25.190(1) shall register with the board by:

- (1) Notifying the board of the nature and dates of his or her practice in the state of Washington;
- (2) Submitting a copy of his or her current, valid license in the other jurisdiction in which he or she is licensed; and
- (3) Submitting a declaration under penalty of perjury attesting to the possession of a current, valid license and not having had a license to practice chiropractic suspended, revoked, or conditioned in any jurisdiction in the preceding five years. The declaration shall be in the following form:

I, . . . . ., possess a current, valid license to practice chiropractic in (the state of/territory of/province of/country of) . . . . . and have not had any license to practice chiropractic suspended, revoked, or conditioned in any jurisdiction in the preceding five years. I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

. . . . . Date and Place	. . . . . Signature
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No fee shall be charged to register under this section.

[Statutory Authority: RCW 18.25.017, 92-17-026 (Order 297B), § 246-806-085, filed 8/11/92, effective 9/11/92.]

**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 this section 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.

(6) Credit for hours of continuing education in a board approved continuing education program can be counted only once per year toward the annual continuing education requirement regardless of the number of times that program is attended. Licensed chiropractors serving as teachers or lecturers in board approved continuing education programs receive credit on the same basis as the doctors attending the program.

[Statutory Authority: RCW 18.25.017, 92-17-026 (Order 297B), § 246-806-090, filed 8/11/92, effective 9/11/92; 91-05-026 (Order 111B), recodified 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 [whose] 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;

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(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 Preceptor or direct supervisory doctor.** A preceptor is a doctor of chiropractic who is approved by the board to provide direct supervision to an unlicensed chiropractic doctor as set forth in RCW 18.25.190. The board shall maintain a list of approved preceptors.

(1) An approved preceptor shall:

(a) Provide direct supervision and control;

(b) Be on the premises any time the unlicensed chiropractic doctor treats patients in accordance with WAC 246-807-190; and

(c) Meet with the patient prior to commencement of chiropractic care.

(2) To apply for board approval to function as a preceptor, a doctor of chiropractic shall submit to the board:

(a) Proof of licensure as a Washington chiropractic doctor for the preceding five years, during which time the license has not been suspended, revoked, or conditioned;

(b) A completed application provided by the department;

(c) Verification of approval to participate in the program by an approved chiropractic college;

(d) Evidence of malpractice insurance for the unlicensed chiropractic doctor and the preceptor applicant; and

(e) A fee as specified in WAC 246-806-990.

[Statutory Authority: RCW 18.25.017. 92-17-026 (Order 297B), § 246-806-180, filed 8/11/92, effective 9/11/92. 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

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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
Original license	200.00
Temporary permit application	150.00
Temporary practice permit	50.00
Preceptorship	100.00
License renewal	300.00
Late renewal penalty	150.00
Inactive license renewal	150.00
Duplicate	15.00
Certification	25.00
Chiropractic x-ray technician application	25.00
Chiropractic x-ray technician original registration	25.00
Renewal	40.00
Late renewal penalty	25.00
Duplicate	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250, 92-07-017 (Order 251), § 246-806-990, filed 3/9/92, effective 4/9/92; 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.]

**Chapter 246-807 WAC**

**CHIROPRACTIC, DOCTORS OF—CHIROPRACTIC DISCIPLINARY BOARD**

**WAC**

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#### 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.
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#### CODE OF ETHICS

**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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified as § 246-807-110, filed 2/20/91, effective 3/23/91; Order PL 235, § 113-10-110, filed 12/31/75.]

### **BOARD RULES**

#### **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), recodified 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), recodified 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 246-807-171 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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 diagnosis or analysis and care or treatment of the vertebral subluxation complex and its effects, articular dysfunction, and musculoskeletal disorders, for the restoration and maintenance of health and recognizing the recuperative power of the body; it includes the use of procedures involving spinal adjustment, and extremity manipulation insofar as any such procedure is complementary or preparatory to a chiropractic spinal adjustment, the use of heat, cold, water, exercise, massage, trigger point therapy, dietary advice and recommendation of nutritional supplementation except for medicines of herbal, animal, or botanical origin, the normal regimen and rehabilitation of the patient, first aid, and counseling on hygiene, sanitation, and preventative measures, physiological therapeutic procedures such as traction and light, physical examination, which may include diagnostic x-rays, to determine the appropriateness of chiropractic care, or the need for referral to other health care providers: *Provided*, That no chiropractor shall prescribe or dispense any medicine or drug nor practice obstetrics or surgery nor use x-rays or any other form of radiation for therapeutic purposes colonic irrigation, or any form of venipuncture, nor proce-

dures involving the application of sound, diathermy, or electricity, nor treat disorders originating in the extremities.

(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 iridology.

(f) The taking of blood samples.

(g) Female breast examinations.

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) Electrotherapy.

(c) The use of a transcutaneous electrical nerve stimulator (TENS).

(d) The use of the endonasal technique.

(e) The use of any type of casting other than light body casting.

(f) The use of meridian therapy, whether known as "acupressure," or the same type of therapy under any other names unless complementary or preparatory to a chiropractic spinal adjustment.

(g) The use of hypnosis.

(h) The use of clinical herbology.

(i) Treatment of disorders originating in the extremities.

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, 92-24-042 (Order 319B), § 246-807-300, filed 11/25/92, effective 12/26/92; 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.

(1992 Ed.)

[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.]

**WAC 246-807-480 Peer review fees.** The peer review committee shall conduct the reviews as provided by RCW 18.26.340 and 18.26.350. At the time of submission for review, the applicant shall pay a fee of one-hundred fifty dollars. If the time for processing the review exceeds one hour, the peer review committee shall assess additional fees in the amount of fifty dollars per hour of review process, not to exceed four-hundred fifty dollars total.

[Statutory Authority: RCW 18.26.110 and 18.26.340. 92-11-009 (Order 270B), § 246-807-480, filed 5/11/92, effective 6/11/92.]

## Chapter 246-810 WAC COUNSELORS

### WAC

#### COUNSELORS

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#### COUNSELORS

**WAC 246-810-010 Definitions.** The following terms are defined within the meaning of this chapter.

(1) "Fee" as referred to in RCW 18.19.030 means compensation paid in exchange for counseling service whether or not the fee is paid on a contractual basis through a government agency or another third party, or is charged by a company, corporation, or any other type of firm, business, or individual provider.

(2) "Similarly regulated" means individuals who are currently registered, certified, or licensed under other laws of this state wherein disciplinary standards defining acts of unprofessional conduct apply to each individual under the regulation.

(3) "Therapeutic techniques" means the method of procedures used when assisting an individual with emotional, behavioral, or mental issues.

(4) "Treatment" means assisting or attempting to assist an individual and does not include the initial assessment/evaluation.

(5) "Counselor trainee" means any individual who is learning to be a counselor through on-the-job training while providing counseling services.

(6) "Student" means any individual enrolled in a college or university who is taking part in a counseling practicum for course credit.

(7) "Counselor intern" means any individual defined as a student.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-030, filed 5/11/88.]

**WAC 246-810-020 Expiration of registration or certification.** A registration or certification shall expire on the registered or certified practitioner's second birthdate following the date of original issue at which time it will be subject to renewal. Thereafter, the registration or certification will be renewable at two-year intervals, on or before the birthdate of the registered or certified practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1987 c 512 § 10. 87-21-011 (Order PM 686), § 308-190-020, filed 10/9/87.]

**WAC 246-810-030 Client disclosure information.** The term "counselor" as used in the wording of these rules includes all counselors, hypnotherapists, marriage and family therapists, mental health counselors, and social workers, whether registered or certified.

Counselors must provide disclosure information to each client in accordance with chapter 18.19 RCW prior to implementation of a treatment plan. The disclosure information must be specific to the type of counseling service offered; in language that can be easily understood by the client; and contain sufficient detail to enable the client to make an informed decision whether or not to accept treatment from the disclosing counselor.

Firms, agencies, or businesses may supply generic information relative to a counselor's disclosure to the client, in a format which does not duplicate disclosure information provided when more than one counselor is involved in treatment.

The disclosure information must be printed in a format selected by the counselor. Whatever format is chosen must include all required disclosure information.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-040, filed 5/11/88.]

**WAC 246-810-031 Required disclosure information.** (1) The following information shall be provided to each counseling client:

(a) Name of firm, agency, business, or counselor's practice.

(b) Counselor's business address and telephone number.

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(c) Washington state registration or certification number.  
(d) The counselor's name and type of counseling they provide.

(e) The methods or techniques the counselor uses.

(f) The counselor's education, training, and experience.

(g) Client's cost per each counseling session and the course of treatment where known.

(h) The following language must appear on every client's disclosure statement:

"Counselors practicing counseling for a fee must be registered or certified with the department of licensing for the protection of the public health and safety. Registration of an individual with the department does not include a recognition of any practice standards, nor necessarily implies the effectiveness of any treatment."

(i) Counseling clients are to be informed of the purpose of the Counselor Credentialing Act. The purpose of the law regulating counselors is: (A) To provide protection for public health and safety; and (B) to empower the citizens of the state of Washington by providing a complaint process against those counselors who would commit acts of unprofessional conduct.

(j) Counseling clients are to be informed that they as individuals have the right to choose counselors who best suit their needs and purposes. (This subsection is not intended to provide new rights by superseding those adopted by previous statutes.)

(k) Counseling clients are to be informed of the extent of confidentiality provided by RCW 18.19.180 (1) through (6).

(1) Counseling clients are to be provided a list of or copy of the acts of unprofessional conduct in RCW 18.130.180 with the name, address, and contact telephone within the department of licensing.

(2) Signatures are required of both the counselor providing the disclosure information and the client following a statement that the client had been provided a copy of the required disclosure information and the client has read and understands the information provided. The date of signature by each party is to be included at the time of signing.

(3) The department of licensing publishes a brochure for the education and assistance of the public. The department brochure may be photocopied and provided to each client as an option to satisfy the required disclosure information of subsection (1)(j) through (l) of this section.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-031, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060. 89-14-070 (Order PM 840), § 308-190-041, filed 6/30/89.]

**WAC 246-810-032 Failure to provide client disclosure information.** Failure to provide to the client any of the disclosure information as set forth in WAC 308-190-040 and as required by the law shall constitute an act of unprofessional conduct as defined in RCW 18.130.180(21).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-032, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-024 (Order PM 728), § 308-190-050, filed 5/11/88.]

**WAC 246-810-040 Reporting of suspected abuse or neglect of a child, dependent adult, or a developmentally**

**disabled person.** As required by chapter 26.44 RCW, all hypnotherapists and counselors, registered or certified, shall report abuse or neglect of a child, dependent adult, or developmentally disabled person when they have reasonable cause to believe that such an incident has occurred.

The report shall be made to the local law enforcement agency or to the department of social and health services at the first opportunity, but no longer than forty-eight hours after there is reasonable cause to believe that the child or adult has suffered abuse or neglect.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.060, 89-14-070 (Order PM 840), § 308-190-042, filed 6/30/89.]

**WAC 246-810-050 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing  
Professional Programs Management Division  
P.O. Box 9012  
Olympia, Washington 98504-8001

(5) "Counselor" means a person registered pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled counselor" means a counselor who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-060, filed 6/30/89.]

**WAC 246-810-060 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the registered counselors being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-070, filed 6/30/89.]

**WAC 246-810-061 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any registered counselor's services are terminated or are restricted based upon a determination that the registered counselor has committed an act which may constitute unprofessional conduct or that the registered counselor may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-061, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-080, filed 6/30/89.]

**WAC 246-810-062 Counselor associations or societies.** The president or chief executive officer of any counselor association or society within this state shall report to the department when the association or society determines that a registered counselor has committed unprofessional conduct or that a registered counselor may not be able to practice counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the registration holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-062, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-090, filed 6/30/89.]

**WAC 246-810-063 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a registered counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-063, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-100, filed 6/30/89.]

**WAC 246-810-064 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to registered counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured registered counselor's incompetency or negligence in the practice of counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the counselor's alleged incompetence or negligence in the practice of counseling.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-064, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-110, filed 6/30/89.]

**WAC 246-810-065 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of registered counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-120, filed 6/30/89.]

**WAC 246-810-066 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a registered counselor is employed to provide client care services, to report to the department whenever such a registered counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled counselor. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-066, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-130, filed 6/30/89.]

**WAC 246-810-070 Cooperation with investigation.**

(1) A registrant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the registrant or their attorney, whichever is first. If the registrant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the registrant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW

18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the registrant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-190-140, filed 6/30/89.]

**WAC 246-810-080 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for registration. Effective January 1, 1989 persons applying for registration shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of registration. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for registration renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 registration expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for registration, renewal, or reinstatement of any registration on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

- (i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;
- (ii) Keep records for two years documenting attendance and description of the learning;
- (iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 786), § 308-190-200, filed 11/2/88.]

### CERTIFIED MARRIAGE AND FAMILY THERAPISTS

**WAC 246-810-310 Definitions.** Definitions within the meaning of this chapter as pertains to the certification of marriage and family therapists.

- (1) "Shows evidence" is defined as the official transcript sent directly to the department of licensing by the approved college or university to include course catalogs and syllabi if requested by the department.
- (2) "Approved school" and "approved graduate school" both mean any regionally accredited college or university.
- (3) "Marriage and family assessment" includes the evaluation and diagnosis of individual, marital, family functioning, and psychopathology.
- (4) "Treatment" is a process that is derived from a systemic or interactional theoretical orientation where psychotherapy is employed to improve the individual, marital, and family functioning.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 89-04-003 (Order PM 817), § 308-220-010, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-010, filed 5/18/88.]

**WAC 246-810-320 Degree equivalents.** The following are considered to establish equivalence to a master's or doctoral degree in marriage and family therapy from an approved school or an approved graduate school:

- (1) A doctoral or master's degree in any of the behavioral sciences that shows evidence of fulfillment of the coursework requirements set out in WAC 308-220-040;
- (2) A doctoral or master's degree in any of the behavioral sciences that shows evidence of partial fulfillment of the equivalent coursework requirements set out in WAC 308-220-040, plus supplemental coursework from either an AAMFT accredited postgraduate institution or from a regionally accredited college or university to satisfy the remaining equivalent coursework requirements set out in WAC 308-220-040; or
- (3) A doctoral or master's degree in any of the behavioral sciences and proof of meeting requirements for receiving AAMFT clinical membership.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 89-04-003 (Order PM 817), § 308-220-030, filed 1/19/89; 88-11-079 (Order PM 729), § 308-220-030, filed 5/18/88.]

**WAC 246-810-321 Program equivalency.** The equivalent course of graduate study shall include courses in

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marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, research, professional ethics and law, supervised clinical practice and electives. A total of forty-five semester hours and sixty quarter hours are required in all nine areas of study. A minimum of twenty-seven semester hours or thirty-six quarter hours are required in the first five areas of study: Marital and family systems, marital and family therapy, individual development psychopathology, human sexuality, and research. Distribution follows below:

(1) Marital and family systems.

(a) An applicant must take from two to four courses in marital and family systems. Course hours required are a minimum of six to twelve semester hours or eight to sixteen quarter hours.

(b) Marital and family systems is a fundamental introduction to the systems approach to intervention. The student should learn to think in systems terms on a number of levels across a wide variety of family structures, and regarding a diverse range of presenting problems. While the most intense focus may be on the nuclear family (in both its traditional and alternative forms), models should be taught which integrate information regarding the marital, sibling, and individual subsystems, as well as the family of origin and external societal influences. Developmental aspects of family functioning should also be considered of the family system, it also provides a theoretical basis for treatment strategy. Some material may be drawn from familiar sources such as family sociology, but it should be integrated with recent clinically-oriented systems concepts. Supplemental studies may include family simulation, the observation of well families, and study of the student's family of origin.

(2) Marital and family therapy.

(a) An applicant must take from two to four courses in marital and family therapy. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) Marital and family therapy is intended to provide a substantive understanding of the major theories of systems change and the applied practices evolving from each orientation. Major theoretical approaches to be surveyed might include strategic, structural, experiential, neoanalytical (e.g., object relations), communications, and behavioral. Applied studies should consider the range of technique associated with each orientation, as well as a variety of treatment structures, including individual, concurrent, collaborative, conjoint marital, marital group, transgenerational, and network therapies.

(3) Individual development.

(a) An applicant must take one course in individual development. Course hours required are a minimum of two to four semester hours or three to six quarter hours.

(b) A course in this area is intended to provide a knowledge of individual personality development and its normal and abnormal manifestations. The student should have relevant coursework in human development across the life span, and in personality theory. An attempt should be made to integrate this material with systems concepts. Several of the courses in this category may be required as prerequisites for some degree programs.

(4) Psychopathology.



(a) An applicant must take one course in psychopathology. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Psychopathology is the assessment and diagnosis including familiarity with current diagnostic nomenclature, diagnostic categories and the development of treatment strategies.

(5) Human sexuality.

(a) An applicant must take one course in human sexuality. Course hours required are a minimum of two to four semester hours and three to six quarter hours.

(b) Human sexuality includes normal psycho-sexual development, sexual functioning and its physiological aspects and sexual dysfunction and its treatment.

(6) Research.

(a) An applicant must take one course in research methods. Course hours required are a minimum of three semester hours and four quarter hours.

(b) The research area is intended to provide assistance to students in becoming informed consumers of research in the marital and family therapy field. Familiarity with substantive findings, together with the ability to make critical judgments as to the adequacy of research reports, is expected.

(7) Professional ethics and law.

(a) An applicant must take one course in professional ethics and law. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area is intended to contribute to the development of a professional attitude and identity. Areas of study will include professional socialization and the role of the professional organization, licensure or certification legislation, legal responsibilities and liabilities, ethics and family law, confidentiality, independent practice and interprofessional cooperation.

(8) Supervised clinical practice.

(a) An applicant must have a minimum of one year of supervised clinical practice in marriage and family therapy under the supervision of a qualified marriage and family therapist. Course hours required are a minimum of nine semester hours and twelve quarter hours.

(b) A minimum of five hundred hours of direct contact is required during graduate school. The student shall be involved in direct systemic/interactional clinical work with individuals, couples, and families. This work will continue without interruption for the balance of the student's academic program or at least one calendar year. A total of five hundred direct clinical hours shall be spread evenly throughout the calendar year with a minimum of one hundred hours of supervision (a minimum of fifty group hours and a minimum of fifty individuals).

(c) Applicants who have completed master's programs accredited by the AAMFT commission of accreditation will have met the five hundred hours of direct contact required during graduate school.

(9) Electives.

(a) An individual must take one course in an elective area. Course hours required are a minimum of three semester hours and four quarter hours.

(b) This area will vary with different institutions but is intended to provide supplemental and/or specialized supporting areas.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-321, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-040, filed 5/18/88.]

**WAC 246-810-330 Supervision.** Supervision means the oversight and responsibility for the supervisee's continuing clinical practice of marriage and family therapy for a minimum of one hour every other week. Supervision of marriage and family therapy is expected to have the following characteristics:

(1) It is face-to-face conversations with the supervisor, usually in periods of approximately one hour each.

(2) Marriage and family therapy supervision focuses on the raw data from a supervisee's continuing practice, as this is made directly available to the supervisor through such means as direct observation, cotherapy, written clinical notes and audio and video recordings.

(3) Marriage and family therapy supervision is a process clearly distinguishable from (if in some ways similar to) personal psychotherapy and is contracted in order to serve professional/vocational goals.

(4) Supervision from a family member is not acceptable.

(5) Peer supervision, a contradiction in terms, is not acceptable. Activities between clinical peers are not applicable for credit toward supervision.

(6) In order for a supervisee to receive credit, supervision may be done in a group of no more than six supervisees plus their supervisors for group credit and of no more than two supervisees for individual credit.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-050, filed 5/18/88.]

**WAC 246-810-331 Supervisor qualifications.**

Marriage and family therapists qualified to supervise are those that document at least three years of post certification experience to include at least one year of experience in the provision of marriage and family therapy supervision. Documentation shall consist of two letters verifying supervision experience and sent directly to the department of licensing from an agency director, supervisor or certified family therapist, or:

Marital and family therapists certified prior to July 27, 1988, and who have three years of documented marital and family therapy practice, prior to July 27, 1988, will be recognized as a qualified supervisor, or:

An American Association of Marriage and Family Therapy approved supervisor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-331, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-060, filed 5/18/88.]

**WAC 246-810-332 Supervised postgraduate practice.** Two years of supervised postgraduate practice is required to be eligible for certification examination. The two years would include at least two hundred hours of supervision with at least one hundred of the two hundred hours to be individual supervision. The two hundred hours of

supervised practice represents one thousand hours of direct client contact.

Applicants who have completed a master's program accredited by the AAMFT commission on accreditation may be credited with one hundred hours of supervision toward the two hundred hour supervision requirement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-332, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-070, filed 5/18/88.]

**WAC 246-810-340 Examination.** Examinations will be given at least once annually as determined by the director. Applications must be complete and submitted at least ninety days in advance.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-079 (Order PM 729), § 308-220-020, filed 5/18/88.]

**WAC 246-810-350 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing  
Professional Programs Management Division  
P.O. Box 9012  
Olympia, Washington 98504-8001

(5) "Marriage and family therapist" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled marriage and family therapist" means a marriage and family therapist who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice marriage and family counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-090, filed 6/30/89.]

**WAC 246-810-360 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the certified marriage and family therapist being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-100, filed 6/30/89.]

**WAC 246-810-361 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified marriage and family therapist's services are terminated or are restricted based upon a determination that the certified marriage and family therapist has committed an act which may constitute unprofessional conduct or that the certified marriage and family therapist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-361, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-110, filed 6/30/89.]

**WAC 246-810-362 Marriage and family therapist associations or societies.** The president or chief executive officer of any marriage and family therapist association or society within this state shall report to the department when the association or society determines that a certified marriage and family therapist has committed unprofessional conduct or that a certified marriage and family therapist may not be able to practice marriage and family therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the holder of the certificate appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-362, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-220-120, filed 6/30/89.]

**WAC 246-810-363 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified marriage and family therapist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-363, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-130, filed 6/30/89.]

**WAC 246-810-364 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to certified marriage and family therapists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified marriage and family therapist's incompetency or negligence in the practice of marriage and family therapy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the marriage and family therapist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-364, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-140, filed 6/30/89.]

**WAC 246-810-365 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified marriage and family therapists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-365, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-150, filed 6/30/89.]

**WAC 246-810-366 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified marriage and family therapist is employed to provide client care services, to report to the department whenever such a certified marriage and family therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of marriage and family therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified marriage and family therapist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-366, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-160, filed 6/30/89.]

**WAC 246-810-370 Cooperation with investigation.** (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by

submitting the requested items within fourteen calendar days of receipt of the request by either the licensee, certificant, or registrant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-220-170, filed 6/30/89.]

**WAC 246-810-380 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such

education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-220-200, filed 11/2/88.]

#### CERTIFIED MENTAL HEALTH COUNSELORS

**WAC 246-810-510 Definitions.** (1) "Wellness model" is defined as focusing on a client's inherent strengths rather than pathology or restrictions on the clientele to be treated. "Wellness model" is an attitudinal rather than methodological intention.

(2) "Postgraduate supervision" is defined as consisting of a total of one hundred documented hours of individual face-to-face case consultation with an approved supervisor, with no more than six hours per month to be allowed to accrue toward the total.

(3) "Postgraduate professional experience" is defined as consisting of face-to-face counseling service with an individual or with a group of individuals for at least fifty percent of counseling service hours per week for a full-time or part-time employee. The total number of counseling hours is two thousand or more documented hours accumulated over a minimum of twenty-four months but not more than forty-eight months.

(4) "Counseling practicum" is defined as mental health counseling that is supervised as a part of a course.

(5) "Counseling internship" is defined as supervised mental health counseling performed through counseling field placement.

(6) "Approved supervisor" shall include a certified mental health counselor, licensed psychologist, licensed psychiatrist, or other mental health care provider who meets or exceeds the requirements of certified mental health counselor; provided, the supervisor is not a blood or legal relative or cohabitant of the supervisee.

(7) "Related field" is defined as counseling, psychology, social work, nursing, education, or social sciences.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-010, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-010, filed 5/11/88.]

**WAC 246-810-520 Approved schools.** Approved schools are those colleges or universities which were accredited by Western Association of Schools and Colleges, Northwest Association of Schools and Colleges, or an essentially equivalent national or regional accrediting body recognized by the council on postsecondary accreditation at the time the applicant completed the required education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-020, filed 5/11/88.]

**WAC 246-810-521 Mental health counselors—Education requirement prior to examination for certification.** (1) To meet the education requirement imposed by RCW 18.19.120, an applicant must possess:

(a) A master's or doctoral degree in mental health counseling or related field from a regionally accredited college or university; or

(b) Have successfully completed at least thirty graduate semester hours or forty-five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content.

(2) Subject content includes a core of study relating to counseling theories, counseling philosophy, counseling practicum, counseling internship, and should incorporate content in professional ethics and law and shall include at least five content areas (a) through (h) of this subsection and at least two additional content areas from the entire list:

(a) Assessment/diagnosis.

(b) Career development counseling.

(c) Counseling individuals.

(d) Counseling groups.

(e) Counseling couples and families.

(f) Developmental psychology (may be child, adolescent, adult or life span).

(g) Abnormal psychology/psychopathology.

(h) Research and evaluation.

(i) Multicultural concerns.

(j) Substance/chemical abuse.

(k) Physiological psychology.

(l) Organizational psychology.

(m) Mental health consultation.

(n) Developmentally disabled persons.

(o) Abusive relationships.

(p) Chronically mentally ill.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-521, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-050, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-050, filed 5/11/88.]

**WAC 246-810-530 Mental health counselors—Professional experience requirement prior to examination for certification.** (1) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant with a master's or doctoral degree

in mental health counseling or related field from a regionally accredited college or university must have accumulated:

(a) Twenty-four months of postgraduate professional experience as defined in WAC 308-210-010(3); and

(b) Postgraduate supervision as defined in WAC 308-210-010(2).

(2) To meet the postgraduate professional experience and supervision requirements provided in RCW 18.19.120(1) an applicant who has successfully completed at least thirty graduate semester hours or forty-five graduate quarter hours in the field of mental health counseling or the substantial equivalent in subject content as described in WAC 308-210-050(2) must have accumulated:

(a) Twenty-four months of professional experience as described in WAC 308-210-010(3), accumulated after obtaining a bachelor's degree and the required graduate hours; and

(b) Supervision as defined in WAC 308-210-010(2) which has been provided after obtaining a bachelor's degree and the required graduate hours.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-045, filed 6/30/89.]

**WAC 246-810-540 Examination for certified mental health counselors.** (1) A written, multiple-choice certification examination on knowledge and application of mental health counseling will be administered at least once a year. Applications must be submitted at least ninety days prior to the examination date.

(2) Applicants who successfully complete and pass the National Board of Certified Counselors (NBCC) certification examination have met the examination requirement of RCW 18.19.120. Verification of successful completion and passage of the NBCC certification examination is to be provided directly to the department of licensing by the NBCC at the request of the applicant for Washington state certified mental health counselor.

(3) Applicants who successfully complete and pass the National Academy of Certified Clinical Mental Health Counselors (NACCMHC) certification examination have met the examination requirement of RCW 18.19.120. Verification of successful completion and passage of the NACCMHC certification examination is to be provided directly to the department of licensing by the NACCMHC at the request of the applicant for Washington state certified mental health counselor.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-540, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-040, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-040, filed 5/11/88.]

**WAC 246-810-541 Applicants with graduate degree by January 26, 1989.** Applicants who have completed a master's or doctoral degree program in mental health counseling or a related field from a regionally accredited college or university by January 26, 1989, may qualify for examination without the postgraduate professional experience or postgraduate supervision required by WAC 308-210-045.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-541, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-046, filed 6/30/89.]

**WAC 246-810-542 Examination waiver eligibility.**

In order to apply for certification without examination, an applicant must have submitted a written intent to become certified or have become registered by July 26, 1988. All education, experience, and supervision requirements must have been met by July 26, 1988.

(1) Graduate degree applicants.

(a) Graduate degree applicants must have a master's or doctoral degree in mental health counseling or in psychology, social work, nursing, education, or social sciences which includes the substantial equivalent in subject content to a graduate mental health counseling degree as defined in WAC 308-210-050; and

(b) Postgraduate professional experience and postgraduate supervision.

(2) Alternative training and experience equivalent applicants.

(a) Alternative training and experience equivalent applicants must have a minimum of a bachelor's degree in counseling, psychology, social work, nursing, education, or social sciences from a regionally accredited institution; and

(b) At least five years of documented experience employed in a mental health setting with two thousand hours of supervised face-to-face counseling; or

(c) A combination of supervised and unsupervised face-to-face counseling where two and one-half hours without supervision may be considered as replacement for one hour with supervision.

(3) Persons applying for certification as a mental health counselor during the initial certification period shall meet the requirement for supervised practice or shall be required to pass the certification examination.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-542, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.120. 89-14-071 (Order PM 841), § 308-210-030, filed 6/30/89. Statutory Authority: RCW 18.19.050. 88-11-025 (Order PM 730), § 308-210-030, filed 5/11/88.]

**WAC 246-810-550 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing  
Professional Programs Management Division  
P.O. Box 9012  
Olympia, Washington 98504-8001

(5) "Mental health counselor" means a person certified pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled mental health counselor" means a mental health counselor who is currently mentally incompetent or mentally ill as determined by a

court, or who is unable to practice mental health counseling with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-550, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-080, filed 6/30/89.]

**WAC 246-810-560 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone number of the certified mental health counselor being reported.

(c) The case number of any client/patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-090, filed 6/30/89.]

**WAC 246-810-561 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified mental health counselor's services are terminated or are restricted based upon a determination that the certified mental health counselor has committed an act which may constitute unprofessional conduct or that the certified mental health counselor may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-561, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-100, filed 6/30/89.]

**WAC 246-810-562 Mental health counselor associations or societies.** The president or chief executive officer of any mental health counselor association or society within this state shall report to the department when the association or society determines that a certified mental health counselor has committed unprofessional conduct or that a certified mental health counselor may not be able to practice mental health counseling with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-562, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-110, filed 6/30/89.]

**WAC 246-810-563 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified mental health counselor has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-563, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-120, filed 6/30/89.]

**WAC 246-810-564 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to certified mental health counselors shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified mental health counselor's incompetency or negligence in the practice of mental health counseling. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the mental health counselor's alleged incompetence or negligence in the practice of mental health counseling.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-564, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-130, filed 6/30/89.]

**WAC 246-810-565 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified mental health counselors, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-565, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-140, filed 6/30/89.]

**WAC 246-810-566 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of



Washington, under which a certified mental health counselor is employed to provide patient/client care services, to report to the department whenever such a certified mental health counselor has been judged to have demonstrated his/her incompetency or negligence in the practice of mental health counseling, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified mental health counselor. These requirements do not supercede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-566, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-150, filed 6/30/89.]

#### **WAC 246-810-570 Cooperation with investigation.**

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the certificant or their attorney, whichever is first. If the certificant fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the certificant fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the certificant complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-570, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-210-160, filed 6/30/89.]

#### **WAC 246-810-580 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making

application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

(4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

(c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270, 88-22-077 (Order PM 786), § 308-210-200, filed 11/2/88.]

### **CERTIFIED SOCIAL WORKERS**

**WAC 246-810-720 Accredited programs.** Accredited graduate school of social work as provided in RCW 18.19.110, means a program accredited by the council of social work education. Program equivalency includes:

(1) Canadian graduate schools of social work that are approved by the Canadian council of social work; and

(2) Foreign curriculum which meets the requirements of the foreign equivalency determining service of the council on social work education. Obtaining such equivalency approval is the applicant's responsibility.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-810-720, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050, 88-11-078 (Order PM 727), § 308-230-010, filed 5/18/88.]

**WAC 246-810-730 Supervision requirements.** Three thousand two hundred hours of supervised social work practice is required.

(1) Within that practice, ninety hours of formal meetings with the supervisor to discuss social work practice related issues shall occur.

(2) Of the ninety hours, at least forty-five hours must be under the supervision of a person who is either a Washington state certified social worker, ACSW or social worker who can demonstrate equal qualifications to those required by the department. No more than forty-five hours may be under the supervision of a professional registered or licensed in the following categories: Psychiatrists, psychologists, psychiatric nurses, mental health counselors and marriage and family therapists; or a mental health professional from the above list who can demonstrate equal qualifications as required by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-040, filed 5/18/88.]

**WAC 246-810-731 Education and supervision equivalency.** Anyone with current Academy of Certified Social Workers (ACSW) status and proof of forty-five hours of master of social work supervision as provided in WAC 308-230-040(2) is considered to have met the education and supervision requirements for Washington state certification. Documentation of ACSW status for Washington state residents must be verified from the National Association of Social Workers (NASW). Verification must be sent directly to the department of licensing from the national office of NASW or any state chapter office of NASW.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-731, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-030, filed 5/18/88.]

**WAC 246-810-740 Examination required.** The American Association of State Social Work Board's level C examination is approved for use as the state examination for certification of social workers.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-020, filed 5/18/88.]

**WAC 246-810-741 Certification of persons credentialed out-of-state.** Substantially equal, as referenced in RCW 18.19.160 means having the same qualifications as required by Washington state statute and rules. Certification of persons credentialed out-of-state through grandfathering provisions whereby proof of education, supervised practice experience, and/or examination was not required, is not considered substantially equal.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-741, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.19.050. 88-11-078 (Order PM 727), § 308-230-050, filed 5/18/88.]

**WAC 246-810-750 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of licensing, whose address is:

Department of Licensing  
Professional Programs Management Division  
P.O. Box 9012  
Olympia, Washington 98504-8001

(5) "Social worker" means a person licensed pursuant to chapter 18.19 RCW.

(6) "Mentally or physically disabled social worker" means a social worker who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice social work with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-060, filed 6/30/89.]

**WAC 246-810-760 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the certified social worker being reported.

(c) The case number of any patient/client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-070, filed 6/30/89.]

**WAC 246-810-761 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home or alcohol treatment agency as defined in chapters 70.96 and 70.96A RCW, drug treatment agency as defined in chapter 69.54 RCW, and public and private mental health treatment agencies as defined in RCW 71.05.020 (6) and (7), and 71.24.025(3), shall report to the department when any certified social worker's services are terminated or are restricted based upon a determination that the certified social worker has committed an act which may constitute unprofessional conduct or that the social worker may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-761, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-080, filed 6/30/89.]

**WAC 246-810-762 Social worker associations or societies.** The president or chief executive officer of any social worker association or society within this state shall report to the department when the association or society determines that a certified social worker has committed unprofessional conduct or that a certified social worker may not be able to practice social work with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-762, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-090, filed 6/30/89.]

**WAC 246-810-763 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a certified social worker has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-763, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-100, filed 6/30/89.]

**WAC 246-810-764 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to certified social workers shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured certified social worker's incompetency or negligence in the practice of social work. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the social worker's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-764, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-110, filed 6/30/89.]

**WAC 246-810-765 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified social workers, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-765, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-120, filed 6/30/89.]

**WAC 246-810-766 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a certified social worker is employed to provide client care services, to report to the department whenever such a certified social worker has been judged to have demonstrated his/her incompetency or negligence in the practice of social work, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled certified social worker. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-766, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-130, filed 6/30/89.]

**WAC 246-810-770 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of licensing by submitting the requested items within fourteen calendar days of receipt of the request by either the licensee or their attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator will contact that individual or their attorney by telephone or letter as a reminder.

(2) Investigators may extend the time for response if the request for extension does not exceed seven calendar days. Any other requests for extension of time may be granted by the director or the director's designee.

(3) If the licensee fails to comply with the request within three business days after receiving the reminder, a subpoena will be served to obtain the requested items. A statement of charges may be issued pursuant to RCW 18.130.180(8) for failure to cooperate. If there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(4) If the licensee complies with the request after the issuance of the statement of charges, the director or the director's designee will decide if the charges will be prosecuted or settled. If the charges are to be settled the settlement proposal will be negotiated by the director's designee. Settlements are not considered final until the director signs the settlement agreement.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-230-140, filed 6/30/89.]

**WAC 246-810-780 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Effective January 1, 1989 persons applying for certification shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4).

(3) 1989 Renewal of certificate. Effective for the 1989 renewal period beginning January 1, 1989 all persons making application for certification renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4). Those persons who must renew during 1989 shall submit evidence of compliance with the education requirements of subsection (4) with their renewal application. Those persons who must renew during 1990 shall submit evidence of compliance with subsection (4) on or before December 31, 1989. Persons whose 1989 certificate expires on or before March 31, 1989 will, upon written application, be granted an extension to April 15, 1989, to meet the AIDS education requirement. Renewal applicants who have documented hardship that prevents obtaining the required education may petition for an extension.

## (4) AIDS education and training.

(a) Acceptable education and training. The director will accept education and training that is consistent with the topical outline supported by the office on AIDS. Such education and training shall be a minimum of four clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective January 1, 1989, the requirement for certification, renewal, or reinstatement of any certificate on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of subsection (a).

## (c) Documentation. The applicant shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-780, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-230-200, filed 11/2/88.]

**FEES**

**WAC 246-810-990 Fees.** The following fees shall be charged by the professional licensing division of the department of health:

Title	Fee
<b>Certified mental health counselor:</b>	
Application and certification	\$125.00
Application assessment	6.00
Examination	145.00
Retake examination	120.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
<b>Certified social worker:</b>	
Application and certification	105.00
Application assessment	5.00
Examination	140.00
Retake examination	120.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
<b>Certified marriage/family therapist:</b>	
Application and certification	125.00
Application assessment	6.00
Written examination	140.00
Oral examination	140.00
Retake examination—Written	140.00
Retake examination—Oral	140.00
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	62.00
Certification/verification	50.00
<b>Registered counselor:</b>	
Application and registration	75.00
Application assessment	3.50
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	42.00
Certification/verification	50.00
<b>Registered counselor-hypnotherapist:</b>	
Application and registration	75.00
Application assessment	3.50
Renewal	70.00
Renewal assessment	3.50
Late renewal penalty	73.50
Duplicate license	42.00
Certification/verification	50.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-810-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-039 (Order 084), § 308-190-010, filed 8/29/90, effective 9/29/90; 90-04-094 (Order 029), § 308-190-010, filed 2/7/90,

effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-033 (Order PM 669), § 308-190-010, filed 8/27/87.]

### Chapter 246-815 WAC DENTAL HYGIENISTS

#### WAC

246-815-020	Dental hygiene examination eligibility.
246-815-030	Education requirements for licensure applicants.
246-815-031	Dental hygiene expanded functions education requirement for licensure implementation.
246-815-040	AIDS prevention and information education requirements.
246-815-050	Examination.
246-815-060	Dismissal from examination.
246-815-070	Examination results.
246-815-080	Written examination review procedures.
246-815-090	Practical examination review procedures.
246-815-100	Licensure by interstate endorsement of credentials.
246-815-110	Application procedures for approval of dental hygiene expanded functions education programs.
246-815-115	Exception application procedures for approval of dental hygiene expanded functions education programs.
246-815-120	Standards required for approval of dental hygiene expanded functions education programs.
246-815-130	Curriculum requirements for expanded functions dental hygiene education programs approval.
246-815-140	Continuing education for dental hygienists.
246-815-150	Renewal of licenses.
246-815-160	Standards of dental hygiene conduct or practice.
246-815-170	General provisions.
246-815-180	Mandatory reporting.
246-815-190	Health care institutions.
246-815-200	Dental hygienist associations or societies.
246-815-210	Health care service contractors and disability insurance carriers.
246-815-220	Professional liability carriers.
246-815-230	Courts.
246-815-240	State and federal agencies.
246-815-250	Cooperation with investigation.
246-815-990	Dental hygiene fees.

**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, 1993.

[Statutory Authority: RCW 18.29.130(6), 92-03-006 (Order 232), § 246-815-031, filed 1/3/92, effective 2/3/92; 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 246-815-050 Examination.** (1) The dental hygiene examination will consist of both written and practical tests.

(a) Written tests—The written tests will include:

(i) Successful completion of the dental hygiene national board examination.

(ii) Washington state written test. All applicants must successfully complete a written test covering anesthesia, restorative dentistry, and other subjects related to dental hygiene practice.

(b) Practical tests—The practical tests will include:

(i) Patient evaluation test which will include a health history, extraoral and intraoral examination, periodontal charting and radiographs.

(ii) Prophylaxis test which will include a clinical demonstration of a prophylaxis to consist of the removal of deposits from and the polishing of the surfaces of the teeth.

(iii) Anesthesia test which will include applicants demonstrating the administration of a local anesthetic.

(iv) Restorative test which will include demonstrating the insertion, condensation, carving and polishing of amalgam restorations.

(2) Each applicant must furnish a patient for the patient evaluation test, prophylaxis test and anesthesia test. Patients must be at least eighteen years of age with a minimum of twenty-four teeth. A patient shall not be a dentist, dental student, or dental hygiene student. The state dental hygiene examining committee and the school of dentistry assume no responsibility regarding the work done on patients. Candidates will be required to furnish documentary evidence of malpractice and liability insurance for the examination.

(3) The committee may, at its discretion, give a test in any other phase of dental hygiene. Candidates will receive information concerning each examination.

(4) The applicant will comply with all written instructions provided by the department of health.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130, 90-23-011 (Order 098), § 308-25-015, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031, 86-09-014 (Order PL 585), § 308-25-015, filed 4/7/86.]

**WAC 246-815-060 Dismissal from examination.** Any applicant whose conduct interferes with the evaluation of professional competency by the committee may be dismissed from the examination and all of his or her work will be rejected. Such conduct will include but not be limited to the following:

(a) Giving or receiving aid, either directly or indirectly, during the examination process.

(b) Failure to follow directions relative to the conduct of the examination, including termination of procedures.

(c) Endangering the life or health of a patient.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.031, 84-04-088 (Order PL 459), § 308-25-070, filed 2/1/84. Statutory Authority: RCW 43.24.020 and 43.24.024, 82-06-043 (Order 672), § 308-25-070, filed 3/2/82.]



**WAC 246-815-070 Examination results.** (1) In order to pass the examination the applicant must:

- (a) Submit proof of successful completion of the national board of dental hygiene examination;
  - (b) Successfully complete the patient evaluation practical test;
  - (c) Successfully complete the prophylaxis practical test;
  - (d) Successfully complete the anesthetic practical test;
  - (e) Successfully complete the restorative practical test;
- and,
- (f) Successfully complete the Washington state written test.

(2) An applicant who passes at least three of the following tests may elect to retake only the tests failed: *Provided*, That if the applicant has not passed all tests at the next examination administration offered then the entire examination must be retaken. The tests are:

- (a) Patient evaluation practical;
- (b) Prophylaxis case practical;
- (c) Anesthetic practical;
- (d) Restorative practical; and,
- (e) Washington state written test.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-035, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031, 86-09-014 (Order PL 585), § 308-25-035, filed 4/7/86.]

**WAC 246-815-080 Written examination review procedures.** (1) Any candidate who takes the written examination phase of the dental hygiene examination and does not pass may request informal review by the examining committee of his or her examination results. The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) The request for an informal review must be in writing, a form will be provided with the examination results, and must be received by the department within twenty days of the postmark date of notification of the examination results. The department of health office will schedule in Olympia an appointment for the candidate to appear personally to review the questions missed and the answers selected by the candidate on the failed written portion of the examination.

(b) The candidate will be provided a form at the scheduled personal review in Olympia to request an informal review by the committee. On that form, the candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason or reasons why the candidate believes the results of the examination should be changed.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference or requests for special consideration will not be read or considered by the examining committee.

(d) The candidate may not bring in notes, texts, or other individuals except for an attorney, while completing the informal review form.

(e) The candidate will not be allowed to take any notes or materials from the office upon leaving.

(f) The examining committee will schedule a closed session meeting to review the examination, score sheets and the form completed by the candidate. Candidates are not permitted to attend.

(g) The candidate will be notified in writing of the results of the informal review.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination content or procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

- (a) The simplification of issues;
- (b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;
- (c) The obtaining of stipulations, admission of facts and documents;
- (d) The limitation of the number of witnesses;
- (e) A schedule for completion of all discovery; and,
- (f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the

candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate for consideration at the informal review unless amended by a prehearing order.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5), 90-12-068 (Order 064), § 308-25-037, filed 6/1/90, effective 7/2/90.]

**WAC 246-815-090 Practical examination review procedures.** (1) Any candidate who takes the practical examination for licensure as a dental hygienist and does not pass may request informal review by the examining committee of his or her examination results. This request must be in writing and must be received by the department within twenty days of the postmark date of the mailing of the practical examination score sheets. The examining committee will not set aside its prior determination unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, bias, fraud or discrimination in the examination process.

(2) The procedure for filing an informal review is as follows:

(a) Request, on the form provided with the examination results, a copy of the score sheets on the failed practical portion of the examination. This request must be in writing and must be received by the department within fifteen days of the postmark date of notification of the examination results.

(b) The candidate will be provided along with the copies of the failed grade sheets a form to complete on which the candidate must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the results of the examination should be changed. Such form must be returned to the department within twenty days of the postmark date of the mailing of the practical examination score sheets.

(c) The candidate will be identified only by candidate number for the purpose of this review. Letters of reference, requests for special consideration, or any reexamination of the patient will not be considered by the examining committee. Patient difficulty will not be considered by the examining committee if the patient category selected by the candidate was accepted for the examination.

(d) The examining committee will schedule a closed session meeting to review the examination, score sheets, and form completed by the candidate for the purpose of informal review. Candidates are not permitted to attend.

(e) The candidate will be notified in writing of the results.

(3) Any candidate who is not satisfied with the result of the informal examination review may submit a written request for a formal hearing to be held before an administrative law judge. The hearing will be conducted under the Administrative Procedure Act, chapter 34.05 RCW and the rules adopted thereunder. The written request for a formal hearing must be received by the department of health within twenty days of the postmark date of the notification of the results of the informal review. The written request must specifically identify the challenged portion(s) of the exami-

nation and must state the specific reason(s) why the candidate believes the results of the examination should be changed. The final decision shall be made by the secretary of the department of health. The secretary will not modify the examination results unless the candidate shows, by a preponderance of evidence, significant error in examination procedure, bias, fraud or discrimination in the examination process.

(4) Before the hearing is scheduled the parties shall attempt by informal means to resolve the following:

(a) The simplification of issues;

(b) Amendments, if any, to the candidate's notice identifying the challenged portion(s) of the examination and the statement of the specific reason(s) why the candidate believes the results of the examination should be changed;

(c) The obtaining of stipulations, admission of facts, and documents;

(d) The limitation of the number of witnesses;

(e) A schedule for completion of all discovery; and

(f) Such other matters as may aid in the disposition of the proceeding.

If the parties are unable to resolve any of these issues informally, either party shall request a prehearing conference to be held before the administrative law judge.

(5) In the event there is a prehearing conference, the administrative law judge shall enter an order which sets forth the actions taken at the conference, the amendments to the candidate's notice and the agreements reached by the parties as to any of the matters considered, including but not limited to the settlement or simplification of issues. The prehearing order limits the issues for hearing to those not disposed of by admissions or agreements. Such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent prehearing order.

(6) Candidates will receive at least seven days notice of the time and place of the formal hearing. The hearing will be restricted to the specific portion(s) of the examination the candidate has identified as the basis for his or her challenge of the examination results unless amended by a prehearing order. The issues raised by the candidate at the formal hearing shall be limited to those issues raised by the candidate of consideration at the informal review unless amended by a prehearing order. Letters of reference, requests for special consideration or any reexamination of the patient will not be considered.

[Statutory Authority: RCW 18.29.120(5), 92-15-033 (Order 284), § 246-815-090, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.120(5), 90-12-068 (Order 064), § 308-25-038, filed 6/1/90, effective 7/2/90.]

**WAC 246-815-100 Licensure by interstate endorsement of credentials.** A license to practice as a dental hygienist in Washington may be issued pursuant to RCW 18.29.045 provided the applicant meets the following requirements:

(1) The applicant has successfully completed a dental hygiene education program which is approved by the secretary of the department of health pursuant to WAC 246-815-030.

(2) The applicant has been issued a valid, current, unlimited 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 246-815-115 Exception application procedures for approval of dental hygiene expanded functions education programs.** (1) This section applies only to dental hygiene programs:

(a) Currently accredited by the American Dental Association Commission on Dental Accreditation; and

(b) With accredited program curriculum that includes the administration of local anesthetic, administration of nitrous oxide analgesia and restorative dentistry.

(2) A program representative may apply for approval of a dental hygiene expanded function(s) education program by submitting to the department:

(a) An application on forms available from the department of health, professional licensing services, dental hygiene program, Olympia, Washington.

(b) The current and the proposed expanded function course outlines and syllabuses, and:

(i) An identification of the differences between the current and proposed courses;

(ii) Documentation of the differences between the current and proposed courses.

(3) The program representative shall not submit a self study guide or an application fee.

(4) The department may, at the secretary's discretion, conduct a site visit and evaluation.

(5) The representative of an approved expanded function education program shall:

(a) Report all modifications of the approved program to the department in writing; and

(b) Apply for evaluation every four years, sixty days prior to the month and day of the initial approval date. Provided, that the program has not been evaluated due to modifications within the year previous to the required evaluation date.

[Statutory Authority: RCW 18.29.130(6) and 18.29.021 (1)(a). 92-03-126 (Order 236), § 246-815-115, filed 1/21/92, effective 2/21/92.]

**WAC 246-815-120 Standards required for approval of dental hygiene expanded functions education programs.** The standards for approval by the secretary of the department of health of dental hygiene expanded functions education programs shall include:

(1) Administration. Administrative structure must insure the attainment of program goals. Administration must include formal provisions for program planning, development, staffing, direction, coordination and evaluation.

(2) Curriculum. The curriculum must be defined in terms of program goals, general and specific instructional objectives, learning experiences designed to achieve goals and objectives and evaluation procedures to assess attainment of goals and objectives.

(a) Instructional objectives shall be defined in the cognitive, psychomotor and affective domains which are consistent with and contributory to the attainment of program goals.

(b) Written documentation of all aspects of the curriculum, including comprehensive course outlines, must be prepared by the faculty.

(c) There must be mechanisms for ongoing curriculum evaluation, revision and implementation.

(3) Admissions. Admission of dental hygiene students must be based upon specific written criteria, procedures and policies.

(a) The program administrator and faculty, in cooperation with appropriate college personnel, shall establish

admission criteria procedures and policies that will be followed in accepting students.

(b) Civil rights and nondiscriminatory policies must be observed in admitting students.

(4) Faculty. The program shall be staffed by faculty who are well qualified in curricular subject matter, dental hygiene functions and educational methodology.

(5) Facilities. Physical facilities and equipment must be adequate to permit achievement of dental hygiene program objectives. Facilities shall effectively accommodate the number of students, faculty and staff and include appropriate provisions for safety.

(6) Learning resources. A wide range of printed materials and instructional aids and equipment shall be available for utilization by students and faculty.

(7) Students. Policies and procedures to protect and serve students must be established and implemented.

(a) Ethical standards and policies to protect the students as consumers and avenues for appeal and due process must be provided.

(b) Student records should accurately reflect work accomplished in the program and be maintained in a secure manner.

(8) Assess outcomes. The program must regularly evaluate the degree to which its goals are being met through a formal assessment of outcomes. Approved programs must design and implement their own outcome measures to determine the degree to which their stated goals and objectives are met.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-073, filed 11/13/90, effective 12/14/90.]

**WAC 246-815-130 Curriculum requirements for expanded functions dental hygiene education programs approval.** (1) Curriculum for expanded function dental hygiene education programs approved by the secretary of the department of health shall include:

(a) Instruction in the administration of injections of a local anesthetic.

(i) The basic curriculum shall require didactic and clinical competency.

(ii) Demonstration of clinical proficiency in each of the following functions:

Infiltration: ASA, MSA, Nasopalatine, greater palatine.

Block: Long buccal, mental, inferior alveolar and PSA.

(b) Instruction in the administration of nitrous oxide analgesia. The basic curriculum shall require didactic and clinical competency.

(c) Instruction in restorative dentistry and specifically how to place restorations into a cavity prepared by the dentist and thereafter carve, contour, and adjust contacts and occlusion of the restoration. The basic curriculum shall require didactic and clinical competency.

(2) Representatives of expanded function dental hygiene education programs may apply for approval of one or more of (1)(a)-(c) above. Approval of the specific expanded function(s) will be based on the applicable curriculum listed in (1)(a)-(c) above.

(3) It shall be the responsibility of the approved expanded functions education program to evaluate the students

curriculum needs on an individual basis for successful completion of their approved program.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-074, filed 11/13/90, effective 12/14/90.]

**WAC 246-815-140 Continuing education for dental hygienists.** (1) Purposes. The secretary of the department of health in consultation with the dental hygiene examining committee has determined that the public health, safety and welfare will be served by requiring all holders of dental hygiene licenses granted under chapter 18.29 RCW to continue their education after receiving such licenses.

(2) Implementation. Notification of the continuing education requirements will be provided to licensees with renewal notices beginning January 1, 1991. Effective January 1, 1992, renewal of any current license or reinstatement of any license on lapsed or disciplinary status shall require evidence of completion of continuing education which meets the requirements of subsection (3) & (4).

(3) Requirements. All dental hygiene licensees shall acquire 15 clock hours of continuing education, which shall include a non-expired CPR card, in each year prior to their license renewal date. One clock hour is defined as sixty minutes.

(4) Acceptable continuing education. Continuing education must be dental related education for professional development as a dental hygienist. The 15 clock hours shall be obtained through continuing education courses, correspondence courses, college credit courses, dental hygiene examination standardization/calibration workshops and dental hygiene examination item writer workshops.

(5) Documentation. The licensee shall:

(a) Certify on forms provided, that the minimum continuing education has been completed in the year prior to their renewal date.

(b) Keep records for two years documenting attendance or completion and description of the information addressed in the course.

(c) Be prepared to validate, through submission of the records in (5)(b), attendance or completion of the requisite number of clock hours.

(6) The department of health may conduct random compliance audits of continuing education records. If the department determines that the licensee has not obtained continuing education as defined in (3) and (4) above, then the license renewal or reinstatement may be denied pursuant to RCW 18.130.180.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-140, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.]045 and [18.29.]130. 90-23-011 (Order 098), § 308-25-180, filed 11/13/90, effective 12/14/90.]

**WAC 246-815-150 Renewal of licenses.** The annual license renewal date for the licensed dental hygienists is hereby changed to coincide with the licensee's birthdate.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-815-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-050, filed 3/2/82.]

**WAC 246-815-160 Standards of dental hygiene conduct or practice.** The purpose of defining standards of dental hygiene conduct or practice is to identify minimum responsibilities of the registered dental hygienist licensed in Washington in health care settings and as provided in the Dental Hygiene Practice Act, chapter 18.29 RCW, and the Uniform Disciplinary Act, chapter 18.130 RCW. The standards provide consumers with information about quality care and provides the 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 246-815-180 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dental hygienist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-090, filed 6/30/89.]

**WAC 246-815-190 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any dental hygienist's services are terminated or are restricted based on a determination that the dental hygienist has either committed an act or acts which may constitute unprofessional conduct or that the dental hygienist may be unable to practice with reasonable skill or safety to the client by reason of a mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-100, filed 6/30/89.]

**WAC 246-815-200 Dental hygienist associations or societies.** The president or chief executive officer of any

dental hygienist association or society within this state shall report to the department when an association or society determines that a dental hygienist has committed unprofessional conduct or that a dental hygienist may not be able to practice dental hygiene with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-110, filed 6/30/89.]

**WAC 246-815-210 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dental hygienist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-120, filed 6/30/89.]

**WAC 246-815-220 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to dental hygienists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dental hygienist's incompetency or negligence in the practice of dental hygiene. Such organization or institution shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dental hygienist's alleged incompetence or negligence in the practice of dental hygiene.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-130, filed 6/30/89.]

**WAC 246-815-230 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dental hygienists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-140, filed 6/30/89.]

**WAC 246-815-240 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dental hygienist is employed to provide client care services, to report to the department whenever such a dental hygienist has been judged to have demonstrated his/her incompetency or negligence in the



practice of dental hygiene, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dental hygienist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-25-150, filed 6/30/89.]

**WAC 246-815-250 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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
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**

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**DENTISTS—LICENSING DISPLAY—REPORTS—RECORDS—INVENTORY REQUIREMENTS**

**WAC 246-816-020 Display of licenses.** The license of any dentist, dental hygienist or other individual licensed pursuant to the laws of Washington to engage in any activity being performed in the premises under the supervision or control of a licensed dentist, shall be displayed in a place visible to individuals receiving services in the premises, and readily available for inspection by any designee of the dental disciplinary board.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-020, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-100, filed 2/20/81.]

**WAC 246-816-030 Maintenance and retention of patient records.** Any dentist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the dentist for five years in an orderly, accessible file and shall be readily available for inspection by the dental disciplinary board or its authorized representative: *Provided*, That x-rays or copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-030, filed 12/27/90, effective 1/31/91; 82-07-043 (Order PL 392), § 308-37-110, filed 3/17/82; 81-06-013 (Order PL 373), § 308-37-110, filed 2/20/81.]

**WAC 246-816-040 Report of patient injury or mortality.** All licensees engaged in the practice of dentistry shall submit a complete report of any patient mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a direct result of dental procedures or anesthesia related thereto. This report shall be submitted to the dental disciplinary board within thirty days of the occurrence.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-040, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-120, filed 2/20/81.]

**WAC 246-816-050 Recording requirements for all prescription drugs.** An accurate record of any medication(s) prescribed or dispensed will be clearly indicated on the patient history. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed.

[Statutory Authority: RCW 18.32.640 and 18.130.050, 92-05-012 (Order 243B), § 246-816-050, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1).

83-04-050 (Order PL 423), § 308-37-130, filed 2/1/83; 81-06-013 (Order PL 373), § 308-37-130, filed 2/20/81.]

**WAC 246-816-060 Recording requirement for scheduled drugs.** When Schedule II, III, IV or V drugs as described in chapter 69.50 RCW are stocked by the dental office for dispensing to patients, an inventory control record must be kept in such a manner as to identify disposition of such medicines and such records shall be available for inspection.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1), 83-04-050 (Order PL 423), § 308-37-135, filed 2/1/83.]

**WAC 246-816-070 Prescribing, dispensing or distributing drugs.** No dentist shall prescribe, dispense or distribute any controlled substance or legend drug for other than dentally-related conditions.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-070, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-140, filed 2/20/81.]

**WAC 246-816-075 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.]

**WAC 246-816-080 Patient abandonment.** The attending dentist, without reasonable cause, shall not neglect, ignore, abandon, or refuse to complete the current procedure for a patient. If the dentist chooses to withdraw responsibility to a patient of record, the dentist shall: (1) Advise the patient that termination of treatment is contemplated and that another dentist should be sought to complete the current procedure and for future care; and (2) advise the patient that the dentist will remain reasonably available under the circumstances for up to 15 days from the date of such notice to render emergency care related to that current procedure.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1), 84-21-072 (Order PL 490), § 308-37-150, filed 10/17/84; 84-05-070 (Order PL 460), § 308-37-150, filed 2/22/84.]

**WAC 246-816-090 Representation of care, fees, and records.** Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false or misleading manner, nor alter patient records, such as but not limited to, misrepresenting dates of service or treatment codes.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1), 85-05-040 (Order PL 520), § 308-37-160, filed 2/19/85.]

**WAC 246-816-100 Disclosure of provider services.** In order that patients and the public are adequately informed

of the provider of dental services, a dentist who is personally present operating as a dentist or personally overseeing the operations being performed in a dental office, over fifty percent of the time that such office is being operated, shall identify himself or herself in any representation to the public associated with such office or practice and shall provide readily visible signs designating his or her name at such respective office entrances or office buildings. Any representation that omits such a listing of dentists is misleading, deceptive, or improper conduct. Dentists who are present or overseeing operations under this rule less than fifty percent of the time shall identify themselves to patients prior to services being initiated or rendered in any fashion. Every office shall have readily available a list of the names of dentists who are involved in such office less than fifty percent of the time.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-170, filed 2/19/85.]

**WAC 246-816-110 Disclosure of membership affiliation.** It shall be misleading, deceptive or improper conduct for any dentist to represent that he or she is a member of any dental association, society, organization, or any component thereof where such membership in fact does not exist.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-180, filed 2/19/85.]

**WAC 246-816-120 Specialty representation.** (1) It shall be misleading, deceptive or improper conduct for a dentist to represent or imply that he or she is a specialist or use any of the terms to designate a dental specialty such as:

- (a) Endodontist
- (b) Oral or maxillofacial surgeon
- (c) Oral pathologist
- (d) Orthodontist
- (e) Pediatric dentist
- (f) Periodontist
- (g) Prosthodontist
- (h) Public health

or any derivation of these specialties unless he or she is entitled to such specialty designation under the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association in effect on January 1, 1988, or such guidelines or requirements as subsequently amended and approved by the dental disciplinary board, or other such organization recognized by the board.

(2) A dentist not currently entitled to such specialty designation shall not represent that his or her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he or she is a general dentist. A specialist who represents services in areas other than his or her specialty is considered a general dentist.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-120, filed 12/27/90, effective 1/31/91; 89-08-095 (Order PM 826), § 308-37-190, filed 4/5/89. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-190, filed 2/19/85.]

**WAC 246-816-130 Maintenance of records.** Every dentist who operates a dental office in the state of Washington must maintain a comprehensive written and dated record of all services rendered to his patients. In offices where more than one dentist is performing the services the records must specify the dentist who performed the services. Whenever requested to do so, by the director of licenses, or his authorized representative, the dentist shall supply documentary proof:

(1) That he is the owner or purchaser of the dental equipment and/or the office he occupies.

(2) That he is the lessee of the office and/or dental equipment.

(3) That he is, or is not, associated with other persons in the practice of dentistry, including prosthetic dentistry, and who, if any, the associates are.

(4) That he operates his office during specific hours per day and days per week, stipulating such hours and days.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-130, filed 12/27/90, effective 1/31/91; Order, § 1, filed 3/23/60.]

**WAC 246-816-140 Prescriptions.** Every dentist who operates a dental office in the state of Washington must write a valid prescription to the dental laboratory or dental technician with whom he or she intends to place an order for the making, repairing, altering or supplying of artificial restorations, substitutes or appliances to be worn in the human mouth. A separate prescription must be submitted to the dental laboratory or dental technician for each patient's requirements. Such prescriptions, to be valid, must be written in duplicate and contain the date, the name and address of the dental laboratory or the dental technician, the name and address of the patient, description of the basic work to be done, the signature of the dentist serving the patient for whom the work is being done and the dentist's license certificate number. The original prescription shall be referred to the dental laboratory or the dental technician and the carbon copy shall be retained for five years, by the dentist, in an orderly, accessible file and shall be readily available for inspection by the director of licenses or his authorized representative.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-020, filed 1/26/82; Order, § 2, filed 3/23/60.]

**WAC 246-816-150 A rule applicable to dental technicians.** RCW 18.32.030 provides in part:

"The following practices, acts and operations are excepted from the operation of the provisions of this chapter: . . . .

"(6) The making, repairing, altering or supplying of artificial restorations, substitutes, appliances, or materials for the correction of disease, loss, deformity, malposition, dislocation, fracture, injury to the jaws, teeth, lips, gums, cheeks, palate, or associated tissues or parts; providing the same are made, repaired, altered or supplied pursuant to the written instructions and order of a licensed dentist which may be accompanied by casts, models or

impressions furnished by said dentist, and said prescriptions shall be retained and filed for a period of not less than three years and shall be available to and subject to the examination of the director of licenses or his authorized representatives."

To acquire exemption from the law prohibiting the practice of dentistry, dental technicians must comply with the above-quoted provisions. The form of the required prescription is defined in the rules set forth above.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-150, filed 12/27/90, effective 1/31/91; Order, filed 3/23/60.]

#### DELEGATIONS OF DUTIES TO PERSONS NOT LICENSED AS DENTISTS

**WAC 246-816-201 Purpose.** The purpose of WAC 246-816-201 through 246-816-260 is to establish guidelines on delegation of duties to persons who are not licensed to practice dentistry. The dental laws of Washington state authorized the delegation of certain duties to nondentist personnel and prohibit the delegation of certain other duties. By statute, the duties that may be delegated to a person not licensed to practice dentistry may be performed only under the supervision of a licensed dentist. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. The dentist is ultimately responsible for the services performed in his or her office and this responsibility cannot be delegated. The board therefore, in order to promote the welfare of the state and to protect the health and well-being of the people of this state, finds that it is necessary to adopt the following definitions and regulations.

[Statutory Authority: RCW 18.32.640 and 18.130.050, 92-05-012 (Order 243B), § 246-816-201, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-201, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-100, filed 8/18/81.]

**WAC 246-816-210 Definitions for WAC 246-816-201 through 246-816-260.** (1) "Dental disciplinary board" shall mean the board created by RCW 18.32.560.

(2) "Dental examining board" shall mean the board created by RCW 18.32.035.

(3) "Secretary" shall mean the secretary of the department of health.

(4) "Close supervision" shall mean that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operator; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

(5) "Treatment facility" means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not

extend to any other area of a building in which the treatment facility is located.

(6) "General supervision" means supervision of dental procedures based on examination and diagnosis of the patient and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures.

(7) "Unlicensed person" means a person who is neither a dentist duly licensed pursuant to the provisions of chapter 18.32 RCW nor a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW.

(8) "Oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

(9) "Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cap or brush and a polishing agent.

This procedure shall not be intended or interpreted as an oral prophylaxis as defined in WAC 246-816-210 a procedure specifically reserved to performance by a licensed dentist or dental hygienist. Coronal polishing may, however, be performed by dental assistants under close supervision as a portion of the oral prophylaxis. In all instances, however, a licensed dentist shall determine that the teeth need to be polished and are free of calculus or other extraneous material prior to performance of coronal polishing by a dental assistant.

(10) "Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or deposits.

(11) "Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

(12) "Debridement at the periodontal surgical site" means curettage and/or root planing after reflection of a flap by the supervising dentist. This does not include cutting of osseous tissues.

(13) "Luxation" is defined as an integral part of the surgical procedure of which the end result is extraction of a tooth. Luxation is not a distinct procedure in and of itself. It is the dislocation or displacement of a tooth or of the temporomandibular articulation.

(14) "Incising" is defined as part of the surgical procedure of which the end result is removal of oral tissue. Incising, or the making of an incision, is not a separate and distinct procedure in and of itself.

(15) "Elevating soft tissues" is defined as part of a surgical procedure involving the use of the periosteal elevator to raise flaps of soft tissues. Elevating soft tissue is not a separate and distinct procedure in and of itself.

(16) "Suturing" is defined as the readaption of soft tissue by means of stitches as a phase of an oral surgery procedure. Suturing is not a separate and distinct procedure in and of itself.

[Statutory Authority: RCW 18.32.640 and 18.130.050, 92-05-012 (Order 243B), § 246-816-210, filed 2/7/92, effective 3/9/92. Statutory Authority:

RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-210, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-110, filed 8/18/81.]

**WAC 246-816-220 Acts that may be performed by unlicensed persons.** A dentist may allow an unlicensed person to perform the following acts under the dentist's close supervision:

- (1) Oral inspection, with no diagnosis.
- (2) Patient education in oral hygiene.
- (3) Place and remove the rubber dam.
- (4) Hold in place and remove impression materials after the dentist has placed them.
- (5) Take impressions solely for diagnostic and opposing models.
- (6) Take impressions and wax bites solely for study casts.
- (7) Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.
- (8) Perform coronal polish.
- (9) Give fluoride [fluoride] treatments.
- (10) Place periodontal packs.
- (11) Remove periodontal packs or sutures.
- (12) Placement of a matrix and wedge for a silver restoration after the dentist has prepared the cavity.
- (13) Place a temporary filling (as ZOE) after diagnosis and examination by the dentist.
- (14) Apply tooth separators as for placement for Class III gold foil.
- (15) Fabricate, place, and remove temporary crowns or temporary bridges.
- (16) Pack and medicate extraction areas.
- (17) Deliver a sedative drug capsule to patient.
- (18) Place topical anesthetics.
- (19) Placement of retraction cord.
- (20) Polish restorations at a subsequent appointment.
- (21) Select denture shade and mold.
- (22) Acid etch.
- (23) Apply sealants.
- (24) Place dental x-ray film and expose and develop the films.
- (25) Take intra-oral and extra-oral photographs.
- (26) Take health histories.
- (27) Take and record blood pressure and vital signs.
- (28) Give preoperative and postoperative instructions.
- (29) Assist in the administration of nitrous oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist. Patients must never be left unattended while nitrous oxide-oxygen analgesia or sedation is administered to them. The dentist must be present at chairside during the entire administration of nitrous oxide and oxygen analgesia or sedation if any other central nervous system depressant has been given to the patient. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (30) Select orthodontic bands for size.
- (31) Place and remove orthodontic separators.
- (32) Prepare teeth for the bonding or orthodontic appliances.

- (33) Fit and adjust headgear.
- (34) Remove fixed orthodontic appliances.
- (35) Remove and replace archwires and orthodontic wires.
- (36) Take a facebow transfer for mounting study casts.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-220, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-120, filed 8/18/81.]

**WAC 246-816-230 Acts that may not be performed by unlicensed persons.** No dentist shall allow an unlicensed person who is in his or her employ or is acting under his or her supervision or direction to perform any of the following procedures.

- (1) Any removal of or addition to the hard or soft natural tissue of the oral cavity.
- (2) Any placing of permanent or semi-permanent restorations in natural teeth.
- (3) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure.
- (4) Any administration of general or injected local anesthetic of any nature in connection with a dental operation.
- (5) Any oral prophylaxis, except coronal polishing as a part of oral prophylaxis as defined in WAC 246-816-210 and 246-816-220(8).
- (6) Any scaling procedure.
- (7) The taking of any impressions of the teeth or jaws, or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.
- (8) Intra-orally adjust occlusal of inlays, crowns, and bridges.
- (9) Intra-orally finish margins of inlays, crowns, and bridges.
- (10) Cement or recement, permanently, any cast restoration or stainless steel crown.
- (11) Incise gingiva or other soft tissue.
- (12) Elevate soft tissue flap.
- (13) Luxate teeth.
- (14) Curette to sever epithelial attachment.
- (15) Suture.
- (16) Establish occlusal vertical dimension for dentures.
- (17) Try-in of dentures set in wax.
- (18) Insertion and post-insertion adjustments of dentures.
- (19) Endodontic treatment — open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-230, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-230, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-130, filed 8/18/81.]

**WAC 246-816-240 Acts that may be performed by licensed dental hygienists under general supervision.** A dentist may allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW to perform the following acts under the dentist's general supervision:

- (1) Oral inspection and measuring of periodontal pockets, with no diagnosis.
- (2) Patient education in oral hygiene.
- (3) Take intra-oral and extra-oral radiographs.
- (4) Apply topical preventive or prophylactic agents.
- (5) Polish and smooth restorations.
- (6) Oral prophylaxis and removal of deposits and stains from the surfaces of the teeth.
- (7) Record health histories.
- (8) Take and record blood pressure and vital signs.
- (9) Perform sub-gingival and supra-gingival scaling.
- (10) Perform root planing.
- (11) Apply sealants.

[Statutory Authority: RCW 18.32.640. 92-20-036 (Order 307B), § 246-816-240, filed 9/29/92, effective 10/30/92; 91-02-048 (Order 106B), recodified as § 246-816-240, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-140, filed 8/18/81.]

**WAC 246-816-250 Acts that may be performed by licensed dental hygienists under close supervision.** In addition to the acts performed under WAC 246-816-220, a dentist may allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW to perform the following acts under the dentist's close supervision:

- (1) Perform soft-tissue curettage.
- (2) Give injections of a local anesthetic.
- (3) Place restorations into the cavity prepared by the dentist, and thereafter could carve, contour, and adjust contacts and occlusion of the restoration.
- (4) Administer nitrous oxide analgesia.

[Statutory Authority: RCW 18.32.640. 92-20-036 (Order 307B), § 246-816-250, filed 9/29/92, effective 10/30/92. Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-250, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-250, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-150, filed 8/18/81.]

**WAC 246-816-260 Acts that may not be performed by dental hygienists.** No dentist shall allow a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW who is in his or her employ or is acting under his or her supervision or direction to perform any of the following procedures:

- (1) Any surgical removal of tissue of the oral cavity, except for soft-tissue curettage, as defined in WAC 246-816-210(11).
- (2) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.
- (3) Any diagnosis for treatment or treatment planning.
- (4) The taking of any impression of the teeth or jaw, or the relationship of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.
- (5) Intra-orally adjust occlusal of inlays, crowns, and bridges.
- (6) Intra-orally finish margins of inlays, crowns, and bridges.
- (7) Cement or recement, permanently, any cast restorations or stainless steel crowns.

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- (8) Incise gingiva or other soft tissue.
- (9) Elevate soft tissue flap.
- (10) Luxate teeth.
- (11) Curette to sever epithelial attachment.
- (12) Suture.
- (13) Establish occlusal vertical dimension for dentures.
- (14) Try-in of dentures set in wax.
- (15) Insertion and post-insertion adjustments of dentures.
- (16) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-260, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-260, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-160, filed 8/18/81.]

#### ADMINISTRATION OF ANESTHETIC AGENTS FOR DENTAL PROCEDURES

**WAC 246-816-301 Purpose.** The purpose of WAC 246-816-301 through 246-816-410 is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 246-318-010(31) and ambulatory surgical facilities as defined in WAC 246-310-010(5), pursuant to the board's authority in RCW 18.32.640(2).

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-301, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-301, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-100, filed 8/29/90, effective 10/1/90; 81-06-013 (Order PL 373), § 308-39-100, filed 2/20/81.]

**WAC 246-816-310 Definitions for WAC 246-816-301 through 246-816-410.** (1) Analgesia is the diminution of pain in the conscious patient.

(2) Local anesthesia is the elimination of sensations especially pain, in one part of the body by the topical application or regional injection of a drug.

(3) Conscious sedation is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and/or verbal command, produced by a pharmacologic method, and that carries a margin of safety wide enough to render unintended loss of protective reflexes unlikely.

(4) General anesthesia (to include deep sedation) is a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-310, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-310, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-110, filed 8/29/90, effective 10/1/90. Statutory Authority: RCW 18.32.640(1). 82-16-087 (Order PL 403), § 308-39-110, filed 8/4/82. Statutory Authority: RCW 18.32.640. 81-06-013 (Order PL 373), § 308-39-110, filed 2/20/81.]

**WAC 246-816-320 Basic life support requirements.** Whenever a licensee administers local anesthesia, nitrous

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oxide sedation, conscious sedation, or general anesthesia (including deep sedation) in an in-office or out-patient setting, the dentist and his or her staff providing direct patient care must have a current basic life support (BLS) certification. New staff hired will be allowed thirty days from the date they are hired to obtain BLS certification.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-320, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-125, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-330 Local anesthesia.** (1) Procedures for administration: Local anesthesia shall be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(2) Equipment and emergency medications: All offices in which local anesthesia is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. Any adverse reactions shall be indicated.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(3) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-330, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-130, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-340 Nitrous oxide/oxygen sedation.**

(1) Training requirements: In order to administer nitrous oxide sedation, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration: Nitrous oxide shall be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW. When administering nitrous oxide sedation, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered.

(3) Equipment and emergency medications: All offices in which nitrous oxide sedation is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. A notation must be made in the chart if any nitrous oxide and oxygen is dispensed.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers nitrous oxide sedation to patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-340, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-140, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-350 Conscious sedation with an oral agent.** Conscious sedation with an oral agent includes the administration or prescription for a single oral sedative agent used alone or in combination with nitrous oxide sedation.

(1) Training requirements: In order to administer oral sedative agents, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in the fields of pharmacology and physiology of oral sedative medications. Dentists must possess a valid United States Department of Justice registration for the prescription of controlled substances.

(2) Procedures for administration: Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. When nitrous oxide is administered concurrently, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered. Any adverse reactions shall be indicated in the records. If purposeful response of the patient to verbal command cannot be maintained under medication, periodic monitoring of pulse, respiration, and blood pressure or pulse oximetry shall be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness shall be recorded prior to dismissal of the patient.

(3) Equipment and emergency medications: All offices in which oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Vital signs, dosage, and types of medications administered should be noted. If nitrous oxide-oxygen is used, proportions and duration of administration should be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers or prescribes oral sedation for patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Not required.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-350, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-150, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-360 Conscious sedation with parenteral or multiple oral agents.** Conscious sedation with parenteral or multiple oral agents includes the prescription or administration of more than one oral agent to be used concurrently for the purposes of sedation either as a combined regimen or in association with nitrous oxide-oxygen. For purposes of this section, oral agents shall include any nonparenteral agents regardless of route of delivery. This would also include the parenteral administration of medications for the purpose of conscious sedation of dental patients.

(1) Training requirements: In order to administer conscious sedation with parenteral or multiple oral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised experience in providing conscious sedation to fifteen or more patients.

(2) Procedures for administration: Multiple oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. In the treatment setting, a patient receiving conscious parenteral sedation must have that sedation administered by a person qualified under this chapter. Only a dentist meeting the above criteria for administration of conscious parenteral sedation may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer conscious parenteral sedation under the close supervision of the dentist as defined in WAC 246-816-210(4). An intravenous infusion should be maintained during the administration of a parenteral agent. The person administering the medications must be continuously assisted by at least one individual experienced in monitoring sedated patients.

In the treatment setting, a patient experiencing conscious sedation with parenteral or multiple oral agents should have visual and tactile observation as well as continual monitoring of pulse, respiration, and blood pressure and/or blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure. In all cases these vital sign parameters must be noted and recorded at the conclusion of the procedure. Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals throughout any period of time in which

purposeful response of the patient to verbal command cannot be maintained. The patient's level of consciousness shall be recorded prior to the dismissal of the patient and individuals receiving these forms of sedation must be accompanied by a responsible individual upon departure from the treatment facility. When verbal contact cannot be maintained during the procedure, continuous monitoring of blood oxygen saturation is required.

(3) Equipment and emergency medications: All offices in which parenteral or multiple oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Dosage and forms of medications dispensed shall be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(iv) An emergency drug kit with minimum contents of:

-Sterile needles, syringes, and tourniquet

-Narcotic antagonist

-A and B adrenergic stimulant

-Vasopressor

-Coronary vasodilator

-Antihistamine

-Parasympatholytic

-Intravenous fluids, tubing, and infusion set

-Sedative antagonists for drugs used if available.

(4) Continuing education: A dentist who administers conscious parenteral or multi-agent oral sedation must participate in eighteen hours of continuing education or equivalent every three years. The education must include instruction in one or more of the following areas: Venipuncture, intravenous sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) Permit of authorization: Required.

[Statutory Authority: RCW 18.32.640 and 18.130.050, 92-05-012 (Order 243B), § 246-816-360, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-360, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-160, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-370 General anesthesia (including deep sedation).** Deep sedation and general anesthesia must be administered by an individual qualified to do so under this chapter.

(1) Training requirements for dentists: In order to administer deep sedation or general anesthesia, the dentist must have current and documented proficiency in advanced cardiac life support. One method of demonstrating such proficiency is to hold a valid and current ACLS certificate

or equivalent. Additionally, a dentist must meet one or more of the following criteria:

(a) Have completed a minimum of one year's advanced training in anesthesiology or related academic subjects, or its equivalent beyond the undergraduate dental school level, in a training program as outlined in Part 2 of Teaching the Comprehensive Control of Pain and Anxiety in an Advanced Education Program, published by the American Dental Association, Council on Dental Education, dated May, 1987.

(b) Is a fellow of the American Dental Society of Anesthesiology.

(c) Is a diplomate of the American Board of Oral and Maxillofacial Surgery, or is eligible for examination by the American Board of Oral and Maxillofacial Surgery pursuant to the July 1, 1989, standards.

(d) Is a fellow of the American Association of Oral and Maxillofacial Surgeons.

Only a dentist meeting the above criteria for administration of deep sedation or general anesthesia may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer deep sedation or general anesthesia under the close supervision of the dentist as defined in WAC 246-816-210(4).

(2) Training requirements for monitoring personnel: In addition to those individuals necessary to assist the practitioner in performing the procedure, a trained individual must be present to monitor the patient's cardiac and respiratory functions. The individual monitoring patients receiving deep sedation or general anesthesia must have received a minimum of fourteen hours of documented training in a course specifically designed to include instruction and practical experience in use of all equipment required in WAC 246-816-370. This must include, but not be limited to, the following equipment:

- (a) Sphygmomanometer
- (b) Pulse oximeter
- (c) Electrocardiogram
- (d) Bag-valve-mask resuscitation equipment
- (e) Oral and nasopharyngeal airways
- (f) Defibrillator
- (g) Intravenous fluid administration set.

A course, or its equivalent, may be presented by an individual qualified under WAC 246-816-370 or sponsored by an accredited school, medical or dental association or society, or dental speciality association.

(3) Procedures for administration: Patients receiving deep sedation or general anesthesia must have continual monitoring of their heart rate, blood pressure, and respiration. In so doing, the licensee must utilize electrocardiographic monitoring and pulse oximetry. The patient's blood pressure, heart rate, and respiration shall be recorded at least every five minutes. During deep sedation or general anesthesia, the person administering the anesthesia and the person monitoring the patient, may not leave the immediate area.

During the recovery phase, the patient must be monitored continually by an individual trained to monitor patients recovering from general anesthesia or deep sedation. A discharge entry shall be made in the patient's record indicating the patient's condition upon discharge and the responsible party to whom the patient was discharged.

(4) Equipment and emergency medications: All offices in which general anesthesia (including deep sedation) is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Anesthesia records shall be recorded during the procedure in a timely manner and must include: Blood pressure, heart rate, respiration, blood oxygen saturation, drugs administered including amounts and time administered, length of procedure, any complications of anesthesia.

(b) Office facilities and equipment shall include:

(i) An operating theater large enough to adequately accommodate the patient on a table or in an operating chair and permit an operating team consisting of at least three individuals to freely move about the patient.

(ii) An operating table or chair which permits the patient to be positioned so the operating team can maintain the airway, quickly alter patient position in an emergency, and provide a firm platform for the administration of basic life support.

(iii) A lighting system which is adequate to permit evaluation of the patient's skin and mucosal color and a backup lighting system of sufficient intensity to permit conclusion of any operation underway at the time of general power failure.

(iv) Suction equipment capable of aspirating gastric contents from the mouth and pharyngeal cavities. A backup suction device must be available.

(v) An oxygen delivery system with adequate full face masks and appropriate connectors that is capable of delivering high flow oxygen to the patient under positive pressure, together with an adequate portable backup system.

(vi) A recovery area that has available oxygen, adequate lighting, suction, and electrical outlets. The recovery area can be the operating theater.

(vii) Ancillary equipment which must include the following:

(A) Laryngoscope complete with adequate selection of blades, spare batteries, and bulb.

(B) Endotracheal tubes and appropriate connectors.

(C) Oral airways.

(D) Tonsillar or pharyngeal suction tip adaptable to all office outlets.

(E) Endotracheal tube forceps.

(F) Sphygmomanometer and stethoscope.

(G) Adequate equipment to establish an intravenous infusion.

(H) Pulse oximeter.

(I) Electrocardiographic monitor.

(J) Synchronized defibrillator available on premises.

(c) Drugs. Emergency drugs of the following types shall be maintained:

(i) Vasopressor.

(ii) Corticosteroid.

(iii) Bronchodilator.

(iv) Muscle relaxant.

(v) Intravenous medications for treatment of cardiac arrest.

(vi) Narcotic antagonist. Sedative antagonist, if available.

(vii) Antihistaminic.

- (viii) Anticholinergic.
- (ix) Antiarrhythmic.
- (x) Coronary artery vasodilator.
- (xi) Antihypertensive.
- (xii) Anticonvulsant.

(5) Continuing education: A dentist granted a permit to administer general anesthesia (including deep sedation) under this chapter, must participate in eighteen hours of continuing education every three years. A dentist granted a permit must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years. The education must be provided by organizations approved by the dental disciplinary board and must be in one or more of the following areas: General anesthesia, conscious sedation, physical evaluation, medical emergencies, monitoring and use of monitoring equipment, pharmacology of drugs and agents used in sedation and anesthesia, or basic life support (BLS), or advanced cardiac life support (ACLS).

(6) Permit of authorization: Required.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-370, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-370, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-170, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-380 Mandatory reporting of death or significant complication.** If a death or other life-threatening complication or permanent injury which may be a result of the administration of nitrous oxide, conscious sedation, deep sedation or general anesthesia, the dentist involved must submit a written report to the board within thirty days of the incident.

The written report must include the following:

- (1) Name, age, and address of the patient.
- (2) Name of the dentist and other personnel present during the incident.
- (3) Address of the facility or office where the incident took place.
- (4) Description of the type of sedation or anesthetic being utilized at the time of the incident.
- (5) Dosages, if any, of drugs administered to the patient.
- (6) A narrative description of the incident including approximate times and evolution of symptoms.
- (7) Additional information which the board may require or request.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-380, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-180, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-390 Applications—Permits—Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation).** (1) In order to administer conscious sedation with parenteral or multiple oral agents or general anesthesia (including deep sedation), a dentist must first meet the requirements of this chapter (except for the effective date of the educational requirements in WAC 246-816-410), possess and maintain a current license pursuant to chapter 18.32 RCW and obtain a permit of authorization from the board through the department of health. Application forms for permits, which may be

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obtained from the department, shall be fully completed and any application fee paid.

(2) In order to renew a permit of authorization, which shall be valid for three years from the date of issuance, a permit holder shall fully and timely complete a renewal application form and:

(a) Demonstrate continuing compliance with this chapter.

(b) Produce satisfactory evidence of eighteen hours of continuing education as required by this chapter. The dentist must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years as required by this chapter.

(c) Pay any applicable renewal fee.

(3) Prior to the issuance or renewal of a permit for the use of general anesthesia, the board may, at its discretion, require an onsite inspection and evaluation of the facility, equipment, personnel, licentiate, and the procedures utilized by such licentiate. Every person issued a permit under this article shall have an onsite inspection at least once in every five-year period. An onsite inspection performed by a public or private organization may be accepted by the board in satisfaction of the requirements of this section.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-390, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-390, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-190, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-400 Application of chapter 18.130 RCW.** The provisions of the Uniform Disciplinary Act, chapter 18.130 RCW, apply to the permits of authorization that may be issued and renewed under this chapter.

[Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-400, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-200, filed 8/29/90, effective 10/1/90.]

**WAC 246-816-410 Effective date.** With the exception of the educational requirements in WAC 246-816-350, 246-816-360, and 246-816-370, the rules in this chapter shall become effective on October 1, 1990. Educational requirements in WAC 246-816-350, 246-816-360, and 246-816-370 must be met by October 1, 1991. A person may be issued a temporary permit until they can supply proof of meeting the educational requirements; however, proof must be supplied by October 1, 1991. Failure to do so will result in the immediate cancellation of this permit.

[Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-410, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-410, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-210, filed 8/29/90, effective 10/1/90.]

## SUBSTANCE ABUSE MONITORING PROGRAMS

**WAC 246-816-501 Intent.** It is the intent of the legislature that the dental disciplinary board seek ways to identify and support the rehabilitation of dentists where practice or competency may be impaired due to the abuse of drugs including alcohol. The legislature intends that these dentists be treated so that they can return to or continue to

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practice dentistry in a way which safeguards the public. The legislature specifically intends that the dental disciplinary board establish an alternate program to the traditional administrative proceedings against such dentists.

In lieu of disciplinary action under RCW 18.130.160 and if the dental disciplinary board determines that the unprofessional conduct may be the result of substance abuse, the dental disciplinary board may refer the license holder to a voluntary substance abuse monitoring program approved by the dental disciplinary board.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-501, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534, 90-16-099 (Order 076), § 308-25-290, filed 8/1/90, effective 9/1/90.]

**WAC 246-816-510 Terms used in WAC 246-816-501 through 246-816-530.** (1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program the board has determined meets the requirements of the law and the criteria established by the board in the Washington Administrative Code which enters into a contract with dentists who have substance abuse problems regarding the required components of the dentist's recovery activity and oversees the dentist's compliance with these requirements. Substance abuse monitoring programs may provide evaluation and/or treatment to participating dentists.

(2) "Contract" is a comprehensive, structured agreement between the recovering dentist and the approved monitoring program wherein the dentist consents to comply with the monitoring program and the required components for the dentist's recovery activity.

(3) "Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 18.130.175.

(4) "Substance abuse" means the impairment, as determined by the board, of a dentist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

(5) "Aftercare" is that period of time after intensive treatment that provides the dentist or the dentist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Dentist support group" is a group of dentists and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

(8) "Random drug screens" are laboratory tests to detect the presence of drugs of abuse in bodily fluids collected under observation which are performed at irregular intervals not known in advance by the person to be tested.

[Statutory Authority: RCW 18.32.640 and 18.130.050, 92-05-012 (Order 243B), § 246-816-510, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-510,

filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534, 90-16-099 (Order 076), § 308-25-310, filed 8/1/90, effective 9/1/90.]

**WAC 246-816-520 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the recovery of dentists. The board will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating dentists.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of dentistry as defined in this chapter to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Dentists' support groups;
- (e) The dentists' work environment; and
- (f) The ability of the dentist to practice with reasonable skill and safety.

(3) An approved monitoring program will enter into a contract with the dentist and the board to oversee the dentist's compliance with the requirements of the program.

(4) An approved monitoring program staff will evaluate and recommend to the board, on an individual basis, whether a dentist will be prohibited from engaging in the practice of dentistry for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program will be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the board any dentist who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the board.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and/or limitations on the practice of dentistry for those participating in the program.

(10) An approved monitoring program shall provide for the board a complete financial breakdown of cost for each individual dental participant by usage at an interval determined by the board in the annual contract.

(11) An approved monitoring program shall provide for the board a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the board and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534, 90-16-099 (Order 076), § 308-25-320, filed 8/1/90, effective 9/1/90.]

**WAC 246-816-530 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the dentist may accept board referral into an approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care professionals with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The dentist will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The dentist will submit to random drug screening as specified by the approved monitoring program.

(iii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the board if the dentist does not comply with the requirements of this contract.

(iv) The dentist will undergo intensive substance abuse treatment in an approved treatment facility.

(v) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The dentist will attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The dentist will comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing comments on individual contracts.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the dentist does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A dentist who is not being investigated by the board or subject to current disciplinary action, not currently being monitored by the board for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the board. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the board if they meet the requirements of the approved monitoring program:

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by

health care professional(s) with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The dentist will undergo approved substance abuse treatment in an approved treatment facility.

(ii) The dentist will agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The dentist will submit to random observed drug screening as specified by the approved monitoring program.

(vi) The dentist will attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The dentist will comply with practice conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the board if the dentist does not comply with the requirements of this contract.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.32.640, 91-02-048 (Order 106B), recodified as § 246-816-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534, 90-16-099 (Order 076), § 308-25-330, filed 8/1/90, effective 9/1/90.]

## INFECTION CONTROL

**WAC 246-816-701 Purpose.** The purpose of WAC 246-816-701 through 246-816-730 is to establish requirements for infection control in dental offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dental staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-816-720, 246-816-730 and 246-816-740.

[Statutory Authority: RCW 18.32.640, 92-09-069 (Order 263B), § 246-816-701, filed 4/14/92, effective 5/15/92.]



**WAC 246-816-710 Definitions.** (1) "Direct care staff" are the dental staff who directly provide dental care to patients.

(2) "Communicable diseases" 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.

(3) "Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

(4) "Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-710, filed 4/14/92, effective 5/15/92.]

**WAC 246-816-720 Use of barriers and sterilization techniques.** The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from doctor and staff to patients, from patient to patient and from patient to doctor and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Dentists shall comply with the following barrier techniques:

(a) Gloves shall be used by the dentist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dental treatment shall not be reused for any nondental purpose.

(b) Masks shall be worn by the dentist and direct care staff when splatter or aerosol is likely. Masks shall be worn during surgical procedures except in those specific instances in which the dentist determines that the use of a mask would prevent the delivery of health care services or would increase the hazard and risk to his or her patient. In those circumstances where a dentist determines not to wear a mask during a surgical procedure, such determination shall be documented in the patient record.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas of the dental operatory which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be

followed between each patient. These include but are not limited to:

- i. Delivery unit
- ii. Chair controls (not including foot controls)
- iii. Light handles
- iv. High volume evacuator and air-water syringe controls
- v. X-ray heads and controls
- vi. Head rest
- vii. Instrument trays
- viii. Low speed handpiece motors

(d) Protective eyewear shall be worn by the dentist and direct care staff and offered to all patients during times when splatter or aerosol is expected.

(2) Dentists shall comply with the following sterilization requirements:

(a) Every dental office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide. Sterilizers shall be tested by biological spore test on at least a weekly basis. In the event of a positive biological spore test, the dentist will take immediate remedial action to ensure the objectives of 2(a) are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilization method between patients:

- i. Low speed handpiece contra angles, prophylaxis angles and nose cone sleeves
- ii. High speed handpieces
- iii. Hand instruments
- iv. Burs
- v. Endodontic instruments
- vi. Air-water syringe tips
- vii. High volume evacuator tips
- viii. Surgical instruments
- ix. Sonic or ultrasonic periodontal scalers and tips
- x. Surgical handpieces

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, placed in and transported to the dental laboratory in an appropriate containment device that is properly sealed and labeled.

[Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-720, filed 4/14/92, effective 5/15/92.]

**WAC 246-816-730 Management of single use items.**

(1) Sterile disposable needles shall be used. The same needle may be recapped with a single-handed recapping technique or recapping device and subsequently reused for the same patient during the same visit.

(2) Single use items used in patient treatment which have been contaminated by saliva or blood shall be discarded and not reused. These include, but are not limited to, disposable needles, local anesthetic carpules, saliva ejectors, polishing discs, bonding agent brushes, prophylaxis cups, prophylaxis brushes, fluoride trays and interproximal wedges.

[Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-730, filed 4/14/92, effective 5/15/92.]

**WAC 246-816-740 Effective date.** This chapter shall become effective on May 15, 1992.

[Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-740, filed 4/14/92, effective 5/15/92.]

**FEES****WAC 246-816-990 Dental anesthesia permit fees.**

The following shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Permit application	\$ 50.00
Permit renewal	50.00
Duplicate permit	15.00
Certification of permit	25.00
Late renewal fee	125.00
On-site inspection fee	To be determined by future rule adoption

There will be no charge other than the application fee for a temporary permit as allowed in this chapter.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-816-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-040 (Order 086), § 308-39-220, filed 8/29/90, effective 10/1/90.]

**Chapter 246-818 WAC****DENTISTS—BOARD OF DENTAL EXAMINERS****WAC**

246-818-020	Examination eligibility and application.
246-818-030	Examination content.
246-818-040	Dismissal from examination.
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.
246-818-100	Licenses—Persons licensed or qualified out-of-state who are faculty at school of dentistry—Conditions.
246-818-120	Licensure without examination for dentists—Eligibility.
246-818-130	Licensure without examination for dentists—Application procedure.
246-818-140	Licensure without examination for dentists—Licensing examination standards.
246-818-150	Renewal of licenses.
246-818-990	Dentist fees.

**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 246-818-030 Examination content.** (1) The examination will consist of:

(a) Theory: National board only accepted, except as provided in (c) of this subsection.

(b) Practical/practice: The content of the practical/practice section shall consist of procedures or subjects as determined by the board.

(c) The board may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant will receive information concerning such examination.

(2) Each applicant must furnish his or her own patient for all phases, as may be required, of the practical/practice examination. Patients must be at least eighteen years of age, and shall not be a dentist, dental student, dental hygienist or dental hygiene student. The state board of dental examiners and the school of dentistry assume no responsibility regarding work done on patients. Candidates will be required to furnish documentary evidence of malpractice and liability insurance prior to the first day of the examination.

(3) An assistant will be permitted to assist the applicant at the chair. Dentists or undergraduate dental students, hygienists, undergraduate hygienists are not acceptable as assistants. Assistants must complete a form of eligibility.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-030, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040(4) and 18.32.120. 89-06-075 (Order PM 819), § 308-40-102, filed 3/1/89. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-102, filed 6/22/88. Statutory Authority: RCW 18.32.040. 87-09-097 (Order PM 649), § 308-40-102, filed 4/22/87; 86-08-046 (Order PL 583), § 308-40-102, filed 3/27/86; 84-07-050 (Order PL 462), § 308-40-102, filed 3/21/84; 83-08-021 (Order PL 431), § 308-40-102, filed 3/29/83; 82-04-024 (Order PL 391), § 308-40-102, filed 1/26/82; 79-04-011 (Order 295, Resolution No. 295), § 308-40-102, filed 3/13/79.]

**WAC 246-818-040 Dismissal from examination.**

Any applicant whose conduct interferes with the evaluation of professional competency by the board may be dismissed from the examination and all work will be rejected. Such conduct shall include but not be limited to the following:

(a) Presentation of purported carious lesions which are artificially created, whether or not the applicant created them.

(b) Presentation of radiographs which have been mislabeled, altered, or contrived to represent other than the patient's true condition, whether or not the misleading radiograph was created by the applicant.

(c) Giving or receiving aid, either directly or indirectly, during the examination process.

(d) Failure to follow directions relative to the conduct of the examination, including termination of treatment procedures.

(e) Gross disregard for and/or mutilation of the hard or soft tissues.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-040, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-103,

filed 6/22/88. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-103, filed 1/26/82.]

**WAC 246-818-050 Examination results.** (1) In order to pass the examination, the applicant must pass the theory section and the practical section of the examination.

(2) Failure on two or more phases of the practical section under WAC 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. 92-01-122 (Order 228B), § 246-818-080, filed 12/19/91, effective 1/19/92. 91-01-007 (Order 101B), recodified as § 246-818-080, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 90-08-011, § 308-40-107, filed 3/26/90, effective 4/26/90.]

**WAC 246-818-090 Graduates of nonaccredited schools.** The following requirements apply to persons who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

(1) A person who has issued to him or her a degree of doctor of dental medicine or doctor of dental surgery by a nonaccredited dental school listed by the World Health Organization, or by a nonaccredited dental school approved by the board of examiners, shall be eligible to take the examination given by the board in the theory and practice of the science of dentistry upon furnishing all of the following:

(a) Certified copies of dental school diplomas.

(b) Official dental school transcripts.

(c) Proof of identification by an appropriate governmental agency; provided, however, that alternate arrangements may be made for political refugees.

(d) Effective February 1, 1985, satisfactory evidence of the successful completion of at least two additional predoctoral or postdoctoral academic years of dental school education at a dental school approved pursuant to WAC 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 246-818-100 Licenses—Persons licensed or qualified out-of-state who are faculty at school of dentistry—Conditions.** (1) Definitions.

(a) Facility is defined as the building housing the School of Dentistry on the University of Washington campus, and other buildings, designated by the dean of the dental school and approved by the board.

(b) Clinics situated away from the School of Dentistry on the University of Washington campus, must be recommended by the dean in writing and approved by the board. The recommendation must list the rationale for including each location as a University of Washington School of Dentistry facility.

[Statutory Authority: RCW 18.32.035, 91-01-007 (Order 101B), recodified as § 246-818-100, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.035 and 18.32.195, 90-11-083 (Order 057), § 308-40-115, filed 5/17/90, effective 6/17/90.]

**WAC 246-818-120 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.]

**WAC 246-818-140 Licensure without examination for dentists—Licensing examination standards.** An applicant is deemed to have met Washington state examination standards if either (1) or (2) below is met:

(1) The state in which the applicant received a license, following successful completion of an examination, currently administers an examination, which includes all components listed in (a) and at least three of the components listed in (b) below.

(2) The applicant provides documentation that he/she has successfully completed an examination in another state which included all of the components listed in (a) and at least three of the components listed in (b) below.

(a) The applicant must have successfully completed an examination which included/includes the following components:

- (i.) Oral diagnosis and treatment planning, written or clinical test.
- (ii.) Class II amalgam test on a live patient.
- (iii.) Class II cast gold test, up to and including a 3/4 crown, on a live patient.
- (iv.) Periodontal test on a live patient to include a documentation and patient evaluation as well as scaling and root planing of at least one quadrant.
- (v.) Use of a rubber dam during grading of restorative tests.
- (vi.) Removable prosthodontics written or clinical test.

(b) The examination included/includes at least three of the following characteristics or components:

- (i.) Calibration of examiners.
- (ii.) Lab work completed by candidate and graded.
- (iii.) Anonymity of candidates and examiners.
- (iv.) Endodontic test.
- (v.) Gold foil test.
- (vi.) Other clinical procedures.

The board will publish a list of states or regional licensing examinations which on the date of publication of

the list are considered to be substantively equivalent to the Washington state dental licensing examination. The list will be periodically updated and available upon request.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-140, filed 12/6/90, effective 1/31/91; 90-18-038 (Order 085), § 308-40-152, filed 8/28/90, effective 9/28/90.]

**WAC 246-818-150 Renewal of licenses.** (1) Under the annual birthdate license renewal system, the late payment penalty provision will be applied as follows:

(a) Before the expiration date of the individual's license, as a courtesy, a notice for renewal of license will be mailed to last address on file to every person holding a current license. The licensee must return such notice along with current renewal fees prior to the expiration of said license. Should the licensee fail to renew his or her license prior to the expiration date then the individual is subject to the statutory penalty fee. If the licensee fails to renew his or her license within three years from expiration date thereof, such individual must apply for licensing under the statutory conditions then in force.

[Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-150, filed 12/6/90, effective 1/31/91. Statutory Authority: 1989 c 202 § 22. 90-05-039 (Order 036), § 308-40-135, filed 2/14/90, effective 3/1/90.]

**WAC 246-818-990 Dentist fees.** The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Dental application (examination and reexamination)	\$650.00
Partial retake	250.00
Faculty application	650.00
Resident application	650.00*
Renewal	215.00
Impaired dentist assessment	15.00
Late renewal penalty	150.00
Dental application (license without examination)	1400.00
Duplicate license	15.00
Certification	50.00

\* Resident applicants may pay a partial \$60.00 application fee only, provided that the remaining application fee of \$590.00 will be required prior to application for full dental licensure by examination.

[Statutory Authority: RCW 43.70.040. 92-17-059 (Order 298), § 246-818-990, filed 8/18/92, effective 9/18/92; 91-02-049 (Order 121), recodified as § 246-818-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-40-125, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-18-031 (Order PM 667), § 308-40-125, filed 8/27/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-40-125, filed 8/10/83. Formerly WAC 308-40-120.]

**Chapter 246-822 WAC  
DIETITIANS OR NUTRITIONISTS**

WAC	
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**WAC 246-822-010 Definitions.** (1) "Accredited college or university" means a college or university accredited by a national or regional accrediting body recognized by the council on postsecondary education at the time the applicant completed the required education.

(2) "Continuous preprofessional experience" means a minimum of 900 hours of supervised competency-based practice in the field of dietetics accumulated over a maximum of thirty-six months. This competency-based practice should include, but not be limited to the following:

(a) Assuring that food service operations meet the food and nutrition needs of clients and target markets.

(b) Utilization of food, nutrition, and social services in community programs.

(c) Providing nutrition care through systematic assessment, planning, intervention, and evaluation of groups and individuals.

(d) Providing nutrition counseling and education to individuals and groups for health promotion, health maintenance, and rehabilitation.

(e) Applying current research information and methods to dietetic practice.

(f) Utilizing computer and other technology in the practice of dietetics.

(g) Integrating food and nutrition services in the health care delivery system.

(h) Promoting positive relationships with others who impact on dietetic service.

(i) Coordinating nutrition care with food service systems.

(j) Participating in the management of cost-effective nutrition care systems.

(k) Utilizing menu as the focal point for control of the food service system.

(l) Participating in the management of food service systems, including procurement, food production, distribution, and service.

(m) Participating in the management of human, financial, material, physical, and operational resources.

(n) Providing education and training to other professionals and supportive personnel.

(o) Engaging in activities that promote improved nutrition status of the public and advance the profession of dietetics.

(p) Recognizing the impact of political, legislative, and economic factors on dietetic practice.

(q) Utilizing effective communication skills in the practice of dietetics.

(r) Participating in the management of a quality assurance program.

(3) "Supervision" means the oversight and responsibility for the dietitian's or nutritionist's continued practice by a qualified supervisor. Methods of supervision may include face-to-face conversations, direct observation, or review of written notes or tapes.

(4) "Qualified supervisor" means a dietitian who is certified under this chapter or who is qualified for certification under this chapter.

(5) "Coordinated undergraduate program" means supervised dietetic practice that is part of a course of study.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-822-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070, 89-17-071, § 308-177-115, filed 8/16/89, effective 9/16/89.]

**WAC 246-822-020 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of 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 246-822-030 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dietitian or nutritionist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-020, filed 6/30/89.]

**WAC 246-822-040 Health care institutions.** The chief administrator or executive officer or designee of any hospital or nursing home shall report to the department when any dietitian or nutritionist's services are terminated or are restricted based on a determination that the dietitian or nutritionist has either committed an act or acts which may constitute unprofessional conduct or that the dietitian or nutritionist may be unable to practice with reasonable skill or safety to clients by reason of a physical or mental condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-030, filed 6/30/89.]

**WAC 246-822-050 Dietitian or nutritionist associations or societies.** The president or chief executive officer of any dietitian or nutritionist association or society within this state shall report to the department when the association or society determines that a dietitian or nutritionist has committed unprofessional conduct or that a dietitian or nutritionist may not be able to practice dietetics or general nutrition services with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-040, filed 6/30/89.]

**WAC 246-822-060 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dietitian or nutritionist has engaged in fraud in billing for services.

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[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-050, filed 6/30/89.]

**WAC 246-822-070 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to dietitians or nutritionists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dietitian or nutritionist's incompetency or negligence in the practice of dietetics or general nutrition services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dietitian or nutritionist's alleged incompetence or negligence in the practice of dietetics or general nutrition services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-060, filed 6/30/89.]

**WAC 246-822-080 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of dietitians or nutritionists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-070, filed 6/30/89.]

**WAC 246-822-090 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dietitian or nutritionist is employed to provide patient care services, to report to the department whenever such a dietitian or nutritionist has been judged to have demonstrated his/her incompetency or negligence in the practice of dietetics or general nutrition services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dietitian or nutritionist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-177-080, filed 6/30/89.]

**WAC 246-822-100 Cooperation with investigation.** (1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the director of the department of 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 246-822-130 Nutritionist minimum core curriculum.** Training for certified nutritionist should include coursework at the collegiate level or equivalent in the following areas:

(1) Basic science - Which should include courses in one or more of the following:

- (a) Physiology.
- (b) Biochemistry.

(2) Foods - Which should include courses in one or more of the following:

- (a) Selection.
- (b) Composition.
- (c) Food science.
- (3) Nutritional science.

(4) Applied nutrition - Which should include courses in one or more of the following:

- (a) Diet therapy.
- (b) Nutrition of the life cycle.
- (c) Cultural/anthropological nutrition.
- (d) Public health nutrition.

(5) Counseling/education - Which should include courses in one or more of the following:

- (a) Psychological counseling.
- (b) Educational psychology.
- (c) Communication.
- (d) Psychology.
- (e) Education.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-130, filed 8/16/89, effective 9/16/89; 89-03-035 (Order PM 814), § 308-177-130, filed 1/11/89.]

**WAC 246-822-140 Certification renewal registration date.** (1) The annual certification renewal date will coincide with the individual's birth anniversary date.

(2) Failure to pay the renewal fee on or before the expiration date will invalidate the certification. An individual may reinstate the certificate by written application to the department, payment of a single late renewal penalty fee and payment of all delinquent renewal fees.

(3) Dietitians and nutritionists who fail to renew their certifications for a period of three years will be required to reapply.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-03-035 (Order PM 814), § 308-177-140, filed 1/11/89.]

**WAC 246-822-150 Examinations.** (1) A written examination will be given at least once annually to qualified applicants at a time and place determined by the 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 246-822-160 Foreign degree equivalency.** Applicants who obtained their education outside of the United States and its territories must have their academic degree(s) validated as substantially equivalent to the baccalaureate, master's, or doctorate degree conferred by a regionally accredited college or university recognized by the council on postsecondary education at the time the applicant completed the required degree.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-822-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.138.070. 89-17-071, § 308-177-180, filed 8/16/89, effective 9/16/89.]

**WAC 246-822-170 Certification for dietitians—Grandfathering.** An individual may be certified as a certified dietitian if he or she provides evidence of meeting criteria for registration with the commission on dietetic registration on June 9, 1988, and provides documentation of completion of the AIDS education requirements as set forth in WAC 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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**WAC 246-824-010 Definitions.** For the purpose of administering and recording apprenticeship training, in

accordance with the conditions specified by RCW 18.34.070 (5)(a), one year shall be defined as 2,000 hours of training under supervision of a licensed physician, optometrist or dispensing optician. This definition will not be used to extend the limit of apprenticeship training as specified in RCW 18.34.030.

(1) No apprentice shall engage in the work of dispensing optician except in the course and scope of apprenticeship training under the direct supervision of a duly licensed physician, optometrist, or dispensing optician. In those situations where the apprentice or the supervisor rotates within the same eye care organization or business operation, the provisions of WAC 308-26-010(2) (as amended February 23, 1976) will apply.

(2) "Direct supervision" shall mean that the supervising optometrist, physician, or dispensing optician shall:

(a) Inspect a substantial portion of the apprentice's work;

(b) Be physically present on the premises where the apprentice is working and available for consultation with the apprentice a minimum of 80% of the time claimed as apprenticeship training. Thus, of the 2,000 training hours in one year of apprenticeship, the supervisor must be on the premises simultaneously with the apprentice for 1,600 hours, and have available at each location where an apprentice is working a monthly log with verification by initial of both the licensed supervisor and the apprentice to be shown upon request made by the state; and

(c) Except that in the case of the fitting or adjusting of contact lenses, "direct supervision" shall require that the supervising optician, optometrist, or physician inspect all of the apprentice's work and be physically present on the premises at all times.

*Provided, however,* That if the supervisor is absent for extended periods of time, the apprentice shall be supervised by another licensed physician, optometrist, or dispensing optician, and provided further that "direct supervision" shall not require that the supervisor while on the premises inspect all of the apprentice's work, nor shall it require that the supervisor and apprentice be constantly in the same room.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-005, filed 6/30/78; Order PL-106, § 308-26-005, filed 2/2/71.]

**WAC 246-824-020 Registration of apprentices.** (1) Registration of an apprentice shall be requested by the physician, optometrist or dispensing optician who intends to provide the training for and direct supervision of the apprentice's work, on a form provided by the 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 super-

vised 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 246-824-030 Comments.** In order to facilitate comments on the apprentice's performance, the name, business address and business telephone number of the departmental supervisor or the supervising optician, optometrist or physician shall be posted in public view on the premises where the apprentice works.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.04.040. 78-07-073 (Order PL-289), § 308-26-011, filed 6/30/78.]

**WAC 246-824-040 Application for examination.** (1) An individual shall make application for examination, in accordance with RCW 18.34.070, on an application form prepared and provided by the 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 246-824-060 Dispensing optician examination.**

(1) Every qualified applicant shall pass an examination with a score of at least seventy percent in each of the three examination sections: Written contact lenses, written basic optical concepts to include anatomy and physiology, and practical. Subject to subsection (2), any applicant obtaining a score of less than 70% in any section will only be required to retake the section(s) in which a grade of less than 70% was obtained.

(2) Applicants failing an examination section may retake the section(s) failed at the next scheduled examination. Failure to pass the entire examination after three consecutive regularly scheduled examinations (emergencies may be considered) shall require reexamination on all three sections.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.34.040 and 18.34.080. 84-08-019 (Order PL 464), § 308-26-017, filed 3/27/84. Statutory Authority: RCW 18.34.080. 82-11-056 (Order PL 397), § 308-26-017, filed 5/13/82.]

**WAC 246-824-065 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 246-824-090 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the dispensing optician being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-065, filed 6/30/89.]

**WAC 246-824-100 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any dispensing optician's services are terminated or are restricted based on a determination that the dispensing optician has either committed an act or acts which may constitute unprofessional conduct or that the dispensing optician may be unable to practice with reasonable skill or

safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-075, filed 6/30/89.]

**WAC 246-824-110 Dispensing optician associations or societies.** The president or chief executive officer of any dispensing optician association or society within this state shall report to the department when the association or society determines that a dispensing optician has committed unprofessional conduct or that a dispensing optician may not be able to practice dispensing of optical goods with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-085, filed 6/30/89.]

**WAC 246-824-120 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a dispensing optician has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-095, filed 6/30/89.]

**WAC 246-824-130 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to dispensing opticians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dispensing optician's incompetency or negligence in the practice of opticianry. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the dispensing optician's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-105, filed 6/30/89.]

**WAC 246-824-140 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed dispensing opticians, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-140, filed 12/27/90, effective 1/31/91. Statutory Authority:

RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-115, filed 6/30/89.]

**WAC 246-824-150 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dispensing optician is employed to provide client care services, to report to the department whenever such a dispensing optician has been judged to have demonstrated his/her incompetency or negligence in the practice of opticianry, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled dispensing optician. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-824-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-26-125, filed 6/30/89.]

**WAC 246-824-160 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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
Optician:	
Full examination (or reexamination)	\$200.00
Reexamination—Practical only	30.00
Reexamination—Written (basic) only	25.00
Reexamination—Written (contact lens) only	25.00
Renewal	125.00
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.
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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 246-826-030 Supervision of health care assistants.** A health care assistant may be supervised by either the practitioner who delegated the act or by a practitioner who could order the act under his or her own license. The practitioner who is supervising the health care assistant must be physically present and immediately available in the facility during the administration of injections. The supervising practitioner need not be present during procedures to withdraw blood.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 85-06-018 (Order PL 515), § 308-175-020, filed 2/25/85.]

**WAC 246-826-040 Certification of health care assistants.** Health care assistants' certification is valid for two years. The delegating practitioner or health care facility is responsible for certifying or recertifying health care assistants. An updated 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 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 246-826-100 Health care assistant classification.** Effective September 1, 1988, there shall be six categories of health care assistants:

(1) Category A assistants may perform venous and capillary invasive procedures for blood withdrawal.

(2) Category B assistants may perform arterial invasive procedures for blood withdrawal.

(3) Category C assistants may perform intradermal, subcutaneous and intramuscular injections for diagnostic agents and administer skin tests.

(4) Category D assistants may perform intravenous injections for diagnostic agents.

(5) Category E assistants may perform intradermal, subcutaneous and intramuscular injections for therapeutic agents.

(6) Category F assistants may perform intravenous injections for therapeutic agents.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-826-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030, 87-23-022 (Order PM 689), § 308-175-075, filed 11/12/87.]

**WAC 246-826-110 Qualified trainer.** Qualified trainers for health care assistant trainees are:

(1) Delegator with a minimum of two years of current experience (within the last five years) in the appropriate category in which they are providing the training.

(2) Delegatee from the appropriate category of health care assistants who has a minimum of two years experience obtained within the last five years in the appropriate procedures.

(3) Licensed nurses who meet the educational and experiential criteria for the appropriate category.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-826-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030, 87-23-022 (Order PM 689), § 308-175-085, filed 11/12/87.]

**WAC 246-826-120 Provision of health care assistants training.** The training of health care assistants may be provided either:

(1) Under a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization, who shall ascertain the proficiency of the

health care assistant; or under a registered nurse, physician's assistant, osteopathic physician's assistant, health care assistant, or LPN acting under the direction of a licensed physician, osteopathic physician, podiatrist or certified registered nurse with prescriptive authorization who shall be responsible for determining the content of the training and for ascertaining the proficiency of the health care assistant; or

(2) In a training program provided by a post-secondary institution registered with the Washington state council for post-secondary education, or a community college approved by the Washington state board for community college education, or a vocational education program approved by the superintendent of public instruction, or in a private vocational school registered with the Washington state commission on vocational education, or in a program or post-secondary institution accredited by an accrediting agency recognized by the U.S. Department of Education.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-826-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030, 87-23-022 (Order PM 689), § 308-175-090, filed 11/12/87; 85-06-018 (Order PL 515), § 308-175-090, filed 2/25/85.]

**WAC 246-826-130 Category A minimum requirements.** Effective September 1, 1988, Category A assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform venous and capillary invasive procedures for blood withdrawal:

(a) High school education or its equivalent;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category A assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process, including forms used, accessing process, and collection patterns;

(e) Materials to be used;

(f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks;

(g) Procedural standards and techniques for blood collection;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.



(3) Work experience. The Category A assistant should have the following work experience under the direct supervision of a qualified trainer:

- (a) Practice technique in a simulated situation;
- (b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum entry level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and
- (c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-095, filed 11/12/87.]

**WAC 246-826-140 Category B minimum requirements.** Effective September 1, 1988, Category B assistants shall meet all of the following minimum requirements:

- (1) Educational and occupational qualifications to perform arterial invasive procedures for blood withdrawal:
  - (a) Minimum high school education or its equivalent with additional education to include but not be limited to anatomy, physiology, concepts of asepsis, and microbiology;
  - (b) The ability to read, write, and converse in the English language; and
  - (c) Adequate physical ability, including sufficient manual dexterity to perform the requisite health care services.
- (2) Training and instruction. The Category B assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:
  - (a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;
  - (b) Patient identification process;
  - (c) Identification of and relationship to licensed health care practitioner;
  - (d) Procedure requesting process, including forms used, accessing process, and collection patterns;
  - (e) Materials to be used;
  - (f) Anatomic considerations for performing such functions as venipuncture, capillary finger collection, heel sticks, arterial puncture, line draws, and use of local anesthetic agents;
  - (g) Procedural standards and techniques for blood collection;
  - (h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;
  - (i) Physical layout of the work place, including patient care areas; and
  - (j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category B assistant should have the following work experience under the direct supervision of a qualified trainer:

- (a) Practice technique in a simulated situation;
- (b) Observe and perform procedures on patients until the trainee demonstrates proficiency to be certified at the minimum level of competency. The time and number of performances will vary with the specific procedure and skill of the trainee; and
- (c) Document all training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-100, filed 11/12/87.]

**WAC 246-826-150 Category C minimum requirements.** Effective September 1, 1988, Category C assistants shall meet all of the following minimum requirements:

- (1) Educational and occupational qualifications to perform intradermal (including skin tests), subcutaneous, and intramuscular injections for diagnostic agents:
  - (a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, concepts of asepsis, and microbiology;
  - (b) The ability to read, write, and converse in the English language;
  - (c) Possess a basic knowledge of mathematics; and
  - (d) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.
- (2) Training and instruction. The Category C assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:
  - (a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;
  - (b) Patient identification process;
  - (c) Identification of and relationship to licensed health care practitioner;
  - (d) Procedure requesting process to include, but not be limited to, forms used;
  - (e) Materials to be used;
  - (f) Anatomic considerations for performing injections;
  - (g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;
  - (h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;
  - (i) Physical layout of the work place, including patient care areas; and
  - (j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category C assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;  
 (b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-105, filed 11/12/87.]

**WAC 246-826-160 Category D minimum requirements.** Effective September 1, 1988, Category D assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for diagnostic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, basic pharmacology, mathematics, chemistry, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category D assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category D assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-110, filed 11/12/87.]

**WAC 246-826-170 Category E minimum requirements.** Effective September 1, 1988, Category E assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intramuscular, intradermal (including skin tests), and subcutaneous injections for therapeutic agents:

(a) One academic year of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category E assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction, and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category E assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-115, filed 11/12/87.]

**WAC 246-826-180 Category F minimum requirements.** Effective September 1, 1988, Category F assistants shall meet all of the following minimum requirements:

(1) Educational and occupational qualifications to perform intravenous injections for therapeutic agents:

(a) Two academic years of formal education at the post-secondary level. Education shall include but not be limited to anatomy, physiology, pharmacological principles and medication administration, chemistry, mathematics, concepts of asepsis, and microbiology;

(b) The ability to read, write, and converse in the English language; and

(c) Adequate physical ability including sufficient manual dexterity to perform the requisite health care services.

(2) Training and instruction. The Category F assistant shall receive training, evaluation(s), and assessment of knowledge and skills to determine entry level competency in the following areas:

(a) Job responsibilities - to cover all areas of the responsibilities to be delegated which include ethical implications and patient confidentiality;

(b) Patient identification process;

(c) Identification of and relationship to licensed health care practitioner;

(d) Procedure requesting process to include, but not be limited to, forms used;

(e) Materials to be used;

(f) Anatomic considerations for performing injections;

(g) Procedures for injections of agents will include readily available written, current, organized information. For each agent there shall be instruction concerning dosage, technique, acceptable route(s) of administration and appropriate anatomic sites, expected reactions, possible adverse reactions, appropriate intervention for adverse reaction and risk to patient and employee;

(h) Common terminology and practices such as medical classifications, standard diagnoses, test synonyms, background information on procedures, interferences;

(i) Physical layout of the work place, including patient care areas; and

(j) Safety requirements including the handling of infectious disease cases and the handling and disposal of biohazardous materials.

(3) Work experience. The Category F assistant should have the following work experience under the direct supervision of a qualified trainer:

(a) Practice technique in a simulated situation;

(b) Observe and perform procedure on patients until the trainee demonstrates proficiency in each drug classification. The time and number of performances will vary with the specific procedure and skill of the trainee; and

(c) Document all health care assistants' training on a checklist appropriate to the facility and the duties and responsibilities of the trainee. This documentation will be completed, signed by the qualified trainer, trainee, and delegator and be placed in employee personnel file. The trainee must demonstrate minimum entry level skill proficiency before certification can be granted.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-120, filed 11/12/87.]

**WAC 246-826-190 Grandfather clause.** Currently certified health care assistants performing any of the practices authorized in RCW 18.135.010 may continue to be certified or recertified by demonstrating proficiency in the appropriate classification to a delegator as defined in RCW 18.135.020. Retraining or completion of a training program shall not be necessary if the health care assistant is able to so demonstrate. Eligibility for recertification by individuals certified under the provisions of this section shall not be restricted by change of employment.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-125, filed 11/12/87.]

**WAC 246-826-200 Hospital or nursing home drug injection.** (1) Class C, D, E, or F health care assistants working in a hospital or nursing home may administer the following types of drugs by injection as authorized and directed by a delegator and as permitted by the category of certification of the health care assistant:

- Antihistamines
- Antiinfective agents
- Antineoplastic agents
- Autonomic drugs
- Blood derivatives
- Blood formation and coagulation
- Cardiovascular drugs
- CNS agents
- Diagnostic agents
- Electrolytic, caloric and water balance
- Enzymes
- Gastrointestinal drugs
- Gold compounds
- Heavy metal antagonists
- Hormones/synthetic substitutes

- Local anesthetics
- Oxytocics
- Radioactive agents
- Serums, toxoids, vaccines
- Skin and mucous membrane agents
- Smooth muscle relaxants
- Vitamins
- Unclassified therapeutic agents

(2) The schedule of drugs in subsection (1) of this section shall not include any controlled substances as defined in RCW 69.50.101 (1)(d), any experimental drug and any cancer chemotherapy agent unless a delegator is physically present in the immediate area where the drug is administered.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-130, filed 11/12/87.]

**WAC 246-826-210 Intravenous medications flow restrictions.** (1) Category D and F assistants will be permitted to interrupt an IV, administer an injection, and restart at the same rate.

(2) Line draws may be performed by a Category B assistant only if the IV is stopped and restarted by a licensed practitioner.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-826-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.135.030. 87-23-022 (Order PM 689), § 308-175-135, filed 11/12/87.]

**WAC 246-826-230 AIDS prevention and information education requirements—Health care assistants.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of 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**

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**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 scheduled 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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; Readopted by 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), recodified as § 246-828-130, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-140, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-150, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-160, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-170, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-180, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified 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), recodified as § 246-828-200, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-210, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified as § 246-828-220, filed 5/8/91, effective 6/8/91; Readopted by 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), recodified 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; Readopted by 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 nondeceptive 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; Readopted by 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; Readopted by 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

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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 show, 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; Readopted by 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

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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 rescision 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 rescision 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), recodified 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 adaptation 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), recodified 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 rescission.** 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), recodified 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), recodified 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**

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**FEES**

- 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 246-830-030 Reciprocity.** The board, at its discretion, and subject to the laws pertaining to the licensing of massage practitioners may endorse a massage practitioner license issued by the proper authorities of any other state, territory, or foreign jurisdiction upon payment of the

application fee and initial license fee and submission of evidence satisfactory to the board:

(1) That such other state, territory, or foreign jurisdiction maintains a system and standard of education and examination for massage practitioners which is substantially equivalent to that required in Washington;

(2) That such applicant provides proof, in a manner approved by the department, that the education and examination requirements of the alternative state, territory, or foreign jurisdiction are equivalent to that of Washington;

(3) That such applicant successfully demonstrates, to the satisfaction of the board, a working knowledge of Washington laws pertaining to the practice of massage;

(4) That such applicant has not had any disciplinary action taken against himself/herself including a license revocation or suspension in any state, territory, or foreign jurisdiction in which the applicant has received a massage practitioner's license or reciprocal endorsement;

(5) That such applicant, after meeting the preceding requirements, must submit the application fee, initial license fee and is subject to annual renewal fees and late penalty fees.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-030, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-021, filed 9/14/88.]

#### **WAC 246-830-040 Equipment and sanitation.** (1)

All practitioners utilizing hydrotherapies including but not limited to cabinet, vapor or steam baths, whirlpool, hot tub or tub baths shall have available adequate shower facilities.

(2) All cabinets, showers, tubs, basins, massage or steam tables, hydrotherapy equipment, and all other fixed equipment used shall be thoroughly cleansed and shall be rendered free from harmful organisms by the application of an accepted bactericidal agent.

(3) Combs, brushes, shower caps, mechanical, massage and hydrotherapy instruments, or bathing devices that come in contact with the body shall be sterilized or disinfected by modern and approved methods and instruments. Devices, equipment or parts thereof having been used on one person shall be sterilized or disinfected before being used on another person.

(4) Impervious material shall cover, full length, all massage tables or pads, directly under fresh sheets and linens or disposable paper sheets.

(5) All single service materials and clean linen such as sheets, towels, gowns, pillow cases and all other linens used in the practice of massage, shall be furnished by the practitioner for the use of each client. Linens shall be stored in a sanitary manner.

(6) All towels and linens used for one person shall be laundered or cleaned before they are used by any other person.

(7) All soiled linens shall be immediately placed in a covered receptacle.

(8) Soap and clean towels shall be provided by the practitioner for use by clients and employees.

(9) All equipment shall be clean, well maintained and in good repair.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-040, filed 12/17/90, effective 1/31/91; 88-11-011

(Order PM 725), § 308-51-050, filed 5/10/88; Order PL 231, § 308-51-050, filed 10/30/75.]

#### **WAC 246-830-050 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of 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.]

### **EXAMINATION**

**WAC 246-830-201 Scope of examination.** (1) The examination for a massage practitioner's license shall, except as noted in subsection (2) of this section, consist of written questions as well as a practical demonstration of massage therapy.

(2) An applicant handicapped by blindness will not be subject to a written examination. A blind applicant will be asked questions orally to appropriately test the range and depth of his/her knowledge of the subjects shown in subsection (3) of this section.

(3) Questions will be sufficient in number to satisfy the board of massage that the applicant has been given an adequate opportunity to express his or her knowledge relating to subjects as stated in RCW 18.108.073(2).

(4) The practical demonstration of massage will be conducted before the examiner(s) and the applicant will be required to perform massage therapy. The following will be evaluated:

- (a) Professional manner,
- (b) Lubrication,
- (c) Overall demonstration of work: Pressure, rhythm, smoothness, organization,
- (d) Interaction with client,
- (e) Effleurage,
- (f) Petrissage,
- (g) Friction,
- (h) Vibration,
- (i) Tapotement,
- (j) Joint demonstration and Swedish gymnastics,
- (k) Specific muscle demonstration,
- (l) Client endangerment,
- (m) Draping and turning,
- (n) Treatment of various conditions.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-201, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-100, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-100, filed 12/13/84. Statutory Authority: RCW 18.108.020. 80-01-018 (Order PL 329, Resolution No. 12/79), § 308-51-100, filed 12/13/79; Order PL 248, § 308-51-100, filed 5/25/76.]

**WAC 246-830-220 Grading of examinations.** Each applicant must obtain a grade of 70 or better on each portion of the examination before being considered by the board to be technically qualified for licensing as a massage practitioner.

[Statutory Authority: RCW 18.108.025. 91-01-077 (Order 102B), recodified as § 246-830-220, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-110, filed 5/10/88. Statutory Authority: RCW 18.108.020 and 18.108.070. 85-01-043 (Order PL 501), § 308-51-110, filed 12/13/84. Statutory Authority: RCW 18.108.020. 79-10-042 (Order 314, Resolution No. 9/79), § 308-51-110, filed 9/13/79; Order PL 248, § 308-51-110, filed 5/25/76.]

**WAC 246-830-230 Frequency and location of examinations.** (1) The board will normally conduct examinations twice a year.

(2) Written examinations will be conducted prior to the practical examinations. Applicants will be required to pass the written examination and the practical examination.

(3) Written and practical examinations will be conducted at a location within the state as determined by the secretary.

(4) A notification will be sent to the residential address of record of each examination applicant at least fifteen days prior to each applicant's scheduled examination dates. Such notification will contain appropriate instructions or information and will reflect the time, date and location at which the applicant is expected to appear for examination. Examination fees are nonrefundable. Should an applicant fail to appear for examination at the designated time and place, 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 246-830-240 Examination appeal procedures.**

(1) Any candidate who takes the state examination for licensure and does not pass either the written examination or the practical examination, may request review of the results of either examination by the Washington state board of massage.

(a) The board will not modify examination results unless the candidate presents clear and convincing evidence of error in the examination content or procedure, or bias, prejudice or discrimination in the examination process.

(b) The board will not consider any challenges to examination scores unless the total of the potentially revised score would result in issuance of a license.

(2) The procedure for requesting an informal review of examination results is as follows:

(a) The request must be in writing and must be received by the department within thirty days of the date on the letter of notification of examination results sent to the candidate.

(b) The following procedures apply to an appeal of the results of the written examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must appear personally in the department office in Olympia for an examination review session. The candidate must contact the department to make an appointment for the exam review session.

(ii) The candidate's incorrect answers will be available during the review session. The candidate will be given a form to complete in defense of the examination answers. The candidate must specifically identify the challenged questions on the examination and must state the specific reason(s) why the candidate believes the results should be modified.

(iii) The candidate will be allowed one-half the time originally allotted to take the examination for this review session.

(iv) The candidate may not bring in any resource material for use while completing the informal review form.

(v) The candidate will not be allowed to remove any notes or materials from the office upon completing the review session.

(c) The following procedures apply to an appeal of the results of the practical examination.

(i) In addition to the written request required in (a) of this subsection, the candidate must, within thirty days of the date on the letter of notification of exam results, request in writing a breakdown of the candidate's scores in the various areas of the examination.

(ii) The candidate will be sent the breakdown and will also be provided a form to complete in defense of the candidate's examination performance. The candidate must complete the form and specifically identify the challenged

portion(s) of the examination and must state the specific reason(s) why the candidate believes the results should be modified. This form must be returned to the department within fifteen days of the date on the letter of breakdown sent to the candidate.

(d) The board will schedule a closed session meeting to review the examinations, score sheets and forms completed by the candidate. The candidate will be notified in writing of the board decision.

(i) The candidate will be identified only by candidate number for the purpose of this review.

(ii) Letters of referral or requests for special consideration will not be read or considered by the board.

(e) Any candidate who is not satisfied with the results of the informal examination review may request a formal hearing before the board to challenge the examination results.

(3) The procedures for requesting a formal hearing are as follows:

(a) The candidate must complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing must be received by the department within twenty days of the date on the notice of the results of the board's informal review.

(c) The written request must specifically identify the challenged portion(s) of the examination and must state the specific reason(s) why the candidate believes the examination results should be modified.

(d) Candidates will receive at least twenty days notice of the time and place of the formal hearing.

(e) The hearing will be restricted to the specific portion(s) of the examination the candidate has identified in the request for formal hearing.

(f) The formal hearing will be conducted pursuant to the Administrative Procedure Act, chapter 34.04 RCW.

(g) The candidate will be notified in writing of the board decision.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-240, filed 12/17/90, effective 1/31/91; 88-11-011 (Order PM 725), § 308-51-125, filed 5/10/88. Statutory Authority: RCW 18.108.020, 87-21-049 (Order PM 685), § 308-51-125, filed 10/15/87.]

**WAC 246-830-250 Reexamination.** An applicant who has failed to pass either or both portions of the examination may apply for reexamination, provided the required reexamination fee(s) is submitted and current application requirements are met. An applicant must successfully complete both portions of the examination prior to licensure. If an applicant fails to successfully pass either portion of the examination within two years of the date of the original examination, he/she must retake the entire examination.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-250, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-130, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020, 80-04-012 (Order PL 336), § 308-51-130, filed 3/10/80; Order PL 248, § 308-51-130, filed 5/25/76.]

**WAC 246-830-260 Special examination.** An applicant who states that the applicant cannot read or speak the English language with sufficient facility to take the written or practical examination may elect one of the following options:

(1) To have the examination read in English; or

(2) Take the examination with the assistance of a translator.

The applicant must notify the department of the applicant's need for a translator at the time of filing an application to take the massage exam.

The translator shall not define or translate from English to the requested language any medical terms, conditions, or treatments.

[Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-260, filed 12/17/90, effective 1/31/91; 88-19-048 (Order PM 770), § 308-51-140, filed 9/14/88; 88-11-011 (Order PM 725), § 308-51-140, filed 5/10/88; Order PL 248, § 308-51-140, filed 5/25/76.]

**WAC 246-830-270 Reexamination for assurance of competency.** (1) An applicant for licensure who has been previously licensed shall retake both the practical and written portions of the examination and achieve passing scores before relicensure under any one of the following circumstances:

(a) The applicant has been unlicensed voluntarily for more than thirty-six calendar months; or

(b) The 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.]

## EDUCATION

**WAC 246-830-401 Scope and purpose.** (1) The minimum educational requirements for licensure to practice massage therapy and/or bodywork/somatic education in Washington is successful completion of a course of study from a massage school, program, or national educational institution approved by the board.

(2) The purpose of this chapter is to provide a set of standards and procedures by which massage schools, programs, or national educational institutions may obtain approval by the board in order that graduates of those schools, programs, or national educational institutions may be permitted to take examinations for licensure.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-401, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-401, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-030, filed 6/9/88.]

**WAC 246-830-410 Definitions.** For the purpose of administering chapter 18.108 RCW, the following terms shall be considered in the following manner:

(1) A massage school is an institution which has the sole purpose of offering training in massage therapy.

(2) A massage program is training in massage therapy offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(3) An apprentice is defined, for purposes of this chapter, as one who has successfully completed:

(a) One hundred thirty hours of instruction in anatomy, physiology, and kinesiology including palpation, range of motion and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of instruction in pathology, including indications and contraindications to massage therapy and palpations.

(c) Certification in American Red Cross first aid and American Heart Association CPR or the equivalent.

The above courses must be successfully completed within five years immediately preceding entry into an apprenticeship agreement. The apprentice then shall receive complete training in:

(i) Hydrotherapy (fifteen hours);

(ii) Theory and practice of massage therapy (two hundred fifty hours) at a minimum to include Swedish and deep tissue techniques, remedial gymnastics, body mechanics of the practitioner, and medical treatments. A maximum of fifty of these hours may include time spent in a student clinic; and

(iii) Clinical practices (fifty-five hours), at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws. Training in hydrotherapy, theory and practice of massage therapy, and clinical practices shall be completed in no less than six months or longer than two years from the date of entry into an apprenticeship program.

(4) A massage apprenticeship is training in massage therapy which is offered by a qualified massage practitioner to an apprentice on the basis of an apprenticeship agreement between the massage practitioner and the apprentice. Such agreement shall comply with the educational standards as set forth in this chapter. A qualified massage practitioner is defined as a person that shall have not less than three years full-time experience in the practice of massage immediately preceding the function as an apprenticeship trainer of massage therapy in an apprenticeship agreement and shall be licensed under this chapter and currently engaged in the practice of massage.

Hereinafter, qualified massage practitioner is referred to as apprenticeship trainer.

(5) A national educational institution is an institution which has the purpose of directly supervising training programs in bodywork/somatic education. A national educational institution may also be a program which is established for the purpose of offering training in bodywork/somatic education offered in an academic institution which also offers training in other areas of study.

(6) A program is an established area of study offered on a continuous or periodic basis. The national educational institution's certification program must have a permanent administrative location and must have training location requirements. The institution's certification program may have its own registered trademark <sup>TM</sup>/servicemark <sup>SM</sup>. The certification program must have a code of ethics.

(7) Bodywork/somatic education shall be defined as any established method other than Swedish massage in which the practitioner uses touch to improve the function, organization, structure, and well-being of a person.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-410, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-410, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-010, filed 6/9/88.]

**WAC 246-830-420 Approval of school, program, or apprenticeship program.** The board may accept proof of a national professional association's approval of a school or program based on standards and requirements which are substantially equivalent to those identified in this chapter, in lieu of the requirements contained in this chapter. Approval in this manner may be requested on a form provided by the department. The board will consider for approval any school, program, or apprenticeship program which meets the requirements as outlined in this chapter.

(1) Approval of any other school or program may be requested on a form provided by the department.

(2) Application for approval of a school or program, shall be made by the authorized representative of the school or the administrator of the apprenticeship agreement.

(3) The authorized representative of the school or the administrator of the apprenticeship program may request approval of the school or program, as of the date of the application or retroactively to a specified date.

(4) The application for approval of a school, program, or national educational institution shall include, but not be limited to, documentation required by the board pertaining to: Syllabus, qualifications of instructors, training locations, and facilities, outline of curriculum plan specifying all subjects and length in hours such subjects are taught, class objectives, and a sample copy of one of each of the following exams: Anatomy, physiology, and massage therapy or bodywork/somatic education.

(5) Any school, national educational institution, or program that is required to be licensed by private vocational education (see chapter 28C.10 RCW or Title 28B RCW), or any other statute, must complete these requirements before being considered by the board for approval.

(6) The board will evaluate the application and, if necessary, conduct a site inspection of the school, national educational institution, or program, prior to granting approval by the board.

(7) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification to the application.

(8) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant's school or program may request a review within thirty days of the board's adverse decision/action. Should a request for review of an adverse action be made after thirty days following the board's action, the contesting party may obtain review only by submitting a new application.

(9) The authorized representative of an approved school, national educational institution, or program or the administrator of an apprenticeship agreement shall notify the board of significant changes with respect to information provided on the application within sixty days.



(10) The board may inspect or review an approved school, national educational institution, or program at reasonable intervals for compliance. Approval may be withdrawn if the board finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(11) The authorized representative of a school, national educational institution, or administrator of an agreement must immediately correct the deficiencies which resulted in withdrawal of the board's approval.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-420, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-420, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-020, filed 6/9/88.]

**WAC 246-830-430 Training.** (1) The training in massage therapy shall consist of a minimum of five hundred hours. An hour of training is defined as fifty minutes of actual instructional time. Certification in American Red Cross first aid and American Heart Association CPR or the equivalent shall be required. This requirement is in addition to the five hundred hours of training in massage therapy. These five hundred hours are not to be completed in less than six months and shall consist of the following:

(a) One hundred thirty hours of anatomy, physiology, and kinesiology including palpation, range of motion, and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of pathology including indications and contraindications to massage therapy and palpations.

(c) Two hundred fifty hours of theory and practice of massage therapy, at a minimum to include Swedish and deep tissue techniques, remedial gymnastics, body mechanics of the practitioner, and medical treatments. A maximum of fifty of these hours may include time spent in a student clinic.

(d) Fifteen hours of hydrotherapy.

(e) Fifty-five hours of clinical/business practices, at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws.

(2) The training in a national educational institution program shall consist of a minimum of five hundred hours. An hour of training is defined as fifty minutes of actual instructional time. Certification in American Red Cross first aid and American Heart Association CPR or the equivalent shall be required. This requirement is in addition to the five hundred hours of training required of the national educational institution. These five hundred hours are not to be completed in less than six months and shall consist of the following:

(a) One hundred thirty hours of anatomy, physiology, and kinesiology including palpation, range of motion, and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of pathology including indications and contraindications.

(c) Two hundred sixty-five hours of theory and practice of bodywork/somatic education, a minimum to include analysis and evaluation of the physical and/or energetic structure, tissue handling techniques, body mechanics of the

practitioner, and medical implications. A maximum of fifty of these hours may include time spent in a student clinic.

(d) Fifty-five hours of clinical/business practices, at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws.

(e) A bodywork/somatic education program shall have a curriculum and system of training consistent with its particular area of practice.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-430, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-430, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-040, filed 6/9/88.]

**WAC 246-830-440 Curriculum—Academic standards—Faculty—Student clinic.** (1) The curriculum of the school, national educational institution's program, or apprenticeship program shall be designed and presented to meet or exceed the requirement of five hundred hours.

(2) Academic standards. The school, national educational institution, or apprenticeship trainer shall regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(3) Faculty. Apprenticeship trainers and faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught. The apprenticeship trainer and faculty should develop and evaluate the curriculum instructional methods and facilities; student discipline, welfare, and counseling; assist in the establishment of administrative and educational policies, and scholarly and professional growth. Schools, national educational institutions or programs, or apprenticeship programs shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty.

(4) Student clinic (optional program). The clinical facilities shall be adequate in size, number, and resources to provide for student practice of massage or bodywork/somatic education on the general public. There shall be properly equipped rooms for consultations, massage therapy or treatment, and equipment as required in the practice of massage or bodywork/somatic education. A faculty member who is a licensed massage practitioner and adequately experienced in massage therapy or an instructor who is certified by the national educational institution as an instructor of bodywork/somatic education must be present in the clinic at all times the clinic is open and in direct supervision of, and have final decision in, the massage therapy or bodywork/somatic treatment which is rendered to clients by students.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-440, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-440, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-050, filed 6/9/88.]

**WAC 246-830-450 Health, sanitation, and facility standards.** All programs will have adequate facilities and equipment available for students learning massage therapy or bodywork/somatic education. All facility equipment will be

maintained in accordance with local rules and ordinances in addition to those imposed by chapter 246-830 WAC. Instructional and practice equipment shall be similar to that found in common occupational practice. An adequate reference library, appropriate to the subjects being taught, shall be available.

[Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-450, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-450, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-060, filed 6/9/88.]

**DISCIPLINARY**

**WAC 246-830-610 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 246-830-620 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the massage practitioner being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-620, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-240, filed 6/30/89.]

**WAC 246-830-630 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home or their designee shall report to the department when any massage practitioner's services are terminated or are restricted based on a determination that the massage practitioner has either committed an act or acts which may constitute unprofessional conduct or that the massage practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-630, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-250, filed 6/30/89.]

**WAC 246-830-640 Massage practitioner associations or societies.** The president or chief executive officer of any massage practitioner association or society within this state shall report to the department when the association or society determines that a massage practitioner has committed unprofessional conduct or that a massage practitioner may not be able to practice massage therapy with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-640, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-260, filed 6/30/89.]

**WAC 246-830-650 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a massage practitioner has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-270, filed 6/30/89.]

**WAC 246-830-660 Professional liability carriers.** Every institution or organization providing professional

liability insurance directly or indirectly to massage practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured massage practitioner's incompetency or negligence in the practice of massage. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the massage practitioner's alleged incompetence or negligence in the practice of massage therapy.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-660, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-280, filed 6/30/89.]

**WAC 246-830-670 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed massage practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-290, filed 6/30/89.]

**WAC 246-830-680 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a massage practitioner is employed to provide client care services, to report to the department whenever such a massage practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of massage therapy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled massage practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-830-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-51-300, filed 6/30/89.]

**WAC 246-830-690 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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.]

## FEES

**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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**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 246-834-065 Application for examination—Out-of-state education.** (1) A midwife not licensed in the state of Washington may sit for the licensing examination without completing the required coursework or the midwife-in-training program provided the midwife meets the following requirements:

(a) Has completed a program preparing candidates to practice as a midwife provided such program is equivalent to the minimum course requirements of approved midwifery programs in Washington at the time of applicant's program completion. Proof of equivalency shall be submitted by the applicant with the application.

(b) The transcript of the applicant's completed midwifery program verifies that:

(i) All courses were completed with a grade of C (pass) or better; and

(ii) At least fifteen managed births were completed under the preceptorship of an experienced midwife approved by the candidate's educational program.

(c) If managed births completed under the preceptorship in (1)(b)(ii) are less than fifty, then affidavits of births the applicant has managed must be submitted in a sufficient number to prove that the applicant has managed a total of at least fifty births.

(2) The applicant shall submit to the department:

(i) A complete notarized application with the required fee. The fee is nonrefundable.

(ii) Notarized copies of educational preparation or an official transcript verifying educational preparation or an official transcript verifying educational preparation to practice midwifery.

(iii) Affidavits of managed births as required in (1)(c).

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-065, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135. 89-16-037 (Order PM 856), § 308-115-065, filed 7/25/89, effective 8/25/89.]

**WAC 246-834-070 Release of examination results.**

(1) Applicants shall be notified of examination results. All notices shall be by mail.

(2) Applicants who pass shall receive the results of the examination and instructions for obtaining a license to practice as a midwife.

(3) Applicants who fail shall receive notice of their eligibility to be reexamined, and of the procedure for applying for reexamination.

(4) Each accredited school of midwifery shall receive a statistical report of the test results of applicants who graduated from that school.

(5) Results of the examination will not be released to anyone except as provided above unless release is authorized by the applicant in writing.

(6) The applicant's examination results will be maintained by the department.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135, 82-19-079 (Order PL 406), § 308-115-070, filed 9/21/82.]

**WAC 246-834-080 Failures.** (1) An applicant who has failed the examination may be reexamined if he/she

(a) Applies to the department at least 30 days prior to the next scheduled examination, and

(b) Pays any required fee as specified in WAC 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 246-834-100 Philosophy, purpose and objectives of an accredited midwifery educational program.** The philosophy, purpose and objectives of an accredited midwifery educational program shall be stated clearly and shall be in written form.

[Title 246 WAC—p 778]

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135, 82-19-079 (Order PL 406), § 308-115-100, filed 9/21/82.]

**WAC 246-834-110 Advisory body.** Each institution that offers a midwifery educational program shall appoint an advisory body composed of health professionals, midwives and public members. The group should have a minimum of five members and should meet regularly. Functions of the advisory body shall include but not be limited to the following:

(1) Promoting communication between the community and the school;

(2) Making recommendations on the curriculum, student selection and faculty;

(3) Informing the school about needs in midwifery education and practices; and

(4) Being informed about the school's finances.

In institutions whose advisory bodies are provided for by statute, or rule as in the case of public community colleges, universities and vocational-technical institutes, it can be presumed that the advisory body provided for meets these requirements.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135, 82-19-079 (Order PL 406), § 308-115-110, filed 9/21/82.]

**WAC 246-834-120 Learning sites.** (1) Learning sites utilized by accredited midwifery educational programs shall:

(a) Include a variety of sites in addition to the school that may be used for student experience. These may include, but need not be limited to, hospitals, clinics, offices of health professionals and health centers.

(b) Provide learning experiences of sufficient number and variety that students can achieve the course/curriculum objectives and requirements of the statute.

(2) Written agreements shall be maintained between the school and any supervising clinicians and faculty. Such agreements shall be reviewed periodically by the parties and shall state the responsibilities and privileges of each party.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.135, 82-19-079 (Order PL 406), § 308-115-120, filed 9/21/82.]

**WAC 246-834-130 Staffing and teacher qualifications.** At the time of application for accreditation pursuant to WAC 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 246-834-250 Legend drugs and devices.** (1)

Licensed midwives may purchase and use legend drugs and devices which are deemed integral to providing safe care to the public. Such devices include the following:

(a) Dopplers, syringes, needles, phlebotomy equipment, suture, urinary catheters, intravenous equipment, heparin locks, amnihooks, and "DeLee type" mucous traps;

(b) Pharmacies may fill orders for diaphragms which have been issued by licensed midwives for postpartum women.

(2) In addition to medications listed in RCW 18.50.115, licensed midwives may administer the following medications:

(a) Intravenous fluids limited to Lactated Ringers, 5% Dextrose with Lactated Ringers, and 5% Dextrose with water;

(b) Heparin for use in heparin locks, Epinephrine for use in allergic reactions, and Magnesium Sulphate shall be used according to midwifery advisory committee established protocols. Such protocols shall state the indications for use, the dosage and the administration of these medications.

(c) Licensed midwives may obtain and administer Rubella vaccine to non-immune postpartum women.

(3) The client's records shall contain documentation of all medications administered.

(4) Whenever Epinephrine or Magnesium Sulfate is administered, a report, on approved forms, shall be submitted within thirty days to the midwifery advisory committee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.50.040(3) and 18.50.115. 88-12-040 (Order PM 732), § 308-115-250, filed 5/27/88.]

**WAC 246-834-260 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of 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 246-834-270 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the midwife being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-270, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-270, filed 6/30/89.]

**WAC 246-834-280 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any midwife's services are terminated or are restricted based on a determination that the midwife has either committed an act or acts which may constitute unprofessional conduct or that the midwife may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-834-280, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-115-280, filed 6/30/89.]

**WAC 246-834-290 Midwifery associations or societies.** The president or chief executive officer of any midwifery association or society within this state shall report

to the department when the association or society determines that a midwife has committed unprofessional conduct or that a midwife may not be able to practice midwifery with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-115-290, filed 6/30/89.]

**WAC 246-834-310 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a midwife has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-310, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-115-310, filed 6/30/89.]

**WAC 246-834-320 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to midwives shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured midwife's incompetency or negligence in the practice of midwifery. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the midwife's alleged incompetence or negligence in the practice of midwifery.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-115-320, filed 6/30/89.]

**WAC 246-834-330 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed midwives, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-115-330, filed 6/30/89.]

**WAC 246-834-340 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a midwife is employed to provide patient care services, to report to the department whenever such a midwife has been judged to have demonstrated his/her incompetency or negligence in the practice of midwifery, or has otherwise committed unprofessional conduct, or is a

mentally or physically disabled midwife. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-834-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-115-340, filed 6/30/89.]

**WAC 246-834-350 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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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246-836-990	Naturopathic physician licensing fees.

### 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 246-836-030 Licensure examination.** (1) The licensure examination shall consist of the following components and tests:

(a) Basic science component which may include but not be limited to tests in the following subjects: Pathology, anatomy, physiology, microbiology and biochemistry.

(b) Clinical science component which may include but not be limited to tests in the following subjects: Physical diagnosis; nutrition; physical medicine; botanical medicines and toxicology; psychological and lifestyle counseling; emergency medicine, basic skills and public health; lab and x-ray diagnosis.

(c) Law of the state and administrative regulations as they relate to the practice of naturopathic medicine.

(d) The department, at its discretion, may require tests in other subjects. Candidates will receive information concerning additional tests prior to the examination.

(2) Candidates may take the basic science component of the exam after two years of training. A candidate who has achieved a passing score on the basic science component after two years of training must achieve a passing score on the clinical science component and the state law test within twenty-seven months after graduation; otherwise, the candidate's basic science component exam results will be null and void and the candidate must again take the basic science component of the exam. All exam candidates are required to obtain a passing score on all tests before a license is issued. A candidate who takes the basic science component of the exam after two years of training must submit an application for reexamination, along with reexamination fees, to take the clinical science component and the state law test at a later exam administration.

(3) Examinations shall be conducted twice a year.

(4) The minimum passing score for each test in the examination is seventy-five.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-120, filed 6/24/88.]

**WAC 246-836-040 Release of examination results.**

(1) Candidates shall be notified of examination results by mail only.

(2) Candidates who successfully complete all components and tests of the examination shall receive a license to practice as a naturopathic physician provided all other requirements are met.

(3) Candidates who fail any test in the examination shall be so notified and shall be sent an application to retake the examination.

(4) A candidate's examination scores shall be released only to the candidate unless the candidate has requested, in writing, that the examination scores also be released to a specific school, individual, or entity.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-130, filed 6/24/88.]

**WAC 246-836-050 Reexaminations.** (1) A candidate wishing to retake the examination or any portion thereof must file with the department the required reexamination fees and an application to retake the examination at least sixty days before the administration of the exam.

(2) A candidate must retake the entire basic science component if he or she failed to achieve a passing score in three or more basic science tests. A candidate must retake the entire clinical science component if he or she failed to achieve a passing score in four or more clinical science tests. A candidate must retake any test(s) for which the candidate failed to achieve a passing score.

(3) A candidate who failed to achieve a passing score in three or more basic science tests and/or four or more clinical science tests must achieve a passing score on those tests within the next two administrations of the examination. A candidate who does not achieve a passing score within those next two administrations of the exam will be required to retake the entire component.

(4) A candidate must achieve passing scores on all tests in the entire exam within a twenty-seven month period; otherwise the candidate's exam results are null and void and the candidate must retake the entire exam. Provided: WAC 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 state-

ment 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 director. 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 educa-

tional 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 246-836-190 Postgraduate hours in the study of mechanotherapy.** The minimum of 200 postgraduate hours in the study of mechanotherapy required by RCW 18.36A.090(1) must meet the following criteria: To be considered "postgraduate" hours in the study of mechanotherapy, hours of study must constitute classroom training which is in addition to the mechanotherapy training provided to physicians who do not practice mechanotherapy. The postgraduate hours in the study of mechanotherapy may be classroom training in the following:

- (1) Manipulation of the osseous joints of the body.
- (2) Radiography training that is specific to the performance of manual manipulation when such training is in addition to the radiology training provided to physicians who do not practice manual manipulation.
- (3) Diagnostic training that is specific to the performance of manual manipulation when such training is in addition to the diagnostic training provided to physicians who do not practice manual manipulation.
- (4) Use of physical modalities training that is specific to the performance of manual manipulation when such training is in addition to physical modalities training provided to physicians who do not practice manual manipulation.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.36A.060(1), 89-02-051 (Order PM 815), § 308-34-470, filed 1/3/89.]

**WAC 246-836-200 Site review procedures for approval of college of naturopathic medicine.** The 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 246-836-210 Authority to use, prescribe, dispense and order.** Licensed naturopaths may use, prescribe, dispense, and order certain medicines of mineral, animal, and botanical origin including the following:

(1) Nonlegend medicines derived from animal organs, tissues, and oils, minerals, and plants administered orally and topically.

(2) Legend topical ointments, creams, and lotions containing antiseptics.

(3) Legend topical, local anesthetics applied to superficial structures for use during minor office procedures as appropriate. Topical local anesthetic means the local application of anesthetic which may be injected into the intradermal subcutaneous layers of the skin only to the extent necessary to care for superficial lacerations, abrasions and the removal of foreign bodies located in superficial structures not to include the eye.

(4) Legend vitamins, minerals, trace minerals, and whole gland thyroid.

(5) Nondrug contraceptive devices except intrauterine devices.

(6) All homeopathic preparations.

(7) Intramuscular injections limited to vitamin B-12 preparations and combinations when clinical or laboratory evaluation has indicated vitamin B-12 deficiency.

(8) Immunizing agents approved by the Bureau of Biologics, United States Food and Drug Administration and listed in the current *Recommendations of the United States Public Health Services Immunizations Practices Advisory Committee (ACIP)* or the *Report of the Committee of Infectious Diseases* published by the American Academy of Pediatrics.

(9) Legend substances as exemplified in traditional botanical and herbal pharmacopeia as identified by a list of substances to be developed by the secretary.

[Statutory Authority: RCW 18.36A.060 [(1)](a), 92-06-020 (Order 247), § 246-836-210, filed 2/25/92, effective 3/27/92.]

**WAC 246-836-330 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the naturopath being reported.



(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-330, filed 6/30/89.]

**WAC 246-836-340 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any naturopath's services are terminated or are restricted based on a determination that the naturopath has either committed an act or acts which may constitute unprofessional conduct or that the naturopath may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-340, filed 6/30/89.]

**WAC 246-836-350 Naturopathic associations or societies.** The president or chief executive officer of any naturopathic association or society within this state shall report to the department when the association or society determines that a naturopath has committed unprofessional conduct or that a naturopath may not be able to practice naturopathy with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-350, filed 6/30/89.]

**WAC 246-836-360 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that a naturopath has engaged in fraud in billing for services.

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[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-360, filed 6/30/89.]

**WAC 246-836-370 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to naturopaths shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured naturopath's incompetency or negligence in the practice of naturopathy. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the naturopath's alleged incompetence or negligence in the practice of naturopathy.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-370, filed 6/30/89.]

**WAC 246-836-380 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed naturopaths, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-380, filed 6/30/89.]

**WAC 246-836-390 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a naturopath is employed to provide patient care services, to report to the department whenever such a naturopath has been judged to have demonstrated his/her incompetency or negligence in the practice of naturopathy, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled naturopath. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-836-390, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-130-390, filed 6/30/89.]

**WAC 246-836-400 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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.]

(1992 Ed.)

**WAC 246-836-990 Naturopathic physician licensing fees.** (1) The following fees are payable to the department of health.

Title of fee	Amount
Application/examination/reexamination	\$550.00
Pregraduate basic science examination	300.00
License renewal	550.00
Late renewal penalty	300.00
Duplicate license	50.00
Certification	50.00
Application for reciprocity	550.00

(2) Fees submitted to and processed by the department are nonrefundable.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-836-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-13-084 (Order 066), § 308-34-170, filed 6/20/90, effective 7/21/90; 90-04-094 (Order 029), § 308-34-170, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-34-170, filed 10/5/88. Statutory Authority: RCW 18.36A.060. 88-14-009 (Order PM 742), § 308-34-170, filed 6/24/88.]

### **Chapter 246-838 WAC PRACTICAL NURSES**

#### **WAC**

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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.

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(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)(a) "Immediate supervision" means the person supervising the licensed practical nurse:

(i) Is on the premises within audible and visual range of the licensed practical nurse; and

(ii) Assesses each patient prior to the beginning of care.

(b) "Direct supervision" means the person supervising the licensed practical nurse:

(i) Is on the premises;

(ii) Is quickly and easily available; and

(iii) Assesses each patient prior to the beginning of care.

(c) "Indirect supervision" means the person supervising the licensed practical nurse is not on the premises, but has given either written or oral instructions for the care and treatment of each patient.

(14) "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, 92-17-023 (Order 296B), § 246-838-010, filed 8/10/92, effective 9/10/92. 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), recodified as § 246-838-010, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.78.072, 18.78.090, 18.78.225, 18.130.050 and 70.24.270, 88-24-017 (Order PM 768), § 308-117-010, filed 12/1/88. Statutory Authority: RCW 18.78.050, 84-01-061 (Order PL 452), § 308-117-010, filed 12/19/83. Formerly WAC 308-116-005.]

**WAC 246-838-020 Functions of a licensed practical nurse.** A licensed practical nurse is one who has met the requirements of the Washington LPN Act, chapter 18.78 RCW. The licensed practical nurse recognizes and is able to meet the basic needs of the client, and gives nursing care under the direction and supervision of the registered nurse or licensed physician to clients in routine nursing situations. In

more complex situations the licensed practical nurse functions as an assistant to the registered nurse and carries out selected aspects of the designated nursing regimen.

A routine nursing situation is one that is relatively free of scientific complexity. The clinical and behavioral state of the client is relatively stable and requires abilities based upon a comparatively fixed and limited body of knowledge.

In complex situations, the licensed practical nurse facilitates client care by meeting specific nursing requirements to assist the registered nurse in the performance of nursing care.

The functions of the licensed practical nurse makes practical nursing a distinct occupation within the profession of nursing. The licensed practical nurse has specific roles in nursing in direct relation to the length, scope and depth of his or her formal education and experience. In the basic program of practical nursing education, the emphasis is on direct client care.

With additional preparation, through continuing education and practice, the licensed practical nurse prepares to assume progressively more complex nursing responsibilities.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-020, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-020, filed 12/19/83. Formerly WAC 308-116-010.]

**WAC 246-838-026 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 246-838-260.

[Statutory Authority: RCW 18.78.050, 92-17-023 (Order 296B), § 246-838-030, filed 8/10/92, effective 9/10/92. 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 (2) 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 246-838-050 Licensing examination and passing score.** (1) The current series of the National Council of State Board of Nursing Practical Nurse Examination (NCLEX) shall be the official examination for practical nurse licensure.

(2) The NCLEX will consist of two tests with the score for the total examination reported as either pass or fail.

(3) Examinations shall be conducted twice a year, in April and October.

(4) The executive secretary of the board shall negotiate with the National Council of State Boards of Nursing, Inc. (NCSBN) for the use of the NCLEX.

(5) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination scores shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.78.050, 92-17-023 (Order 296B), § 246-838-050, filed 8/10/92, effective 9/10/92; 91-01-078 (Order 109B), recodified as § 246-838-050, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211, 88-18-005 (Order PM 768), § 308-117-040, filed 8/25/88. Statutory Authority: RCW 18.78.050, 84-01-061 (Order PL 452), § 308-117-040, filed 12/19/83.]

**WAC 246-838-060 Release of results of examination.** (1) Applicants shall be notified regarding the examination results by mail only. The results will not be released until the candidate's official transcript is on file with the board.

(2) Applicants who pass shall receive a license to practice as a licensed practical nurse provided all other requirements are met.

(3) Applicants who fail shall receive a letter of notification regarding their eligibility to retake the examination.

(4) In addition to a listing of the names of graduates indicating whether each passed or failed the examination, each practical nursing program in Washington shall receive a statistical report of the examination results of applicants from that school and a report of state and national statistics.

(5) Examination results for all candidates will be maintained in the application files in the division of professional licensing 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 licensing 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 246-838-080 Failures—Repeat examination.**

(1) The application form to retake the examination and the required fees shall be filed with the board on or before February 15 for the April examination and August 15 for the October examination. The fees are not refundable.

(2) Applicants who fail the examination will be permitted to retake the examination three times within the two-year period from the date of first taking the examination.

(3) Applicants who fail to pass the examination within the time period specified in (2) above shall be required to follow remedial measures as specified by the board before being scheduled to retake the examination.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-080, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-070, filed 12/19/83.]

**WAC 246-838-090 Licensure of graduates of foreign schools of nursing.** Applicants who received their nursing education outside the United States or its territories shall meet the following requirements for licensing:

(1) Satisfactory completion of a basic nursing education program approved by the country of original licensure. The nursing education program shall be equivalent to the minimum standards prevailing for state board approved schools of practical nursing in Washington at the time of graduation.

(2) Satisfactory passage of the test of English as a foreign language (TOEFL). 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 (12) and 1986 c 259 §§ 19, 128 and 131. 86-18-031 (Order PM 612), § 308-117-100, filed 8/27/86. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-100, filed 12/19/83. Formerly WAC 308-116-280.]

**WAC 246-838-130 Return to active status from inactive or lapsed status.** 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 246-838-140 Establishment of new practical nursing program.** (1) Application. An organization desiring to establish a board approved practical nursing program shall submit an application in the form requested by the board. The organization shall submit the proposed curriculum plans which shall include the statements of philosophy, purpose and objectives, the conceptual framework and the arrangements for learning opportunities through which students are expected to achieve the curriculum

objectives. The organization shall submit the plan at least four weeks prior to a scheduled board meeting at which the plan is to be reviewed. This review shall take place three months prior to the scheduled opening date of the program.

The nurse administrator of the program and other administrative officers of the organization shall meet with the board to present the formal application and clarify and amplify materials included in the written report.

(2) The board shall either grant or withhold initial approval of the proposed nursing program.

(3) Schools receiving initial approval shall:

(a) Submit course outlines and objectives to the board for review and approval at least three months prior to offering the course;

(b) Submit progress reports as requested by the board. Survey visits shall be scheduled as deemed necessary by the board during the period of initial approval.

(4) At least three months prior to graduation of the first class, a school shall be surveyed to assess its eligibility for full approval.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-140, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-110, filed 12/19/83.]

**WAC 246-838-150 Survey visits.** (1) The board of practical nursing, through its authorized representative, shall survey each practical nursing program in the state at least once every four years. More frequent visits may occur as deemed necessary by the board or at the request of the school.

(2) The survey visit to the program shall be scheduled on dates mutually acceptable to the board and to the program.

(3) The board shall require a self-evaluation report by the nurse administrator and the faculty of the program, based on the rules and regulations for approval of programs and in accordance with guidelines and forms provided by the board.

(4) Copies of the self-evaluation report shall be submitted to the board at least one month prior to the scheduled visit.

(5) In schools where combined nursing programs exist, one self-evaluation addressing both program requirements may be submitted in lieu of a separate report.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-150, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-120, filed 12/19/83.]

**WAC 246-838-160 Board action following survey visits.** (1) Whenever a matter directly concerning a practical nursing program is being considered by the board, any board member who is associated with the program shall not participate in the deliberation or decision-making action of the board.

(2) Each program shall be evaluated in terms of its conformance to the curriculum standards as provided in this chapter.

(3) The board shall give written notice to the educational institution and the nurse administrator of the practical nursing program regarding its decision on the program's approval status.

(4) Continuing full approval shall be granted a practical nursing program that meets the requirements of the law and the rules and regulations of the board. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the board determines that an approved practical nursing program is not maintaining the curriculum standards required for approval, the board shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected. The program's approval shall be suspended if a program fails to correct the deficiencies within the specified period of time.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-160, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-130, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-130, filed 12/19/83.]

**WAC 246-838-170 Termination of a suspension.** A program of practical nursing may petition to the board for restoration of approval by submitting evidence that it is in compliance with the minimum standards.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-170, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-140, filed 12/19/83.]

**WAC 246-838-180 Student records.** The school shall maintain records with regard to each student that contain the following:

(1) Evidence of satisfactory completion of 10th grade or its equivalent.

(2) Transcript of practical nursing program and interpretation of credit or unit.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-180, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-150, filed 12/19/83.]

**WAC 246-838-190 Statement of completion of the course.** The school shall submit a statement of completion to the boards of practical nursing for each graduate making application for the state licensing examination on forms provided.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-190, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-160, filed 12/19/83.]

**WAC 246-838-200 Readmissions, transfers.** The educational institution shall have written policies regarding readmissions and acceptance of transfer students which insure that such students have met the same curriculum objectives required of regularly enrolled practical nursing students.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-200, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-170, filed 12/19/83. Formerly WAC 308-116-098.]

**WAC 246-838-210 Clinical practice areas.** (1) Clinical learning opportunities shall be selected so that they enable the student to observe and practice safe nursing care and provide experiences in the care of persons at each stage of the human life cycle. These experiences shall include

opportunities for the student to learn and provide nursing care to clients in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, rehabilitation and support in death. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be in keeping with the purpose, philosophy and objectives of the program.

(2) There shall be sufficient experienced and supervisory personnel in clinical practice areas to safeguard the client's well-being and the interests of students so that curriculum 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 246-838-220 Structure for curriculum implementation.** (1) The curriculum shall be designed to prepare students for licensure as practical nurses.

(2) The basic curriculum shall be not less than nine months or 40 weeks.

(3) The time requirements for all clinical practice areas shall be sufficient for students to achieve the curriculum objectives.

(4) The number of hours of class and clinical practice opportunities and distribution of these shall be in direct ratio to the amount of time necessary for the student at that particular stage of development to accomplish the objectives of the course.

(5) Throughout the program the total hours of class and required clinical practice opportunities shall not exceed 40 hours per week.

[Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-220, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-190, filed 12/19/83.]

**WAC 246-838-230 Curriculum standards in an approved practical nursing program.** (1) In order to insure that the curriculum is well defined the statements of philosophy, purpose, objectives and conceptual framework of the curriculum must be carefully formulated, reviewed and revised periodically and must be consistent with the philosophy and goals of the controlling institution.

(2) The philosophy of the nursing curriculum must express the nursing faculty's beliefs about education, learning, nursing, nursing education and practical nursing as an integral part of nursing.

(3) The curriculum shall be consistent with the program philosophy, objectives and conceptual framework and with the law governing the practice of practical nursing.

(4) The philosophy and objectives must be communicated to the students and to staff involved with students in clinical areas to ensure achievement of the objectives.

(5) The ratio between nursing and nonnursing classes shall be based on a well developed rationale which supports the program philosophy, purpose and terminal objectives.

(6) The behavioral objectives must be realistic, attainable and measurable, based on the goal of preparing practitioners who function within the accepted role of the licensed practical nurse and the standards of competency identified in WAC 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 246-838-240 Curriculum content.** Content of the curriculum shall include:

(1) Concepts of social, behavioral, and related foundation subjects.

(a) Normal growth and development.

(b) Psychology - social facts and principles; communication techniques and defense mechanisms, normal and abnormal behavior; loss, grief and dying.

(c) Personal and vocational relationships.

(2) Biological and related foundation subjects.

(a) Anatomy and physiology.

(b) Microbiology - elementary concepts.

(c) Chemistry and physics - elementary concepts.

(d) Nutrition and diet therapy.

(e) Pharmacology and applied mathematics.

(3) Principles and practice of practical nursing consistent with the practical nursing role of the beginning practitioner as provided by the standards of competency identified in WAC 246-838-260.

(a) Nursing ethics, nursing history and trends, vocational and legal aspects of nursing.

(b) Fundamentals of nursing.

(c) Medical and surgical nursing.

(d) Parent/child nursing with only an assisting role in the care of clients during labor and delivery and those with abnormal complications.

(e) Geriatric nursing.

(f) Mental health nursing.

(g) All nursing courses shall include components of restorative, rehabilitative and supportive care.

(h) Laboratory and clinical practice in the functions of the practical nurse including but not limited to administration of medications, common medical surgical techniques and related client teaching.

(i) Concepts of client care management.

[Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-240, filed 8/10/92, effective 9/10/92; 91-01-078 (Order 109B), recodified as § 246-838-240, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-300, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-300, filed 12/19/83.]

#### **WAC 246-838-250 AIDS education and training.**

(1) Acceptable education and training. Effective January 1, 1989, the board will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. 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 246-838-280 Scope of practice—Advisory opinions.** (1) The board may issue advisory opinions in response to questions put to it by professional health associations, nursing practitioners, and consumers concerning the practice of practical nursing. Such questions must be presented in writing to the office of the board.

(2) Questions may be referred to a committee of the board. Upon such referral, the committee shall develop a draft response which shall be presented to the full board at a public meeting for ratification, rejection, or modification. The committee may, at its discretion, consult with health care practitioners for assistance in developing its draft response.

(3) If the board issues an opinion on a given issue, such opinion shall be provided to the requesting party and shall be included in the board minutes.

(4) Each opinion issued shall include a clear statement to the effect that:

(a) The opinion is advisory and intended for the guidance of the requesting party only; and

(b) The opinion is not legally binding and does not have the force and effect of a duly promulgated regulation or a declaratory ruling by the board.

(5) In no event shall this section be construed to supersede the authority of the board to adopt rules related to the scope of practice nor shall it be construed to restrict the ability of any person to propose a rule or to seek a declaratory judgment from the board.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-280, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, 18.78.054, 18.78.060, 18.130.050 and SHB 1404, 1988 c 211. 88-18-005 (Order PM 768), § 308-117-420, filed 8/25/88.]

**WAC 246-838-290 Terms used in WAC 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 246-838-300 Approval of substance abuse monitoring programs.** The board will approve the monitoring program(s) which will participate in the board's substance abuse monitoring program.

(1) The approved monitoring program will not provide evaluation or treatment to the participating practical nurses.



(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of practical nursing in order to evaluate:

- (a) Clinical laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individuals and facilities;
- (d) Nurses' support groups;
- (e) The practical nursing work environment; and
- (f) The ability of the practical nurse to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the practical nurse and the board to oversee the practical nurse's compliance with the requirements of the program.

(4) The approved monitoring program may make, on an individual basis, exceptions to components of the contract.

(5) The approved monitoring program staff will determine, on an individual basis, whether a practical nurse will be prohibited from engaging in the practice of practical nursing for a period of time and restrictions, if any, on the practical nurse's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program will be responsible for providing feedback to the practical nurse as to the acceptability of treatment progress.

(8) The approved monitoring program shall report to the board any practical nurse who fails to comply with the requirement of the monitoring program.

(9) The approved monitoring program shall provide the board with a statistical report on the program, including progress of participants, at least annually.

(10) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of practical nursing for those participating in the program.

[Statutory Authority: RCW 18.78.050, 91-01-078 (Order 109B), recodified as § 246-838-300, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050, [18.78.]054, 18.130.050 and [18.130.]175. 89-07-005 (Order PM 823), § 308-117-470, filed 3/3/89.]

**WAC 246-838-310 Participation in approved 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 246-838-320 Executive secretary qualifications.** The executive secretary shall have the following qualifications:

- (1) License to practice as a registered nurse in this state;
- (2) Master's degree in nursing from an accredited college or university;
- (3) At least five years experience in the field of nursing to include at least two years prior to the time of appointment; and
- (4) At least two years experience in nursing education.

[Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-320, filed 8/10/92, effective 9/10/92.]

**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**

**WAC**

246-839-010 Definitions.

**LICENSURE, RENEWAL, AND INACTIVE STATUS**

- 246-839-020 Documents which indicate authorization to practice registered nursing in Washington.
- 246-839-030 Qualification/eligibility to write the licensing examination.
- 246-839-040 Filing of application for licensing examination.
- 246-839-050 Licensing examination.
- 246-839-060 Release of results of examination.
- 246-839-070 Failures—Repeat examination.
- 246-839-080 Applicants previously licensed in a foreign country.
- 246-839-090 Licensure by interstate endorsement.
- 246-839-100 AIDS education and training.
- 246-839-105 Brief adjudicative proceedings—Denials based on failure to meet education, experience, or examination prerequisites for licensure.
- 246-839-110 Renewal of licenses.
- 246-839-120 Return to active status from inactive or lapsed status.
- 246-839-130 Criteria for approved refresher course.

**ADVANCED PRACTICE**

- 246-839-300 Advanced registered nurse practitioner.
- 246-839-310 Use of nomenclature.
- 246-839-320 Certification and certification program.
- 246-839-330 Board approval of certification programs.
- 246-839-340 Application requirements for ARNP.
- 246-839-350 Application requirements for ARNP interim permit.
- 246-839-360 Renewal of ARNP designation.
- 246-839-370 Termination of ARNP designation by the board.
- 246-839-400 ARNP with prescriptive authorization.
- 246-839-410 Application requirements for ARNP with prescriptive authority.
- 246-839-420 Authorized prescriptions by the ARNP with prescriptive authority.
- 246-839-430 Termination of ARNP prescriptive authorization.
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**NURSING EDUCATION**

- 246-839-505 Philosophy governing approval of nursing education programs.
- 246-839-506 Purposes of board approval of nursing education programs.
- 246-839-525 Approval of nursing education programs.
- 246-839-530 Denial, conditional approval or withdrawal of approval.
- 246-839-535 Reinstatement of approval.
- 246-839-540 Appeal of board decisions.
- 246-839-545 Closing of an approved nursing education program.
- 246-839-550 Purpose, philosophy, and objectives for approved nursing education programs.
- 246-839-555 Organization and administration for approved nursing education programs.
- 246-839-560 Resources, facilities, and services for approved nursing education programs.
- 246-839-565 Students in approved nursing education programs.
- 246-839-570 Faculty in approved nursing education programs.
- 246-839-575 Curriculum for approved nursing education programs.

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.

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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.]

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- 246-839-565 Students in approved nursing education programs.
- 246-839-570 Faculty in approved nursing education programs.
- 246-839-575 Curriculum for approved nursing education programs.

## STANDARDS OF PRACTICE

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.

## SUBSTANCE ABUSE MONITORING PROGRAM

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246-839-770	Approval of substance abuse monitoring programs.
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246-839-830	Determination and pronouncement of death.
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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.

## FEES

246-839-990	Registered nurse fees.
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**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.]

## LICENSURE, RENEWAL, AND INACTIVE STATUS

**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 nonpracticing 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.]

## ADVANCED PRACTICE

**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. Advanced registered nurse practitioners, when functioning within the recognized scope of practice, are qualified to assume primary responsibility for the care of their patients. This practice incorporates the use of independent judgment as well as collaborative interaction with other health care professionals when indicated in the assessment and management of wellness and conditions as appropriate to the ARNP's area of specialization. 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) Present documentation of initial certification credential for specialized and advanced nursing practice granted by a national certifying body whose certification program is approved by the board, and subsequently maintain currency and competency as defined by the certifying body.

[Statutory Authority: RCW 18.88.030(2) and 18.88.080. 92-20-047 (Order 306B), § 246-839-300, filed 9/30/92, effective 10/31/92. 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; or
- (9) Neonatal nurse practitioner, NNP.

[Statutory Authority: RCW 18.88.030(2) and 18.88.080. 92-20-047 (Order 306B), § 246-839-310, filed 9/30/92, effective 10/31/92. 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 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.

[Statutory Authority: RCW 18.88.030(2) and 18.88.080. 92-20-047 (Order 306B), § 246-839-320, filed 9/30/92, effective 10/31/92. 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 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).

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(3) The board shall notify licensees of pending review and may request that further information be provided regarding continued compliance with the provisions of WAC 246-839-320(2).

[Statutory Authority: RCW 18.88.030(2) and 18.88.080. 92-20-047 (Order 306B), § 246-839-330, filed 9/30/92, effective 10/31/92. 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.]

## NURSING EDUCATION

**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), recodified 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), recodified 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), recodified 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.]

## STANDARDS OF PRACTICE

**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.]

### SUBSTANCE ABUSE MONITORING PROGRAM

**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.]

## SCOPE OF PRACTICE

**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 nonlicensed 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.

(1) 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 reenroll 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.

(1992 Ed.)

(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.]

## FEES

**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

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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

246-841-400	Standards of practice and competencies of nursing assistants.
246-841-410	Purpose of review and approval of certified nursing assistant training programs.
246-841-420	Requirements for nursing assistant education and training program approval.
246-841-430	Denial of approval or withdrawal of approval for programs for which the board is the approving authority.
246-841-440	Reinstatement of approval.
246-841-450	Appeal of board decisions.
246-841-460	Closing of an approved nursing assistant training program.
246-841-470	Program directors and instructors in approved training programs.
246-841-480	Students (trainees) in approved training programs.
246-841-490	Core curriculum in approved training programs.
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246-841-610	AIDS prevention and information education requirements.

#### DISCIPLINARY PROCEDURES

246-841-710	General provisions.
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#### FEES

246-841-990	Nursing assistant—Fees.
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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.]

**DISCIPLINARY PROCEDURES**

**WAC 246-841-710 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of 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 246-841-730 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of nursing assistants, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-730, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-070, filed 6/30/89.]

**WAC 246-841-740 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a nursing assistant is employed to provide patient care services, to report to the department whenever such a nursing assistant has been judged to have demonstrated his/her incompetency or negligence in the practice of nursing assistance, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled nursing assistant. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-173-080, filed 6/30/89.]

**WAC 246-841-750 Cooperation with investigation.**  
(1) A certificant or registrant must comply with a request for

records, documents, or explanation from an investigator who is acting on behalf of the 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.]

## FEES

**WAC 246-841-990 Nursing assistant—Fees.** The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application - registration	\$ 5.00
Renewal of registration	10.00
Duplicate registration	5.00
Verification of registration/education	10.00
Registration late penalty	10.00
Registration program approval	75.00
Application for certification	5.00
Certification renewal	10.00
Verification certification/education	10.00
Duplicate certification	5.00
Certification late penalty	10.00
Certification program approval	75.00

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-841-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-173-130, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 88-20-075 (Order 783), § 308-173-130, filed 10/5/88.]

## Chapter 246-842 WAC

NURSING ASSISTANTS—NURSING HOMES—  
NURSING ASSISTANTS TRAINING PROGRAM

## WAC

246-842-100	Standards of practice and competencies of nursing assistants.
246-842-110	Purpose of review and approval of nursing assistant training programs.
246-842-120	Requirements for nursing assistant training program approval.
246-842-130	Denial of approval or withdrawal of approval for programs for which the board is the approving authority.
246-842-140	Reinstatement of approval.
246-842-150	Appeal of board decisions.
246-842-160	Closing of an approved nursing assistant training program.
246-842-170	Program directors and instructors in approved training programs.
246-842-180	Students (trainees) in approved training programs.
246-842-190	Core curriculum in approved training programs.
246-842-200	Physical resources for approved education programs.
246-842-210	Administrative procedures for approved nursing assistant training programs.

**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.)

**Management Health Care**

**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

in a health care facility. Points accumulate in management and health care

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)

**B. NONHEALTH CARE MANAGEMENT**

One point for each six months of experience in management not involving health care as an essential element

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)

**C. RELATED HEALTH CARE**

One point for each six months of experience in the field of health care not involving substantial managerial responsibility

**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

(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.

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



(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 licensure, 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 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) 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 administrator 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.

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(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.

[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

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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.
246-845-030	Renewal of registration.
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 246-845-030 Renewal of registration.** Nursing pools requesting renewal of registration shall submit a renewal application and fee to the department. If a nursing pool fails to renew its registration prior to the expiration date, the nursing pool is subject to a penalty fee.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-845-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.52.030. 89-05-019 (Order PM 794), § 308-310-030, filed 2/10/89.]

**WAC 246-845-040 Denial, suspension, or revocation of registration.** The 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**

246-847-010	Definitions.
246-847-020	Persons exempt from the definition of an occupational therapy aide.
246-847-030	Occupational therapists acting in a consulting capacity.
246-847-040	Recognized educational programs—Occupational therapists.
246-847-050	Recognized educational programs—Occupational therapy assistants.
246-847-060	License renewal registration date and fee.



246-847-065	Continued competency.
246-847-070	Inactive status.
246-847-080	Examinations.
246-847-090	Proof of actual practice.
246-847-100	Examination dates for applicants under RCW 18.59.070(3).
246-847-110	Persons exempt from licensure pursuant to RCW 18.59.040(5).
246-847-115	Limited permits.
246-847-117	Temporary permits—Issuance and duration pursuant to RCW 18.130.075.
246-847-120	Foreign trained applicants.
246-847-130	Definition of "commonly accepted standards for the profession."
246-847-140	Supervised fieldwork experience—Occupational therapists.
246-847-150	Supervised fieldwork experience—Occupational therapy assistants.
246-847-160	Unprofessional conduct or gross incompetency.
246-847-170	Code of ethics and standards of professional conduct.
246-847-180	Mandatory reporting.
246-847-190	AIDS education and training.
246-847-200	Application for licensure.
246-847-340	Philosophy governing voluntary substance abuse monitoring programs.
246-847-350	Terms used in WAC 246-847-340 through 246-847-370.
246-847-360	Approval of substance abuse monitoring programs.
246-847-370	Participation in approved substance abuse monitoring program.
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 fifty 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. 92-18-015 (Order 300B), § 246-847-010, filed 8/24/92, effective 9/24/92; 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 for each two-year 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 246-847-010; inservices, coursework, conferences, workshops, peer reviewed self study, presentations, or publications.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-065, filed 8/24/92, effective 9/24/92; 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 Certification Board 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 program manager of the board shall negotiate with the American Occupational Therapy Certification Board for the use of the certification examination.

(5) The examination shall be conducted in accordance with the American Occupational Therapy Certification Board security measures and contract.

(6) Applicants shall be notified of the examination results in accordance with the procedures developed by the American Occupational Therapy Certification Board.

(7) Examination scores will not be released except as authorized by the applicant in writing.

(8) To be eligible for a license, applicants must attain a passing score on the examination administered by the American Occupational Therapy Certification Board.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-080, filed 8/24/92, effective 9/24/92; 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 have been actively engaged in the practice of occupational therapy within the preceding four-year period and 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); and

(b) The name, address, and telephone number of at least one facility or employer where the individual has been engaged in the practice of occupational therapy within the preceding four years; or

(c) If the exemption is claimed pursuant to RCW 18.59.040 (5)(b), the individual shall submit a signed notarized statement attesting to:

(i) Having passed the American Occupational Therapy Certification Board examination; and

(ii) Having engaged in occupational therapy practice within the preceding four years, including the name, address, and telephone number of at least one facility or employer during this period;

(iii) 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

(d) 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, 92-18-015 (Order 300B), § 246-847-110, filed 8/24/92, effective 9/24/92; 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 246-847-117 Temporary permits—Issuance and duration pursuant to RCW 18.130.075.** (1) Unless there is a basis for denial of an occupational therapist or occupational therapy assistant license, an applicant who is currently licensed in a jurisdiction considered by the board to have licensing standards substantially equivalent to Washington's shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed occupational therapist or occupational therapy assistant application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee; and

(c) Direct written verification of current licensure from the state whose licensing standards are substantially equivalent to Washington's.

(2) The temporary practice permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the licensure application process shall not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-117, filed 8/24/92, effective 9/24/92.]

**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), recodified 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), recodified 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 246-847-340 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 occupational therapists and occupational therapy assistants whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such occupational therapists or occupational therapy assistants 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 occupational therapists and occupational therapy assistants impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-340, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-350 Terms used in WAC 246-847-340 through 246-847-370.** (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 occupational therapists and occupational therapy assistants who have substance abuse problems regarding the required components of the occupational therapist's or occupational therapy assistant's recovery activity and oversees the occupational therapist's or occupational therapy assistant's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to partici-

pating occupational therapists or occupational therapy assistants.

(2) "Contract" is a comprehensive, structured agreement between the recovering occupational therapist or occupational therapy assistant and the approved monitoring program stipulating the occupational therapist's or occupational therapy assistant's consent to comply with the monitoring program and its required components of the occupational therapist's or occupational therapy assistant'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 occupational therapist's or occupational therapy assistant'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 occupational therapist or occupational therapy assistant and the occupational therapist's or occupational therapy assistant'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 occupational therapist or occupational therapy assistant 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 18.59.130, 92-18-015 (Order 300B), § 246-847-350, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-360 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 occupational therapists or occupational therapy assistants.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of occupational 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 occupational therapy work environment; and

(f) The ability of the occupational therapist or occupational therapy assistant to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the occupational therapist or occupational therapy assistant and the board to oversee the occupational therapist's or occupational therapy assistant'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 an occupational therapist or occupational therapy assistant will be prohibited from engaging in the practice of occupational therapy for a period of time and restrictions, if any, on the occupational therapist's or occupational therapy assistant'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 occupational therapist or occupational therapy assistant as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any occupational therapist or occupational therapy assistant 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 occupational therapy for those participating in the program.

[Statutory Authority: RCW 18.59.130, 92-18-015 (Order 300B), § 246-847-360, filed 8/24/92, effective 9/24/92.]

**WAC 246-847-370 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the occupational therapist or occupational therapy assistant may accept board referral into the approved substance abuse monitoring program.

(a) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The occupational therapist or occupational therapy assistant may be subject to disciplinary action under RCW 18.130.160 if the occupational therapist or occupational therapy assistant 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) An occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation will be performed by health care profession-

al(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The occupational therapist or occupational therapy assistant 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 occupational therapist or occupational therapy assistant will submit to random drug screening as specified by the approved monitoring program.

(vi) The occupational therapist or occupational therapy assistant will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The occupational therapist or occupational therapy assistant will comply with employment conditions and restrictions as defined by the contract.

(viii) The occupational therapist or occupational therapy assistant shall sign a waiver allowing the approved monitoring program to release information to the board if the occupational therapist or occupational therapy assistant does not comply with the requirements of this contract.

(c) The occupational therapist or occupational therapy assistant 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 18.59.130, 92-18-015 (Order 300B), § 246-847-370, filed 8/24/92, effective 9/24/92.]

**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.
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246-849-090	State and federal agencies.
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 246-849-030 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the ocularist being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-045, filed 6/30/89.]

**WAC 246-849-040 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any ocularist's services are terminated or are restricted based on a determination that the ocularist has either committed an act or acts which may constitute unprofessional conduct or that the ocularist may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-849-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-55-055, filed 6/30/89.]

**WAC 246-849-050 Ocularist associations or societies.** The president or chief executive officer of any ocularist association or society within this state shall report to the department when the association or society determines that an ocularist has committed unprofessional conduct or that an

ocularist may not be able to practice ocular prosthetics with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-065, filed 6/30/89.]

**WAC 246-849-060 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A, and 48.44 RCW, operating in the state of Washington shall report to the department all final determinations that an ocularist has engaged in fraud in billing for services.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-075, filed 6/30/89.]

**WAC 246-849-070 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to ocularists shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured ocularist's incompetency or negligence in the practice of ocular prosthetic services. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the ocularist's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-085, filed 6/30/89.]

**WAC 246-849-080 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of licensed ocularists, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-095, filed 6/30/89.]

**WAC 246-849-090 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which an ocularist is employed to provide client care services, to report to the department whenever such an ocularist has been judged to have demonstrated his/her incompetency or negligence in the practice of ocular prosthetic services, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled ocularist. These requirements do not supersede any federal or state law.

(1992 Ed.)

[Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-849-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070, 89-14-092 (Order PM 842), § 308-55-105, filed 6/30/89.]

**WAC 246-849-100 Cooperation with investigation.**

(1) A licensee must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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.

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(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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246-851-490	Examination and licensure.
246-851-500	Credentialing by endorsement.
246-851-510	Reinstatement of lapsed license.
246-851-520	Contact lens prescription defined.
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246-851-990	Optometry fees.

**DISPOSITION OF SECTIONS FORMERLY  
CODIFIED IN THIS CHAPTER**

246-851-030	Temporary permit policy recommendation. [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.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.
246-851-050	Examination eligibility. [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.] Repealed by 92-06-030 (Order 248B), filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 18.54.070.

**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 246-851-040 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 246-851-060 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.** An optometrist licensed in the state of Washington shall complete fifty hours of continuing education each two-year period preceding license renewal, except:

(1) An optometrist applying for the first renewal subsequent to initial licensing is exempt from this requirement; and

(2) An optometrist practicing only out of the state of Washington may, in lieu of this requirement, fulfill the licensing and continuing education requirements of the state of practice.

[Statutory Authority: RCW 18.54.070. 92-06-030 (Order 248B), § 246-851-090, filed 2/26/92, effective 3/28/92; 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.

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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.

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(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 writes the prescription:

- (1) Dioptic power;
- (2) Base curve (inside radius of curvature);

- (3) Thickness when applicable;
- (4) Secondary/peripheral curve, when applicable;
- (5) Diameter;
- (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. 92-20-048 (Order 308B), § 246-851-270, filed 9/30/92, effective 10/31/92; 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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.** Written 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.
- (4) Signature of prescribing doctor of optometry and license number.
- (5) Expiration date of prescription not more than two years.

[Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-360, filed 9/30/92, effective 10/31/92; 91-06-025 (Order 119B), recodified 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), recodified 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), recodified 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. 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" or "center" is used in conjunction with an in-state geographical location or an optometrist's name in nondeceptive manners.

[Statutory Authority: RCW 18.54.070, 92-20-019 (Order 305B), § 246-851-390, filed 9/25/92, effective 10/26/92; 91-06-025 (Order 119B), recodified 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), recodified 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), recodified 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), recodified 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 246-851-440 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 optometrists whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such optometrists 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 optometrists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-440, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-450 Terms used in WAC 246-851-440 through 246-851-470.** (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 246-851-460 which enters into a contract with optometrists who have substance abuse problems regarding the required components of the optometrist's recovery activity and oversees the optometrist's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating optometrists.

(2) "Contract" is a comprehensive, structured agreement between the recovering optometrist and the approved monitoring program stipulating the optometrist's consent to comply with the monitoring program and its required components of the optometrist'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 an optometrist's professional services by any 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 optometrist and the optometrist'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 optometrists may safely 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, 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 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-450, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-460 Approval of substance abuse monitoring programs.** The board shall approve the monitoring program(s) which shall 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 shall not provide evaluation or treatment to the participating optometrists.

(2) The approved monitoring program staff shall have the qualifications and knowledge of both substance abuse and the practice of optometry 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 optometry work environment; and

(f) The ability of the optometrist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the optometrist and the board to oversee the optometrist'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 shall determine, on an individual basis, whether an optometrist will be prohibited from engaging in the practice of optometry for a period of time and what restrictions, if any, are placed on the optometrist's practice.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the optometrist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any optometrist 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 optometry for those participating in the program.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-460, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-470 Participation in approved substance abuse monitoring program.** (1) In lieu of disciplinary action, the optometrist may accept board referral into the approved substance abuse monitoring program.

(a) The optometrist 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 optometrist 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 optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist 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 optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist 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 optometrist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The optometrist may be subject to disciplinary action under RCW 18.130.160 if the optometrist 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) An optometrist 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 optometrist shall undergo a complete physical and psychological evaluation before entering the approved monitoring program. This evaluation shall 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 optometrist 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 optometrist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The optometrist 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 optometrist shall complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The optometrist 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 optometrist shall submit to random drug screenings as specified by the approved monitoring program.

(vi) The optometrist shall attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The optometrist shall comply with employment conditions and restrictions as defined by the contract.

(viii) The optometrist shall sign a waiver allowing the approved monitoring program to release information to the board if the optometrist does not comply with the requirements of this contract.

(c) The optometrist 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 18.54.070, 18.130.050 and 18.130.186. 92-06-030 (Order 248B), § 246-851-470, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-480 Temporary permit.** A temporary permit to practice optometry may be issued to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form together with application and temporary permit fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment.

(2) The holder of a temporary permit shall take the first board administered examination following issuance of the temporary permit. If the holder of a temporary permit fails to apply for the first board administered examination following issuance of the temporary permit, the temporary permit shall expire on the next day following the application deadline. If the holder of a temporary permit takes and fails the board administered examination, the temporary permit shall expire upon computation of the examination results and shall not remain in effect during the pendency of any appeal. If the holder of a temporary permit takes and passes the board administered examination but has not met all other licensing requirements at the time the board administered examination result is computed, the temporary permit shall expire upon computation of the results of the board administered examination. If the holder of a temporary permit takes and passes the board administered examination and has met

all other licensing requirements, the temporary permit shall remain effective until the permit holder receives a permanent license.

(3) A person may hold no more than one temporary permit.

[Statutory Authority: RCW 18.54.070, 18.130.050 and 18.130.075. 92-06-030 (Order 248B), § 246-851-480, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-490 Examination and licensure.** (1) Except for a candidate seeking licensure by credential or a candidate seeking a temporary license, a candidate shall not be licensed in this state unless and until:

The candidate has successfully completed:

(a) All written parts of the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease;

(b) All written portions of the National Board of Examiners in Optometry (NBEO) examinations; and

(c) An examination written and administered by the board.

(2) To be eligible to take the board administered examination, a candidate shall:

(a) Be a graduate of a state accredited high school or equivalent;

(b) 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;

(c) Be of good moral character; and

(d) Have no contagious or infectious disease involving serious risk to public health.

(3) Any candidate who has not successfully completed both the IAB and NBEO examination within two years of successfully completing the board administered examination will be required to reapply and retake the board administered examination.

[Statutory Authority: RCW 18.54.070. 92-20-019 (Order 305B), § 246-851-490, filed 9/25/92, effective 10/26/92; 92-06-030 (Order 248B), § 246-851-490, filed 2/26/92, effective 3/28/92.]

**WAC 246-851-500 Credentialing by endorsement.** A license to practice optometry may be issued without examination to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The license may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form with application fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Certification that the applicant has read chapters 18.53, 18.54, and 18.130 RCW, and chapter 246-851 WAC.

(2) No individual who has at any time failed to successfully complete the board administered examination is eligible for credentialing by endorsement under this section.

(3) The board may require additional information as needed to determine if an applicant is eligible for credentialing by endorsement.

[Statutory Authority: RCW 18.54.070, 92-20-019 (Order 305B), § 246-851-500, filed 9/25/92, effective 10/26/92.]

#### WAC 246-851-510 Reinstatement of lapsed license.

For the purposes of this section, lapsed license refers to an inactive period when the licensee is not actively practicing in Washington. Licensees who actively practice in Washington on an expired license are considered to be engaged in "unlicensed practice" and therefore subject to disciplinary action before the board.

(1) The board may reinstate an applicant's lapsed license if the applicant provides the following:

- (a) Completed application;
- (b) Payment of accumulated annual renewal fees;
- (c) Verification of AIDS education as required by the board;

(d) Verification of licensure from other states indicating whether the license is in good standing and whether there has been any disciplinary action against the licensee, or whether there may be any pending disciplinary action.

(2) The board may require that applicants submit additional information as it deems necessary to evaluate applications for reinstatement.

[Statutory Authority: RCW 18.54.070, 92-20-019 (Order 305B), § 246-851-510, filed 9/25/92, effective 10/26/92.]

**WAC 246-851-520 Contact lens prescription defined.** An optometric contact lens prescription is a written, signed order from an optometrist to another optometrist, physician, or dispensing optician describing optical and physical characteristics of the contact lenses to be dispensed. It shall be based upon a comprehensive vision and eye health examination, followed by a diagnostic or trial evaluation, and a final evaluation of the contact lens on the eye by the prescribing doctor.

[Statutory Authority: RCW 18.54.070, 92-20-048 (Order 308B), § 246-851-520, filed 9/30/92, effective 10/31/92.]

**WAC 246-851-530 Determination of contact lens specifications by dispensing opticians.** (1) With the consent of the prescribing doctor of optometry, a dispensing optician who is not under the prescribing doctor's direct supervision may be authorized by the prescribing doctor, pursuant to a prescription directed to the dispensing optician, to determine contact lens specifications under the following conditions:

(a) The prescription to a dispensing optician must be in writing and signed by the prescribing doctor.

(b) The prescription to a dispensing optician who fits the contact lens shall be based upon a comprehensive vision and eye health examination.

(c) The prescription to a dispensing optician shall be limited to a determination by the dispensing optician of the physical characteristics of the contact lenses, a nonrefractive trial evaluation of the contact lenses and a recommendation for an appropriate solution system.

(d) The prescription to a dispensing optician shall contain a directive notifying the patient to return to the

prescribing doctor for follow-up care, and a final evaluation of the lens on the eye.

(2) Following the final evaluation of the contact lens on the eye of a patient whose contact lens specifications have been determined by a dispensing optician not under the prescribing doctor's direct supervision, the prescribing doctor shall write a contact lens prescription and release it to the dispensing optician who determined the contact lens specification.

(3) In an emergency, an optometrist may orally or in writing, authorize appropriately licensed practitioners to dispense replacement contact lenses to patients who are away from the area of their residence. Any oral authorization shall be verified in writing within ten working days.

[Statutory Authority: RCW 18.54.070, 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.]

**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
Credentialing by endorsement	400.00
Temporary permit	50.00
Out-of-state seminar	100.00
License renewal	160.00
Late renewal	45.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250, 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. 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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246-853-990	Osteopathic fees.

**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 246-853-025 Special purpose examination.**

(1) The board of osteopathic medicine and surgery, upon review of an application for licensure pursuant to RCW 18.57.130 or reinstatement of an inactive license, may require an applicant to pass a special purpose examination, e.g., SPEX, and/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 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-025, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-030 Acceptable intern or residency programs.** The board accepts the following training programs.

- (1) Nationally approved one-year internship programs;
- (2) The first year of a residency program approved by the American Osteopathic Association, the American Medical Association or by their recognized affiliate residency accrediting organizations.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-030, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(3). 79-12-068 (Order PL 321), § 308-138-065, filed 11/29/79.]

**WAC 246-853-040 Renewal of licenses.** (1) Individuals receiving an initial osteopathic physician and surgeon license will be issued a license to expire on the applicant's next birth date.

(2) Licensees shall renew their license annually on or before their birth date. Failure to renew shall invalidate the license to practice osteopathic medicine and surgery. Any practice engaged in with an expired license shall be deemed to be unlicensed practice.

[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 246-853-045 Inactive license and reactivation.**

A licensee may request his or her license be placed on inactive status. An inactive license does not authorize the licensee to practice in Washington.

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 fees determined by the secretary of health as provided in RCW 43.70.250. The licensee must provide verification that no action has been taken by a state or federal jurisdiction or hospital which would prevent or restrict the licensee's practice of osteopathic medicine and surgery and that he or she has not voluntarily given up any license or privilege or been restricted in the practice of osteopathic medicine and surgery in lieu of or to avoid formal action.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-045, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-050 Ethical considerations.** The following acts and practices are unethical and unprofessional conduct warranting appropriate disciplinary action:



(1) The division or "splitting" of fees with other professionals or nonprofessionals as prohibited by chapter 19.68 RCW. Specifically, a person authorized by this board shall not:

(a) Employ another to so solicit or obtain, or remunerate another for soliciting or obtaining, patient referrals.

(b) Directly or indirectly aid or abet an unlicensed person to practice acupuncture or medicine or to receive compensation therefrom.

(2) Use of testimonials, whether paid for or not, to solicit or encourage use of the licensee's services by members of the public.

(3) Making or publishing, or causing to be made or published, any advertisement, offer, statement or other form of representation, oral or written, which directly or by implication is false, misleading or deceptive.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 79-02-011 (Order 297), § 308-138-180, filed 1/11/79.]

**WAC 246-853-060 Continuing professional education required.** (1) The board requires one hundred fifty credit hours of continuing professional education every three years.

(2) In case licensees fail to meet the requirements because of illness, retirement (with no further provision of osteopathic medical services to consumers), or other extenuating circumstances, each case will be considered by the board on an individual basis. When circumstances justify it, the board may grant an extension of time or a change in requirements. In the case of a permanent retirement or illness, the board may grant indefinite waiver of continuing education as a requirement for relicensure, provided an affidavit is received indicating that the osteopathic physician and surgeon is not providing osteopathic medical service to consumers. If such permanent retirement or illness status is changed or osteopathic medical services are resumed, it is incumbent upon the licensee to immediately notify the board and show proof of practice competency as determined necessary by the board.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138-200, filed 2/7/84. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-200, filed 11/29/79.]

**WAC 246-853-070 Categories of creditable continuing professional education activities.** The following are categories of creditable continuing medical education activities approved by the board. The credits must be earned in the thirty-six month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the one hundred fifty hour continuing professional education requirement.

(1) Category 1 - A minimum of sixty credit hours of the total one hundred fifty hour requirements are mandatory under this general category.

(a) Category 1-A - Formal educational programs sponsored by nationally recognized osteopathic or medical institutions, organizations and their affiliates.

Examples of recognized sponsors include but are not limited to:

Accredited osteopathic or medical schools and hospitals.  
Osteopathic or medical societies and specialty practice organizations.

Continuing medical education institutes.

Governmental health agencies and institutions.

Residencies, fellowships and preceptorships.

(b) Category 1-B - Preparation in publishable form of an original scientific paper (defined as one which reflects a search of the literature, appends a bibliography, and contains original data gathered by the author) and initial presentation before a postdoctoral audience qualified to critique the author's statements. Maximum allowable credit for the initial presentation will be ten credit hours per scientific paper. A copy of the paper in publishable form shall be submitted to the board. Publication of the above paper or another paper in a professional journal approved by the board may receive credits as approved by the board up to a maximum of fifteen credit hours per scientific paper.

(c) Category 1-C - Serving as a teacher, lecturer, preceptor or moderator-participant in any formal educational program. Such teaching would include classes in colleges of osteopathic medicine and medical colleges and lecturing to hospital interns, residents and staff. Total credits allowed under Category 1-C are forty-five per three-year period, with one hour's credit for each hour of actual instruction.

(A) Category 2-A - Home study - The board strongly believes that participation in formal professional education programs is essential in fulfilling a physician's total education needs. The board is also concerned that the content and educational quality of many unsolicited home study materials are not subject to impartial professional review and evaluation. It is the individual physician's responsibility to select home study materials that will be of actual benefit. For these reasons, the board has limited the number of credits which may be granted for home study, and has adopted strict guidelines in granting these credits.

Reading - Credits may be granted for reading the Journal of the AOA, and other selected journals published by recognized osteopathic organizations. One-half credit per issue is granted for reading alone. An additional one-half credit per issue is granted if the quiz found in the AOA Journal is completed and returned to the division of continuing medical education. Credit for all other reading is limited to recognized scientific journals listed in *Index Medicus*. One-half credit per issue is granted for reading these recognized journals.

Listening - Credits may be granted for listening to programs distributed by the AOA audio-educational service. Other audio-tape programs sponsored by nationally recognized organizations and companies are eligible for credit. One-half credit per tape program may be granted. An additional one-half credit may be granted for each AOA audio-educational service program if the quiz card for the tape found in the AOA Journal is completed and returned.

Other home study courses - Subject-oriented and refresher home study courses and programs sponsored by recognized professional organizations are eligible for credit. The number of credit hours indicated by the sponsor will be accepted by the board.

A maximum of ninety credit hours per three-year period may be granted for all home study activities under Category 2-A.

(B) Category 2-B - Preparation and personal presentation of a scientific exhibit at a county, regional, state or national professional meeting. Total credits allowed under Category 2-B are thirty per three-year period, with ten credits granted for each new and different scientific exhibit. Appropriate documentation must be submitted with the request for credit.

(C) Category 2-C - All other programs and modalities of continuing professional education. Included under this category are informal educational activities such as observation at medical centers; programs dealing with experimental and investigative areas of medical practice, and programs conducted by non-recognized sponsors.

Total credits allowed under Category 2-C are thirty hours per three-year period.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-070, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-210, filed 11/29/79.]

**WAC 246-853-080 Certification of compliance.** (1) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the one hundred fifty hour continuing professional education requirement on a form supplied by the board.

(2) The board reserves the right to require a licensee to submit evidence in addition to the affidavit to demonstrate compliance with the one hundred fifty hour continuing professional education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(3) Certification of compliance with the requirement for continuing medical education of the American Osteopathic Association, or receipt of the AMA physicians recognitions award or a current certification of continuing medical education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(4) Original certification or recertification within the previous six years by a specialty board will be considered as evidence of equivalent compliance with these continuing professional education requirements.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-080, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-220, filed 11/29/79.]

**WAC 246-853-090 Prior approval not required.** (1) It will not be necessary for a physician to inquire into the prior approval of any continuing medical education. The board will accept any continuing professional education that reasonably falls within these regulations and relies upon each individual physician's integrity in complying with this requirement.

(2) Continuing professional education program sponsors need not apply for nor expect to receive prior board approval for continuing professional education programs. The continuing professional education category will depend solely upon the status of the organization or institution. The number of creditable hours may be determined by counting the contact hours of instruction and rounding to the nearest quarter hour. The board relies upon the integrity of program sponsors to present continuing professional education that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-090, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(4). 79-12-066 (Order 324), § 308-138-230, filed 11/29/79.]

**WAC 246-853-100 Prohibited publicity and advertising.** An osteopathic physician shall not use or allow to be used any form of public communications or advertising connected with his or her profession or in his or her professional capacity as an osteopathic physician which:

- (1) Is false, fraudulent, deceptive or misleading;
- (2) Uses testimonials;
- (3) Guarantees any treatment or result;
- (4) Makes claims of professional superiority;
- (5) States or includes prices for professional services except as provided for in WAC 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 246-853-110 Permitted publicity and advertising.** To facilitate the process of informed selection of a physician by potential patients, a physician may publish or advertise the following information, provided that the information disclosed by the physician in such publication or advertisement complies with all other ethical standards promulgated by the board;

- (1) Name, including name of professional service corporation or clinic, and names of professional associates, addresses and telephone numbers;
- (2) Date and place of birth;
- (3) Date and fact of admission to practice in Washington and other states;
- (4) Accredited schools attended with dates of graduation, degrees and other scholastic distinction;
- (5) Teaching positions;
- (6) Membership in osteopathic or medical fraternities, societies and associations;
- (7) Membership in scientific, technical and professional associations and societies;
- (8) Whether credit cards or other credit arrangements are accepted;
- (9) Office and telephone answering service hours;
- (10) Fee for an initial examination and/or consultation;
- (11) Availability upon request of a written schedule of fees or range of fees for specific services;
- (12) The range of fees for specified routine professional services, provided that the statement discloses that the specific fee within the range which will be charged will vary depending upon the particular matter to be handled for each patient, and the patient is entitled without obligation to an estimate of the fee within the range likely to be charged;
- (13) fixed fees for specified routine professional services, the description of which would not be misunderstood by or be deceptive to a prospective patient, provided that the statement discloses that the quoted fee will be available only to patients whose matters fall into the services

described, and that the client is entitled without obligation to a specific estimate of the fee likely to be charged.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-110, filed 12/3/90, effective 1/31/91. Statutory Authority: 1979 c 117 § 3(5), 79-12-064 (Order PL 322), § 308-138-310, filed 11/29/79.]

#### **WAC 246-853-120 Malpractice suit reporting.**

Every osteopathic physician shall, within sixty days after settlement or judgment, notify the board of any and all malpractice settlements or judgments in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by a physician's incompetency or negligence in the practice of osteopathic medicine. Every osteopathic physician shall also report the settlement or judgment of three or more claims or actions for damages during a year as the result of the alleged physician's incompetence or negligence in the practice of osteopathic medicine regardless of the dollar amount of the settlement or judgment.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-120, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 18.57.005 and 18.130.050, 88-09-030 (Order PM 723), § 308-138-320, filed 4/15/88. Statutory Authority: 1979 c 117 § 3(6), 79-12-065 (Order 323), § 308-138-320, filed 11/29/79.]

**WAC 246-853-130 General provisions for mandatory reporting rules.** (1) "Unprofessional conduct" shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" shall mean any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" shall mean any health care institution regulated under chapter 18.51 RCW.

(4) "Board" shall mean the Washington state board of osteopathic medicine and surgery, whose address is:

Department of 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 246-853-135 Temporary practice permit.** A temporary permit to practice osteopathic medicine and surgery may be issued to an individual licensed in another state that has substantially equivalent licensing standards to those in Washington.

(1) The temporary permit may be issued upon receipt of:

(a) Documentation from the reciprocal state that the licensing standards used for issuing the license are substantially equivalent to the current Washington licensing standards;

(b) A completed application form on which the applicant indicates he or she wishes to receive a temporary permit and application and temporary permit fees;

(c) Verification of all state licenses, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment;

(d) Verification from the federation of state medical board's disciplinary action data bank that the applicant has not been disciplined by a state board or federal agency.

(2) The temporary permit shall expire upon issuance of a license by the board or ninety days after issuance of the temporary permit, whichever occurs first.

(3) A temporary permit shall be issued only once to each applicant. An applicant who does not complete the application process shall not receive a subsequent temporary permit.

[Statutory Authority: RCW 18.57.005 and chapter 18.57 RCW, 92-20-001 (Order 303B), § 246-853-135, filed 9/23/92, effective 10/24/92.]

**WAC 246-853-140 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name, address, and telephone number of the physician or physician's assistant being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which give rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-140, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070, 87-11-062 (Order PM 651), § 308-138-322, filed 5/20/87.]

**WAC 246-853-150 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physician's clinical privileges are terminated or are restricted based on a determination that a physician has committed an act or acts which may constitute unprofessional conduct or that a physician may be mentally or physically impaired. Said officer shall also report if a physician accepts voluntary termination or restriction of clinical privileges in lieu of

formal action based upon unprofessional conduct or upon being mentally or physically impaired.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-150, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-323, filed 5/20/87.]

#### **WAC 246-853-160 Medical associations or societies.**

The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician or physician's assistant may have committed unprofessional conduct or that a physician or physician's assistant may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the termination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-160, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.130.070. 87-11-062 (Order PM 651), § 308-138-324, filed 5/20/87.]

**WAC 246-853-170 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer regulated under chapters 48.20, 48.21, 48.21A, or 48.44 RCW, shall report to the board all final determinations that an osteopathic physician may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-170, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-325, filed 12/22/87.]

**WAC 246-853-180 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions of 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.

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[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 246-853-200 Professional review organizations.** Unless prohibited by federal law, every professional review organization operating within the state of Washington shall report to the board any determinations that an osteopathic physician or osteopathic physician's assistant may have engaged in unprofessional conduct, or by reason of mental or physical impairment may be unable to practice the profession with reasonable skill and safety.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-853-200, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.130.270 [18.130.070]. 88-01-104 (Order PM 698), § 308-138-328, filed 12/22/87.]

**WAC 246-853-210 License reinstatement after lapse of licensure for failure to renew.** (1) 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 246-853-220 Use of drugs or autotransfusion to enhance athletic ability.** (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescription, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule

shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-853-220, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1), 88-21-081 (Order PM 780), § 308-138-340, filed 10/19/88; 88-14-113 (Order 745), § 308-138-340, filed 7/6/88.]

**WAC 246-853-230 AIDS education and training.**

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of 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 246-853-400 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 18.57 and 18.57A 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: RCW 18.57.005 and chapter 18.57 RCW. 92-20-001 (Order 303B), § 246-853-400, filed 9/23/92, effective 10/24/92.]

**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
Inactive license renewal	270.00
Late renewal penalty	50.00
Flex exam/state exam application	600.00
Endorsement/state exam application	500.00

Retake flex I	300.00
Retake flex II	350.00
Reexam	100.00
Duplicate license	15.00
Certification	25.00
Limited license application	250.00
Limited license renewal	205.00
Temporary permit application	50.00
Impaired program surcharge	15.00
Osteopathic physician assistant:	
Application	150.00
Renewal	50.00
Duplicate license	15.00

[Statutory Authority: RCW 43.70.250, 92-14-054 (Order 281), § 246-853-990, filed 6/25/92, effective 7/26/92; 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.
246-854-040	Osteopathic physician's assistant use of drugs or autotransfusion to enhance athletic ability.
246-854-050	AIDS education and training.
246-854-060	Application for registration.
246-854-080	Osteopathic physicians' assistants registration.
246-854-090	Osteopathic physicians' assistants utilization.
246-854-100	Osteopathic physicians' assistants reregistration.

#### 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.
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**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 246-854-040 Osteopathic physician's assistant use of drugs or autotransfusion to enhance athletic ability.** (1) An osteopathic physician's assistant shall not prescribe, administer, or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic

gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability and/or for nontherapeutic cosmetic appearance.

(2) A physician's assistant shall complete and maintain patient medical records which accurately reflect the prescription, administering, or dispensing of any substance or drug described in this section or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug, or autotransfusion is prescribed, administered, or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this section shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this section shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-854-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1). 88-21-081 (Order PM 780), § 308-138A-030, filed 10/19/88.]

#### **WAC 246-854-050 AIDS education and training.**

(1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of 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 246-854-080 Osteopathic physicians' assistants registration.** (1) Applications. All applications shall be made to the board on forms supplied by the board. All applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. Applications shall be made jointly by the physician and assistant.

(2) Authorization by board, powers. In granting authorizations for the utilization of the osteopathic physician's assistant, the board may limit the authority for utilizing an osteopathic physician's assistant to a specific task or tasks, or may grant specific approval in conformity with the program approved and on file with the board.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-070, filed 10/31/89, effective 12/1/89.]

**WAC 246-854-090 Osteopathic physicians' assistants utilization.** (1) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician's assistant without specific authorization by the board. The board shall consider the individual qualifications and experience of the physician and physician assistant, community need, and review mechanisms available in making their determination.

(2) Limitations—Geographic limitations. No osteopathic physician's assistant shall ordinarily be utilized in a place other than the supervising osteopathic physician's regular place for meeting patients, unless personally accompanied by the supervising osteopathic physician. The "regular place for meeting patients" shall be defined to include the physician's office, the institution(s) in which his or her patients are hospitalized or confined, or the homes of patients for whom a physician-patient relationship has already been established.

(3) Limitations—Remote practice. Special permission may be granted to utilize an osteopathic physician assistant in a place remote from the physician's regular place for meeting patients if:

- (a) There is a demonstrated need for such utilization;
- (b) Adequate provision for immediate communication between the physician and his physician assistant exists;
- (c) A mechanism has been developed to provide for the establishment of a direct patient-physician relationship between the supervising osteopathic physician and patients who may be seen initially by the osteopathic physician assistant;
- (d) The responsible physician spends at least one-half day per week in the remote office.

(4) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or

other health organization shall be registered in the same manner as any other osteopathic physician assistant and his/her functions shall be limited to those specifically approved by the board. His/her responsibilities, if any, to other physicians must be defined in the application for registration.

(5) Limitations, trainees. An individual enrolled in a training program for physician assistants may function only in direct association with his/her preceptorship physician or a delegated alternate physician in the immediate clinical setting or, as in the case of specialized training in a specific area, an alternate preceptor approved by the program. They may not function in a remote location or in the absence of the preceptor.

(6) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician's assistant employed by him or her at all times when meeting or treating patient(s) wears a placard or other identifying plate in a prominent place upon his or her person identifying him or her as a physician's assistant;

(b) No osteopathic physician's assistant in his employ represents himself or herself in any manner which would tend to mislead anyone that he or she is a physician;

(c) That the osteopathic physician's assistant in his or her employ performs only those tasks which he or she is authorized to perform under the authorization granted by the board;

(d) All EKG's and x-rays and all abnormal laboratory tests shall be reviewed by the physician within twenty-four hours;

(e) The charts of all patients seen by the physician's assistant shall be reviewed and countersigned by the supervising physician within one week;

(f) All telephone advice given by the supervising physician through the physician's assistant shall be documented, reviewed, and countersigned by the physician within one week.

(7) Alternate physician, supervisor—Approved by board. In the temporary absence of the supervising osteopathic physician, the osteopathic physician assistant may carry out those tasks for which he is registered, if the supervisory and review mechanisms are provided by a delegated alternate osteopathic physician supervisor. If an alternate osteopathic physician is not available in the community, the board may authorize a physician licensed under chapter 18.71 RCW to act as the alternate physician supervisor.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-080, filed 10/31/89, effective 12/1/89.]

**WAC 246-854-100 Osteopathic physicians' assistants reregistration.** Reregistration. The annual reregistration fee shall be paid by the first day of July of each year by the supervising osteopathic physician. Any failure to reregister and pay the annual registration fee shall render the registration invalid but registration may be reinstated by payment of a penalty fee together with all delinquent annual registration fees.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-854-100, filed 12/3/90, effective 1/31/91. Statutory Authority:

RCW 18.57.005(2). 89-22-065 (Order PM 863), § 308-138A-090, filed 10/31/89, effective 12/1/89.]

**Chapter 246-855 WAC**  
**OSTEOPATHIC PHYSICIANS' ACUPUNCTURE**  
**ASSISTANTS**

**WAC**

246-855-010	Acupuncture—Definition.
246-855-020	Acupuncture assistant education.
246-855-030	Acupuncture—Program approval.
246-855-040	Osteopathic acupuncture physicians' assistant's examination.
246-855-050	Investigation.
246-855-060	English fluency.
246-855-070	Supervising physicians' knowledge of acupuncture.
246-855-080	Utilization.
246-855-090	Prohibited techniques and tests.
246-855-100	AIDS education and training.
246-855-110	Application for registration.

**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.
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**WAC 246-855-010 Acupuncture—Definition.**

Acupuncture is a traditional system of medical theory, oriental diagnosis and treatment used to promote health and treat organic or functional disorders, by treating specific acupuncture points or meridians. Acupuncture includes the following techniques:

- (a) Use of acupuncture needles to stimulate acupuncture points and meridians.
- (b) Use of electrical, mechanical or magnetic devices to stimulate acupuncture points and meridians.
- (c) Moxibustion.
- (d) Acupressure.
- (e) Cupping.
- (f) Gwa hsa (dermal friction technique).
- (g) Infrared.
- (h) Sonopuncture.
- (i) Laser puncture.
- (j) Dietary advice.
- (k) Manipulative therapies.
- (l) Point injection therapy (aqua puncture).

These terms are to be understood within the context of the oriental medical art of acupuncture and as the board defines them.

[Statutory Authority: RCW 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-010, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070. 84-05-011 (Order PL 457), § 308-138B-165, filed 2/7/84.]

**WAC 246-855-020 Acupuncture assistant education.**

Each applicant for an authorization to perform acupuncture must present evidence satisfactory to the board which discloses in detail the formal schooling or other type of training the applicant has previously undertaken which

qualifies him or her as a practitioner of acupuncture. Satisfactory evidence of formal schooling or other training may include, but is not limited to, certified copies of certificates or licenses which acknowledge that the person has the qualifications to practice acupuncture, issued to an applicant by the government of the Republic of China (Taiwan), People's Republic of China, Korea or Japan. Whenever possible, all copies of official diplomas, transcripts and licenses or certificates should be forwarded directly to the board from the issuing agency rather than from the applicant. Individuals not licensed by the listed countries must document their education by means of transcripts, diplomas, patient logs verified by the preceptor, or by other means requested by the board. Applicants for registration must have successfully completed the following training:

(1) The applicant must have completed a minimum 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 18.57.005. 90-24-055 (Order 100B), recodified as § 246-855-020, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020. 83-16-024 (Order PL 440), § 308-138B-100, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020. 82-17-005 (Order PL 402), § 308-138B-100, filed 8/5/82. Formerly WAC 308-138-100.]

**WAC 246-855-030 Acupuncture—Program approval.**

(1) Procedure. The board will consider for approval any school, program, apprenticeship or tutorial which meets the requirements outlined in this regulation and provides the training required under WAC 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 246-855-040 Osteopathic acupuncture physicians' assistant's examination.** (1) Applicants for registration who have not been issued a license or certificate to practice acupuncture from the governments listed in RCW 18.57A.070, or from a country or state with equivalent standards of practice determined by the board, must pass the Washington acupuncture examination.

(2) A written and practical examination in English shall be given twice yearly for qualified applicants at a time and place determined by the board and shall examine the applicants' knowledge of anatomy, physiology, bacteriology, biochemistry, pathology, hygiene and acupuncture.

(3) An applicant must be approved by the board at least forty-five days in advance of the scheduled examination date to be eligible to take the written portion of the examination. The applicant shall provide his or her own needles and other equipment necessary for demonstrating the applicant's skill and proficiency in acupuncture.

(4) An applicant must have successfully completed the written portion of the examination prior to being eligible for the practical examination.

(5) The passing score for the examination is a converted score of seventy-five.

(6) Applicants requesting to retake either the written or practical portion of the examination shall submit the request for reexamination at least forty-five days in advance of the scheduled examination date.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-040, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005(2), 18.57A.020 and 18.130.050(1), 88-21-081 (Order PM 780), § 308-138B-110, filed 10/19/88. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-110, filed 8/5/82. Formerly WAC 308-138-110.]

**WAC 246-855-050 Investigation.** An applicant for an authorization to perform acupuncture shall, as part of his or her application, furnish written consent to an investigation of his or her personal background, professional training and experience by the board or any person acting on its behalf.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-050, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-130, filed 8/5/82. Formerly WAC 308-138-130.]

**WAC 246-855-060 English fluency.** Each applicant must demonstrate sufficient fluency in reading, speaking and understanding the English language to enable the applicant

to communicate with supervising physicians and patients concerning health care problems and treatment.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-060, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-140, filed 8/5/82. Formerly WAC 308-138-140.]

**WAC 246-855-070 Supervising physicians' knowledge of acupuncture.** Osteopathic physicians applying for authorization to utilize the services of an osteopathic physician's acupuncture assistant shall demonstrate to the board that the osteopathic physician possesses sufficient understanding of the application of acupuncture treatment, its contraindications and hazards so as to adequately supervise the practice of acupuncture.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-070, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-150, filed 8/5/82. Formerly WAC 308-138-150.]

**WAC 246-855-080 Utilization.** (1) Persons authorized as osteopathic physicians' acupuncture assistants shall be restricted in their activities to only those procedures which a duly licensed, supervising osteopathic physician may request them to do. Under no circumstances may an osteopathic physician's acupuncture assistant perform any diagnosis of patients or recommend or prescribe any forms of treatment or medication.

(2) An acupuncture assistant shall treat patients only under the direct supervision of a physician who is present on the same premises where the treatment is to be given.

(3) An osteopathic physician shall not employ or supervise more than one acupuncture assistant.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-080, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-160, filed 8/5/82. Formerly WAC 308-138-160.]

**WAC 246-855-090 Prohibited techniques and tests.** No osteopathic physician's acupuncture assistant may prescribe, order, or treat by any of the following means, modalities, or techniques:

- (1) Diathermy treatments
- (2) Ultrasound or sonopuncture treatments
- (3) Infrared treatments
- (4) Electromuscular stimulation for the purpose of stimulating muscle contraction
- (5) X-rays
- (6) Laboratory tests
- (7) Laser puncture
- (8) Dietary therapy
- (9) Manipulative therapies
- (10) Point injection therapy (aqua puncture)
- (11) Herbal remedies.

[Statutory Authority: RCW 18.57.005, 90-24-055 (Order 100B), recodified as § 246-855-090, filed 12/3/90, effective 1/31/91. Statutory Authority: RCW 18.57A.020, 87-20-099 (Order PM 671), § 308-138B-170, filed 10/7/87. Statutory Authority: RCW 18.57.005, 18.57A.020 and 18.57A.070, 84-05-011 (Order PL 457), § 308-138B-170, filed 2/7/84. Statutory Authority: RCW 18.57A.020, 83-16-024 (Order PL 440), § 308-138B-170, filed 7/27/83. Statutory Authority: RCW 18.57.005 and 18.57A.020, 82-17-005 (Order PL 402), § 308-138B-170, filed 8/5/82. Formerly WAC 308-138-170.]

**WAC 246-855-100 AIDS education and training.** (1) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(2) "Office on AIDS" means that section within the department of 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.]

## Chapter 246-857 WAC

### PHARMACISTS—PRACTICE AND PROCEDURE

#### WAC

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246-857-310	Petitions for rule making, amendment or repeal—Notice of disposition.
246-857-320	Declaratory rulings.
246-857-330	Forms.
246-857-340	SEPA exemption.

**WAC 246-857-020 Practice and procedure—Adoption by reference.** The board adopts the following sections of chapter 10-08 WAC, Model Rules of Procedure, by reference:

WAC 10-08-080  
 WAC 10-08-040  
 WAC 10-08-110  
 WAC 10-08-110  
 WAC 10-08-110  
 WAC 10-08-110  
 WAC 10-08-110  
 WAC 10-08-110  
 WAC 10-08-210  
 WAC 10-08-130  
 WAC 10-08-130  
 WAC 10-08-140  
 WAC 10-08-140  
 WAC 10-08-090

[Statutory Authority: RCW 18.64.005 and 34.05.220. 92-12-035 (Order 277B), § 246-857-020, filed 5/28/92, effective 6/28/92. 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 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 246-857-090 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 34.05.220. 92-12-035 (Order 277B), § 246-857-180, filed 5/28/92, effective 6/28/92. 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.

[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, elogned, 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 34.05.240, 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 34.05.220. 92-12-035 (Order 277B), § 246-857-320, filed 5/28/92, effective 6/28/92. 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 34.05.240, 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 34.05.220. 92-12-035 (Order 277B), § 246-857-330, filed 5/28/92, effective 6/28/92. 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 197-11-800 and the State Environmental Policy Act, chapter 43.21C RCW.

[Statutory Authority: Chapter 43.21C RCW. 92-12-035 (Order 277B), § 246-857-340, filed 5/28/92, effective 6/28/92. 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

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.

246-858-060	Requirements for preceptor certification.
246-858-070	Rules for preceptors.
246-858-080	Special internship approval.

**WAC 246-858-020 General requirements.** (1) RCW 18.64.080(3) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the department 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(3) 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 246-858-060 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. 92-12-035 (Order 277B), § 246-858-020, filed 5/28/92, effective 6/28/92. 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.** To register as a pharmacy intern, an applicant shall file with the department 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 246-907-030. 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. 92-12-035 (Order 277B), § 246-858-030, filed 5/28/92, effective 6/28/92. 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 intern's first day of 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 the intern is under the direct and personal supervision of a certified preceptor or a licensed pharmacist designated by a 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. 92-12-035 (Order 277B), § 246-858-040, filed 5/28/92, effective 6/28/92. 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 246-858-080, the board may approve alternative qualification requirements for the preceptors of such programs.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-858-060, filed 5/28/92, effective 6/28/92. 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 246-858-040(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 approved 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, 92-12-035 (Order 277B), § 246-858-070, filed 5/28/92, effective 6/28/92. 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

246-861-010	Definitions.
246-861-020	Renewal requirements.
246-861-030	Continuing education programs.
246-861-040	Applications for approval of continuing education program—Post-approval of continuing education program.
246-861-050	Continuing education program approved providers.
246-861-060	Instructors' credit toward continuing education unit.
246-861-090	Amount of continuing education.
246-861-095	Pharmacists licensed in other health professions.
246-861-120	Waiver of the continuing education requirement.

DISPOSITION OF SECTIONS FORMERLY  
CODIFIED IN THIS CHAPTER

- 246-861-070 Credit for continuing education. [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.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
- 246-861-080 Credit for individual study programs. [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.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
- 246-861-100 Pharmacist audits—Disallowed credit. [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.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.
- 246-861-110 Advisory committee on continuing education. [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.] Repealed by 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005.

**WAC 246-861-010 Definitions.** (1) "Accredited programs/courses" means continuing education sponsored by providers which are approved by the American Council on Pharmaceutical Education (ACPE).

(2) "Board approved programs/courses" means continuing education which has been reviewed and approved by the board office.

(3) "Approved provider" means any person, corporation, or association approved by the board to conduct continuing professional education programs.

(4) "Continuing education" means accredited or approved post-licensure professional pharmaceutical education designed to maintain competence in the practice of pharmacy, improve pharmacy skills, and preserve pharmaceutical standards for the purpose of protecting the public health, safety, and welfare.

(5) "Continuing education unit (CEU)" means one CEU is equivalent to ten contact hours of participation in accredited or board approved continuing education programs/courses.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92.]

**WAC 246-861-020 Renewal requirements.** (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) A pharmacist shall be required to retain all original certificates and other documented evidence of participation in an approved/accredited continuing education program for a period of at least two years. Upon request, such documentation shall be made available to the board for random audit and verification purposes. 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. A pharmacist who is audited and has credit disallowed will automatically be audited for three consecutive years.

(4) Failure to satisfy the continuing education requirement as a result of disallowed credit in two consecutive years or falsification of continuing education evidence and/or documentation will be considered in violation of these rules and will be sufficient cause for imposition of disciplinary action by the board.

(5) A pharmacist who desires to reinstate his or her pharmacist license after having been unlicensed for over one year shall, as a condition for reinstatement, submit proof of fifteen hours of continuing education for each year unlicensed or complete such continuing education credits as may be specified by the board in each individual case.

(6) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-020, filed 1/8/92, effective 2/8/92. 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.**

(1) The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses and other similar methods of conveying continuing education as may be approved by the board.

(2) Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

- (a) The legal aspects of health care;
- (b) The properties and actions of drugs and dosage forms;
- (c) The etiology, characteristics, therapeutics, and prevention of the disease state;

- (d) Specialized professional pharmacy practice.
- (3) Full credit (hour for hour) shall be allowed for:
  - (a) Speakers.
  - (b) Panels.
  - (c) Structured discussion, workshops, and demonstrations.
  - (d) Structured question and answer sessions.
- (4) Credit shall not be allowed for:
  - (a) Welcoming remarks.
  - (b) Time spent for meals or social functions.
  - (c) Business sessions.
  - (d) Unstructured demonstrations (e.g., poster sessions).
  - (e) Unstructured question and answer sessions (e.g., after program ends).
  - (f) Degree programs except advanced degrees in pharmacy.
- (5) Keynote speaker and topics must be submitted through the standard process.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-030, filed 1/8/92, effective 2/8/92. 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 of continuing education program—Post-approval of continuing education program.** (1) Applications for approval or post-approval of a continuing education program which is not an accredited program or provided by an approved provider shall be made on the form provided for this purpose by the Washington state board of pharmacy.

(2) The provider shall submit an application form sixty days prior to the date the program will be held.

(3) A pharmacist who attends a program that has not been preapproved according to this rule, must submit application for approval within fifteen 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. 92-03-029 (Order 234B), § 246-861-040, filed 1/8/92, effective 2/8/92. 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 approved providers.** (1) The board shall establish the standards and specifications necessary for an organization to obtain approval. These standards and specifications shall at least be equivalent to those established for continuing education programs in pharmacy by the American Council on Pharmaceutical Education.

(a) 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.

(b) 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.

(c) The provider shall retain, for a period of two years, a list of persons to whom proof of attendance or participation as specified in (b) of this subsection was supplied. Providers of nonevaluated self-instruction units shall be exempt from this requirement.

(2) Any organization may apply to the board on forms provided by the board for qualification as an approved provider. If an organization is approved, the board will issue a certificate or other notification of qualification to it. The approval shall be effective for a period of two years and shall be renewable as set forth by the board.

(3) The board may revoke or suspend an approval of a provider or refuse to renew such approval if the provider fails to maintain the necessary standards and specifications required.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-050, filed 1/8/92, effective 2/8/92. 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 shall be granted one hour of continuing education credit for each hour spent in actually presenting the initial course or program which has been approved for continuing education credit. A presenter shall not be granted multiple credit for multiple presentations of the same program of continuing education.

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. 92-03-029 (Order 234B), § 246-861-060, filed 1/8/92, effective 2/8/92. 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 246-861-090 Amount of continuing education.** The equivalent of one and one-half continuing education unit (equal to fifteen contact hours) of continuing education shall be required annually of each applicant for renewal of licensure.

[Statutory Authority: RCW 18.64.005. 92-03-029 (Order 234B), § 246-861-090, filed 1/8/92, effective 2/8/92. 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 246-861-095 Pharmacists licensed in other health professions.** A pharmacist who is licensed to practice another health profession shall meet the same pharmacy continuing education requirements in the same manner as all other pharmacists and shall otherwise comply with this chapter. A licensee's compliance with the continuing education requirements of another health profession shall not qualify as compliance with this chapter, unless the subject matter of the continuing education meets the standards established in this chapter.

[Statutory Authority: RCW 18.64.005, 92-03-029 (Order 234B), § 246-861-095, filed 1/8/92, effective 2/8/92.]

**WAC 246-861-120 Waiver of the continuing education requirement.** The board of pharmacy may, at its discretion, waive the requirements of this rule for such reasons as illness, incapacity, or other extenuating circumstances. Written request for waiver shall be submitted to the board for consideration.

[Statutory Authority: RCW 18.64.005, 92-03-029 (Order 234B), § 246-861-120, filed 1/8/92, effective 2/8/92. 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

246-863-020	Examinations.
246-863-030	Applicants—Reciprocity applicants.
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246-863-060	Licensed pharmacists—Employed as responsible managers—Duty to notify board.
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246-863-090	Pharmacists—Reinstatement or reactivation of license.
246-863-100	Pharmacist prescriptive authority—Prior board notification of written guideline or protocol required.
246-863-110	Monitoring of drug therapy by pharmacists.
246-863-120	AIDS prevention and information education requirements.

**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,

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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 246-863-035 Temporary permits.** A temporary permit to practice pharmacy may be issued to an applicant licensed by examination in a state which participates in the licensure transfer process unless there is a basis for denial of the license or issuance of a conditional license. The applicant shall meet all the qualifications, submit the necessary paperwork and fees for licensure transfer, and submit a written request for a permit to practice pharmacy with the temporary permit fee specified in WAC 246-907-030.

Prior to issuance of the permit to practice pharmacy, the board shall receive the following documents:

(1) A completed Washington pharmacy license application;

(2) The fee specified in WAC 246-907-030;

(3) A disciplinary report from the National Association of Boards of Pharmacy (NABP) Clearinghouse;

(4) Completed NABP "Official Application for Transfer of Pharmaceutic Licensure";

(5) Proof of seven hours of approved AIDS education.

Such a permit shall expire on the first day of the month following the date of the next jurisprudence examination. In case of failure or nonattendance, the permit shall not be extended.

[Statutory Authority: RCW 18.64.005, 92-23-058 (Order 317B), § 246-863-035, filed 11/17/92, effective 12/18/92.]

**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 exami-

nation prepared by the foreign pharmacy graduate education commission and shall have received an educational equivalence 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 246-869-070 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-060, filed 5/28/92, effective 6/28/92. 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 shall be submitted on a form provided by the department. It must be renewed in the same manner as an active license upon payment of a fee as specified by the secretary.

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 246-861 WAC.

In order to reactivate an inactive license, the holder of the inactive license shall comply with the provisions of WAC 246-863-090.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-070, filed 5/28/92, effective 6/28/92. 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 for a retired pharmacist license by submitting to the board:

(a) An application on a form provided by the department; and

(b) A fee as specified in WAC 246-907-030.

(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 246-861 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 246-863-090.

(5) The annual renewal fee for a retired pharmacist license is set by the secretary in WAC 246-907-030.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-863-080, filed 5/28/92, effective 6/28/92. 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 shall 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, the pharmacist shall take and pass the jurisprudence examination given by the department.

(b) If the pharmacist has been unlicensed or the holder of an inactive license for between three and five years, the pharmacist shall take and pass the jurisprudence examination given by the department 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, the pharmacist shall 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 shall complete such continuing education credits as the board may specify in each individual case.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-863-090, filed 5/28/92, effective 6/28/92. 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

246-865-010	Definitions.
246-865-020	Promulgation.
246-865-030	Emergency kit.
246-865-040	Supplemental dose kits.
246-865-050	Drug facilities.
246-865-060	Pharmaceutical services.
246-865-070	Provision for continuity of drug therapy for residents.

**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 246-865-010(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 246-865-010(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, 92-12-035 (Order 277B), § 246-865-030, filed 5/28/92, effective 6/28/92. 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 nonemergency 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 or 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 246-865-040.

(g) If an emergency kit is provided, it shall comply with Washington state board of pharmacy regulations WAC 246-865-020 and 246-865-030.

(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 of 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, 92-12-035 (Order 277B), § 246-865-060, filed 5/28/92, effective 6/28/92. 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 246-839-810 for related regulations on this practice.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-865-070, filed 5/28/92, effective 6/28/92. 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.
246-867-020	Applicability.
246-867-030	Reporting and freedom from liability.
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 246-867-040 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 program" 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 18.130.050. 92-12-035 (Order 277B), § 246-867-010, filed 5/28/92, effective 6/28/92. 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 246-867-050 (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 18.130.050. 92-12-035 (Order 277B), § 246-867-060, filed 5/28/92, effective 6/28/92. 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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246-869-235	Prescription drug repackaging—Definitions.
246-869-240	Pharmacist's professional responsibilities.
246-869-250	Closing a pharmacy.
246-869-255	Customized patient medication packages.
246-869-260	Pharmacist supervised sales—General.

### 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 246-869-180 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 of 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 246-869 WAC.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-020, filed 5/28/92, effective 6/28/92. 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 246-907-030.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-050, filed 5/28/92, effective 6/28/92. 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 246-863-060 for additional information.

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-869-070, filed 5/28/92, effective 6/28/92. 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 noncontrolled 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 246-869-095 Facsimile transmission of prescription orders.** Prescription orders may be transmitted to pharmacies from prescriber's offices and health care facilities using facsimile transmission devices subject to the following requirements:

(1) The order contains the date, time, and telephone number and location of the transmitting device.

(2) Transmission of orders for Schedule II drugs are not allowed provided that, when an emergency exists, an order

for Schedule II controlled substances may be dispensed and delivered to a patient pursuant to a facsimile transmission subject to the requirements of WAC 246-887-020(7). And further provided that, in a nonemergent situation, an order for Schedule II controlled substances may be prepared for delivery to a patient pursuant to a facsimile transmission but may not be delivered to the patient except upon presentation of a written order.

(3) The transmitted order shall be filed in the same manner as any other prescription. However, the pharmacist is responsible for assuring that the quality of the order is sufficient to be legible for at least two years pursuant to the records retention requirements of WAC 246-869-100.

(4) Refill authorizations for prescriptions may be transmitted using a facsimile device.

(5) The pharmacist is responsible for assuring that each facsimile prescription is valid and shall verify authenticity with the prescriber whenever there is a question.

(6) No agreement between a prescriber and a pharmacy shall require that prescription orders be transmitted by facsimile machine from the prescriber to only that pharmacy.

[Statutory Authority: RCW 18.64.005. 92-14-032 (Order 283B), § 246-869-095, filed 6/23/92, effective 7/24/92.]

**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 246-869-090 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, 92-12-035 (Order 277B), § 246-869-100, filed 5/28/92, effective 6/28/92. 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 of 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 two 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, 92-12-035 (Order 277B), § 246-869-120, filed 5/28/92, effective 6/28/92. 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, medi-

cines, 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 com-

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pounding 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

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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 246-901 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. 92-12-035 (Order 277B), § 246-869-190, filed 5/28/92, effective 6/28/92. 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 246-869-220.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-869-210, filed 5/28/92, effective 6/28/92. 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 246-869-210, 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, 92-12-035 (Order 277B), § 246-869-220, filed 5/28/92, effective 6/28/92. 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 246-869-235 Prescription drug repackaging—**

**Definitions.** (1) "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.

(2) "Unit-of-use" means a sufficient quantity of a drug for one normal course of therapy.

(3) "Lot number," "control number" means any distinctive combination of letters, numbers, or symbols, or any combination of them, from which a complete history of the manufacturer, processing, packing, holding, and distribution of a batch or lot of drug product or other material can be determined.

(4) "Med-pack" means any package prepared under the immediate supervision of a pharmacist for a specific patient comprising a series of containers and containing one or more prescribed solid oral dosage forms including multifill blister packs.

[Statutory Authority: RCW 18.64.005, 93-01-051 (Order 320B), § 246-869-235, filed 12/10/92, effective 1/10/93.]

**WAC 246-869-240 Pharmacist's professional responsibilities.** (1) A pharmacist shall not 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 provided that this shall not preclude a pharmacy assistant from providing to the patient or the patient's health care giver certain information where no professional judgment is required such as dates of refills or prescription price information.

(c) Consultation with the prescriber regarding the patient and the patient's prescription.

(d) Extemporaneous compounding of the prescription provided that bulk compounding from a formula and IV admixture products prepared in accordance with chapter 246-871 WAC may be performed by a level A pharmacy assistant when supervised by a pharmacist.

(e) Interpretation of data in a patient medication record system.

(f) Ultimate responsibility for all aspects of the completed prescription and assumption of the responsibility for the filled prescription, such as: Accuracy of drug, strength, labeling, proper container and other requirements.

(g) Dispense prescriptions to patient with proper patient information as required by WAC 246-869-220.

(h) Signing of the poison register and the Schedule V controlled substance registry book at the time of sale in accordance with RCW 69.38.030 and WAC 246-887-030 and any other item required by law, rule or regulation to be signed or initialed by a pharmacist.

(i) Professional communications with physicians, dentists, nurses and other health care practitioners.

(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 or her 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 or her supervisory and professional responsibilities.

(b) This does not preclude delegation to an intern or extern.

[Statutory Authority: RCW 18.64.005, 92-08-058 (Order 260B), § 246-869-240, filed 3/26/92, effective 4/26/92. 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 246-869-255 Customized patient medication packages.** The board approves the use of med-pack containers in the dispensing of prescription drugs within the same pharmacy, provided that:

(1) The pharmacy must maintain custody of the original prescription container at the pharmacy;

(2) No more than a thirty-one day supply of drugs is packaged;

(3) The signature of the patient or the patient's agent is obtained for dispensing in a nonchild resistant container;

(4) The container's label bear the following information:

(a) Pharmacy name and address;

(b) Patient's name;

(c) Drug name, strength, quantity;

(d) Directions;

(e) Serial prescription numbers; date

(f) Prescriber's name, and pharmacist's initials.

[Statutory Authority: RCW 18.64.005, 93-01-051 (Order 320B), § 246-869-255, filed 12/10/92, effective 1/10/93.]

#### 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

246-871-001	Scope and purpose.
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246-871-030	Physical requirements.
246-871-040	Personnel.
246-871-050	Drug distribution and control.
246-871-060	Antineoplastic medications.
246-871-070	Clinical services.
246-871-080	Quality assurance.

**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 nonprofessional 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 246-901 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. 92-12-035 (Order 277B), § 246-871-040, filed 5/28/92, effective 6/28/92. 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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246-873-040	Personnel.
246-873-050	Absence of a pharmacist.
246-873-060	Emergency outpatient medications.
246-873-070	Physical requirements.
246-873-080	Drug procurement, distribution and control.
246-873-090	Administration of drugs.
246-873-100	Investigational drugs.
246-873-110	Additional responsibilities of pharmacy service.

**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 246-899 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. 92-12-035 (Order 277B), § 246-873-060, filed 5/28/92, effective 6/28/92. 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 246-873-050.

(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 two 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 two 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. 92-12-035 (Order 277B), § 246-873-080, filed 5/28/92, effective 6/28/92. 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**

246-875-001 Purpose.  
246-875-010 Definitions.

246-875-020 Minimum required information in an automated patient medication record system.  
246-875-030 Minimum required information in a manual patient medication record system.  
246-875-040 Minimum procedures for utilization of a patient medication record system.  
246-875-050 Auxiliary recordkeeping procedure.  
246-875-060 Retrieval of information from an automated system.  
246-875-070 Confidentiality and security of data.  
246-875-080 Extension of time for compliance.

**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

246-875-090 Effective date. [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.] Repealed by 92-12-035 (Order 277B), filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005.

**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 down-time 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 246-869-230, 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. 92-12-035 (Order 277B), § 246-875-020, filed 5/28/92, effective 6/28/92. 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, 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 246-875-020 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. 92-12-035 (Order 277B), § 246-875-060, filed 5/28/92, effective 6/28/92. 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 two years in the same manner as provided for all prescription records (see WAC 246-869-100).

(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. 92-12-035 (Order 277B), § 246-875-070, filed 5/28/92, effective 6/28/92. 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 246-875 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. 92-12-035 (Order 277B), § 246-875-080, filed 5/28/92, effective 6/28/92. 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.]

## 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

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.
246-879-100	Salvaging and reprocessing companies.
246-879-110	Violations and penalties.

246-879-120 Reciprocity.

**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 see WAC 246-879-080) and nonprescription drugs (over-the-counter - OTC see WAC 246-879-070) 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.

(5) "Blood" means whole blood collected from a single donor and processed either for transfusion or further manufacturing.

(6) "Blood component" means that part of the blood separated by physical or mechanical means.

(7) "Drug sample" means a unit of prescription drug that is not intended to be sold and is intended to promote the sale of the drug.

(8) "Manufacturer" means anyone who is engaged in manufacturing, preparing, propagating, compounding, processing, packaging, repackaging, or labeling of a drug, provided that a pharmacist compounding drugs to be dispensed from the pharmacy in which the drugs are compounded pursuant to prescriptions for individual patients shall not be considered a manufacturer.

(9) "Prescription drug" means any drug required by state or federal law or regulation to be dispensed only by a prescription, including finished dosage forms and active ingredients subject to section 503(b) of the Federal Food, Drug, and Cosmetic Act.

(10) "Wholesale distribution" means distribution of prescription drugs to persons other than a consumer or patient, but does not include:

(a) The sale, purchase, or trade of a drug, an offer to sell, purchase or trade a drug, or the dispensing of a drug pursuant to a prescription:

(b) The lawful distribution of drug samples by manufacturers' representatives or distributors' representatives; or

(c) The sale, purchase, or trade of blood and blood components intended for transfusion.

(d) Intracompany sales, being defined as any transaction or transfer between any division, subsidiary, parent and/or affiliated or related company under the common ownership and control of a corporate entity, unless such transfer occurs between a wholesale distributor and a health care entity or practitioner.

(e) The sale, purchase, or trade of a drug or an offer to sell, purchase, or trade a drug for emergency medical reasons; for purposes of this section, "emergency medical reasons" includes transfers of prescription drugs by retail pharmacy to another retail pharmacy or practitioner to

alleviate a temporary shortage, except that the gross dollar value of such transfers shall not exceed five percent of the total prescription drug sale revenue of either the transferor or transferee pharmacy during any twelve consecutive month period.

(11) "Wholesale distributor" means anyone engaged in wholesale distribution of drugs, including but not limited to, manufacturers; repackers; own-label distributors; private-label distributors; jobbers; brokers; warehouses; including manufacturers' and distributors' warehouses, chain drug warehouses, and wholesale drug warehouses; independent wholesale drug traders; and retail pharmacies that conduct wholesale distributions.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-010, filed 7/14/92, effective 8/14/92. 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 shall constitute minimum requirements for the storage and handling of prescription drugs, and for the establishment and maintenance of prescription drug distribution records by wholesale drug distributors and their officers, agents, representatives, and employees:

(1) Facilities. All facilities at which prescription drugs are stored, warehoused, handled, held, offered, marketed, or displayed shall:

(a) Be of suitable size and construction to facilitate cleaning, maintenance, and proper operations;

(b) Have storage areas designed to provide adequate lighting, ventilation, temperature, sanitation, humidity, space, equipment, and security conditions;

(c) Have a quarantine area for storage of prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated, or that are in immediate or sealed, secondary containers that have been opened;

(d) Be maintained in a clean and orderly condition; and

(e) Be free from infestation by insects, rodents, birds, or vermin of any kind.

(2) Storage. All prescription drugs shall be stored at appropriate temperatures and under appropriate conditions in accordance with requirements, if any, in the labeling of such drugs or with the requirements in the 22nd edition of the United States Pharmacopeia/National Formulary (USP/NF). United States Pharmacopeia/National Formulary (USP/NF) is available for public inspection at the Office of the State Board of Pharmacy, 1300 Quince St SE, PO Box 47863, Olympia WA 98504-7863.

(a) If no storage requirements are established for a prescription drug, the drug may be held at "controlled" room temperature, as defined in an official compendium, to help ensure that its identity, strength, quality, and purity are not adversely affected.

(b) Appropriate manual, electromechanical, or electronic temperature and humidity recording equipment, devices, and/or logs shall be utilized to document proper storage of prescription drugs.

(3) Examination of materials.

(a) Upon receipt, each outside shipping container shall be visually examined for identity and to prevent the accep-

tance of contaminated prescription drugs or prescription drugs that are otherwise unfit for distribution. This examination shall be adequate to reveal container damage that would suggest possible contamination or other damage to contents.

(b) Each outgoing shipment shall be carefully inspected for identity of the prescription drug products and to ensure that there is no delivery of prescription drugs that have been damaged in storage or held under improper conditions.

(4) Returned, damaged, and outdated prescription drugs.

(a) Prescription drugs that are outdated, damaged, deteriorated, misbranded, or adulterated shall be quarantined and physically separated from other prescription drugs until they are destroyed or returned to their supplier.

(b) Any drug whose immediate or sealed outer or sealed secondary containers have been opened or used shall be identified as such, and shall be quarantined and physically separated from other drugs until they are either destroyed or returned to the supplier.

(c) If the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, then the drug shall be destroyed, or returned to the supplier, unless examination, testing, or other investigation proves that the drug meets appropriate standards of safety, identity, strength, quality, and purity. In determining whether the conditions under which a drug has been returned cast doubt on the drug's safety, identity, strength, quality, or purity, the wholesale drug distributor shall consider, among other things, the conditions under which the drug has been held, stored, or shipped before or during its return and the condition of the drug and its container, carton, or labeling, as a result of storage or shipping.

(5) Written policies and procedures. Wholesale drug distributors shall establish, maintain, and adhere to written policies and procedures, which shall be followed for the receipt, security, storage, inventory, and distribution of prescription drugs, including policies and procedures for identifying, recording, and reporting losses or thefts, and for correcting all errors and inaccuracies in inventories. Wholesale drug distributors shall include in their written policies:

(a) A procedure whereby the oldest approved stock of a drug product is distributed first. The procedure may permit deviation from this requirement if such deviation is temporary and appropriate.

(b) A procedure to be followed for handling recalls and withdrawals of prescription drugs. Such procedure shall be adequate to deal with recalls and withdrawals due to:

(i) Any action initiated at the request of the Food and Drug Administration or other federal, state, or local law enforcement or other governmental agency, including the board of pharmacy;

(ii) Any voluntary action by the manufacturer to remove defective or potentially defective drugs from the market; or

(iii) Any action undertaken to promote public health and safety by replacing of existing merchandise with an improved product or new package design.

(c) A procedure to ensure that wholesale drug distributors prepare for, protect against, and handle any crisis that affects security or operation of any facility in the event of strike, fire, flood, or other natural disaster, or other situations of local, state, or national emergency.

(d) A procedure to ensure that any outdated drugs shall be segregated from other drugs and either returned to the manufacturer or destroyed. This procedure shall provide for written documentation of the disposition of outdated prescription drugs. This documentation shall be maintained for two years after disposition of the outdated drugs.

(6) Responsible persons. Wholesale drug distributors shall establish and maintain lists of officers, directors, managers, and other persons in charge of wholesale drug distribution, storage, and handling, including a description of their duties and a summary of their qualifications.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-020, filed 7/14/92, effective 8/14/92. 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.** (1) Inspections shall be performed by representatives of the board of pharmacy to ensure compliance with chapter 246-879 WAC. The following items shall be included in these inspections:

(a) Housekeeping, sanitation, record keeping, accountability, security, types of outlets sold to and sources of drugs purchased.

(b) Wholesale drug distributors shall operate in compliance with applicable federal, state, and local laws and regulations.

(2) Wholesale drug distributors shall permit the board's authorized personnel and authorized federal, state, and local law enforcement officials to enter and inspect their premises and delivery vehicles, and to audit their records and written operating procedures, at reasonable times and in a reasonable manner, to the extent authorized by law. Such officials shall be required to show appropriate identification prior to being permitted access to wholesale drug distributors' premises and delivery vehicles.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-030, filed 7/14/92, effective 8/14/92. 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.** (1) Recordkeeping. Wholesale drug distributors shall establish and maintain inventories and records of transactions regarding the receipt and distribution or other disposition of prescription drugs. These records shall include the following information:

(a) The source of the drugs, including the name and principal address of the seller or transferor, and the address of the location from which the drugs were shipped;

(b) The identity and quantity of the drugs received and distributed or disposed of; and

(c) The dates of receipt and distribution or other disposition of the drugs.

(2) Inventories and records shall be made available for inspection and photocopying by an authorized official of any governmental agency charged with enforcement of these rules for a period of two years following disposition of the drugs.

(3) Records described in this section that are kept at the inspection site or that can be immediately retrieved by computer or other electronic means shall be readily available for authorized inspection during the retention period. Records kept at a central location apart from the inspection site and not electronically retrievable shall be made available for inspection within two working days of a request by an authorized official of any governmental agency charged with enforcement of these rules.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-040, filed 7/14/92, effective 8/14/92. 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) All facilities shall be equipped with a security system that will provide suitable protection against theft and diversion. When appropriate, the security system shall provide protection against theft or diversion that is facilitated or hidden by tampering with computers or electronic records.

(2) Access from outside the premises shall be kept to a minimum and be well-controlled.

(3) Entry into areas where prescription drugs are held shall be limited to authorized personnel.

(4) All facilities used for wholesale drug distribution shall be secure from unauthorized entry.

(5) Drug storage areas shall be constructed in such a manner as to prevent illegal entry.

(6) Adequate lighting shall be provided at the outside perimeter of the premises to reduce the possibility of illegal entry.

(7) 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. 92-15-069 (Order 289B), § 246-879-050, filed 7/14/92, effective 8/14/92. 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 distributor shall sell or distribute any prescription 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 prescription drugs or devices to an ultimate consumer.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-060, filed 7/14/92, effective 8/14/92. 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.**

(1) All applications for licensure of a new or relocated wholesaler shall be accompanied by the required fee as set forth in chapter 246-907 WAC.



(2) All license renewal applications shall be accompanied by the annual fee and contain the same information required in subsection (5) of this section.

(3) A change of ownership or location requires a new license.

(4) 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.

(5) The license fee cannot be prorated.

(6) Every wholesale distributor, wherever located, who engages in wholesale distribution into, out of, or within this state must be licensed by the board in accordance with the laws and regulations of this state before engaging in wholesale distribution of prescription drugs.

(a) Minimum required information for licensure. The board requires the following from each wholesale drug distributor as part of the initial licensing procedure and as part of any renewal of such license.

(i) The name, full business address, and telephone number of the licensee;

(ii) All trade or business names used by the licensee;

(iii) Addresses, telephone numbers, and the names of contact persons for the facility used by the licensee for the storage, handling, and distribution of prescription drugs;

(iv) The type of ownership or operation (i.e., partnership, corporation, or sole proprietorship); and

(v) The name(s) of the owner and/or operator of the licensee, including:

(A) If a person, the name of the person;

(B) If a partnership, the name of each partner, and the name of the partnership;

(C) If a corporation, the name and title of each corporate officer and director, the corporate names, and the name of the state of incorporation, and the name of the parent company, if any;

(D) If a sole proprietorship, the full name of the sole proprietor and the name of the business entity.

(vi) When operations are conducted at more than one location by a single wholesale distributor, each such location shall be licensed by the board.

(vii) Change in any information required by this section shall be submitted to the board within thirty days after such change.

(b) Minimum qualifications. The board shall consider, at a minimum, the following factors in reviewing the qualifications of persons who engage in wholesale distribution of prescription drugs within the state:

(i) Any convictions of the applicant under any federal, state, or local laws relating to drug samples, wholesale, or retail drug distribution, or distribution of controlled substances;

(ii) Any felony convictions of the applicant under federal, state, or local laws;

(iii) The applicant's past experience in the manufacture or distribution of prescription drugs, including controlled substances;

(iv) Any false or fraudulent material furnished by the applicant in any application made in connection with drug manufacturing or distribution;

(v) Suspension or revocation by federal, state, or local government of any license currently or previously held by

the applicant for the manufacture or distribution of any drugs, including controlled substances;

(vi) Compliance with licensing requirements under previously granted licenses, if any;

(vii) Compliance with requirements to maintain and/or make available to the board, federal, state, or local enforcement officials those records required to be maintained by wholesale drug distributors; and

(viii) Any other factors or qualifications the board considers relevant to and consistent with public health and safety.

(c) The board shall have the right to deny a license to an applicant if it determines that the granting of such a license would not be in the public interest. Public interest considerations shall be based on factors and qualifications that are directly related to the protection of the public health and safety.

(d) Personnel. As a condition for receiving and retaining a wholesale drug distributor license, the licensee shall require each person employed in any prescription drug wholesale distribution activity to have education, training, and experience, or any combination thereof, sufficient for that person to perform the assigned functions in such a manner as to provide assurance that the drug product quality, safety and security will at all times be maintained as required by law.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-070, filed 7/14/92, effective 8/14/92. 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.** Wholesale drug distributors that deal in controlled substances shall register with the board and with the Drug Enforcement Administration (DEA), and shall comply with applicable state, local, and DEA regulations.

(1) He/she must be licensed as a full line wholesaler.

(2) He/she must meet all security requirements as set forth in WAC 246-879-050.

(3) He/she must meet additional requirements for registration and fees as set forth in chapter 246-907 WAC.

[Statutory Authority: RCW 18.64.005, 92-15-069 (Order 289B), § 246-879-080, filed 7/14/92, effective 8/14/92. 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.]

**WAC 246-879-100 Salvaging and reprocessing companies.** Wholesale drug distributors shall be subject to the provisions of any applicable federal, state, or local laws or rules that relate to prescription drug product salvaging or reprocessing, including this chapter.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-100, filed 7/14/92, effective 8/14/92.]

**WAC 246-879-110 Violations and penalties.** The board shall have the authority to suspend or revoke any licenses granted under this chapter upon conviction of violations of the federal, state, or local drug laws or rules. Before any license may be suspended or revoked, a wholesale distributor shall have a right to prior notice and a hearing pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-110, filed 7/14/92, effective 8/14/92.]

**WAC 246-879-120 Reciprocity.** A wholesale distributor licensed in another state may be licensed in this state upon submission of the fee required in chapter 246-907 WAC and submission of information compiled by the National Association of Boards of Pharmacy (NABP) Clearinghouse demonstrating that the license is not, and has not been, the subject of adverse license action.

[Statutory Authority: RCW 18.64.005. 92-15-069 (Order 289B), § 246-879-120, filed 7/14/92, effective 8/14/92.]

## 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

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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.
246-883-025	Introductory trade or stock packages.
246-883-030	Ephedrine prescription restrictions.
246-883-040	Regulated steroids.
246-883-050	Theophylline prescription restrictions.

**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 1991-92 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, 1300 Quince Street S.E., P.O. BOX 47863, Olympia, Washington 98504-7863. 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 fifty-five dollars 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, 92-09-070 (Order 264B), § 246-883-020, filed 4/14/92, effective 5/15/92. 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 246-883-025 Introductory trade or stock packages.** Introductory trade or stock packages may be distributed by registered drug manufacturers to licensed pharmacies under the following conditions:

- (1) The package shall be invoiced by the drug manufacturer as a no charge sale.
- (2) The product shall be distributed by the manufacturer to the pharmacy by mail or common carrier.

(3) The drug's package shall not be marked as a sample or with any other labeling that is inconsistent with the claim that the manufacturer intended the package for sale.

(4) The manufacturer shall be limited to distributing one introductory package of each dosage strength of a product on a one-time basis to a pharmacy in order to familiarize and assure that a company's new product will be available in pharmacies. The quantity shall not be larger than one hundred solid dosage units or sixteen liquid ounces.

[Statutory Authority: RCW 18.64.005, 92-09-072 (Order 266B), § 246-883-025, filed 4/14/92, effective 5/15/92.]

**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 (Searle)	25 mg (as racemic hydrochloride)
2. BRONITIN tablet (Whitehall)	24 mg ephedrine
3. BRONKAID tablet (Breon)	24 mg (as sulfate)
4. BRONKOTABS tablet (Breon)	24 mg (as sulfate)
5. CALCIDRINE SYRUP (Abbott)	4.2 mg/5cc HCl
6. HISTADYL EC (Lilly)	ephedrine hydrochloride, 30 mg/30 ml
7. HISTIVITE-D (Vitarine)	ephedrine sulfate, 30 mg/30 ml
8. NYQUIL (Vicks)	ephedrine sulfate, 8 mg/30 ml
9. PRIMATINE M tablet (Whitehall)	24 mg (as hydrochloride)
10. QUELIDRINE (Abbott)	ephedrine hydrochloride, 5 mg/5 ml
11. QUIET-NITE (Rexall)	ephedrine sulfate, 10 mg/30 ml
12. VERAQUAD tablet - 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 RCW 69.41.310. 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) Dihydroalone
- (23) dihydrotestosterone
- (24) dimethazine
- (25) Drive
- (26) Drolban
- (27) drostanolone
- (28) Durabolin
- (29) Durateston
- (30) Equipoise
- (31) Esiclene
- (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) mibolerone
- (54) Myagen
- (55) Nandrolin
- (56) nandrolone
- (57) nandrolone decanoate
- (58) nandrolone cyclotat
- (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) pizotiline
- (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) stebolone 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 69.41.075, 92-12-035 (Order 277B), § 246-883-040, filed 5/28/92, effective 6/28/92. 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.]

**WAC 246-883-050 Theophylline prescription restrictions.** The board of pharmacy, pursuant to RCW 69.41.075, hereby identifies theophylline, or any of its salts in a solid or liquid form normally intended for oral administration in any quantity, as a legend drug subject to the restrictions of RCW 69.41.030. Provided, products containing 130 mg or less of theophylline per solid dosage unit or

130 mg or less per 5 ml of liquid forms, shall not be considered a legend drug and where the product contains other recognized therapeutic ingredients, may be sold or distributed without a prescription. Products with theophylline as the only active ingredient are identified as legend drugs.

[Statutory Authority: RCW 18.64.005, 92-09-070 (Order 264B), § 246-883-050, filed 4/14/92, effective 5/15/92.]

### 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 manufactures 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

246-886-001	Purpose.
246-886-010	Definitions.
246-886-020	Registration.
246-886-030	Approved legend drugs.
246-886-040	Training of personnel.
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 246-887-050 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 69.41.080, 92-12-035 (Order 277B), § 246-886-020, filed 5/28/92, effective 6/28/92. 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 246-887-050 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 69.41.080, 92-12-035 (Order 277B), § 246-886-030, filed 5/28/92, effective 6/28/92. 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 246-887-050 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 246-887 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 69.41.080. 92-12-035 (Order 277B), § 246-886-060, filed 5/28/92, effective 6/28/92. 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

246-887-020	Uniform Controlled Substances Act.
246-887-030	Dispensing Schedule V controlled substances.
246-887-040	Designation of nonnarcotic stimulant drugs for purposes of RCW 69.50.402 (a)(3).
246-887-050	Sodium pentobarbital for animal euthanasia.
246-887-060	Sodium pentobarbital administration.
246-887-070	Sodium pentobarbital records and reports.
246-887-080	Sodium pentobarbital registration disciplinary action.
246-887-090	Authority to control.
246-887-100	Schedule I.
246-887-110	Adding MPPP to Schedule I.
246-887-120	Adding PEPAP to Schedule I.
246-887-130	Adding MDMA to Schedule I.
246-887-131	Adding Methcathinone to Schedule I.
246-887-140	Schedule II.
246-887-150	Schedule II immediate precursors.
246-887-160	Schedule III.
246-887-170	Schedule IV.
246-887-180	Schedule V.
246-887-190	Adding buprenorphine to Schedule V.
246-887-200	Other controlled substance registrants—Requirements.
246-887-210	Standards for transmission of controlled substances sample distribution reports.

#### 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, 1991, 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 two 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. 92-04-029 (Order 239B), § 246-887-020, filed 1/28/92, effective 2/29/92. 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.

(2) Dextroamphetamine sulfate in any of its generic forms and under the following brand names:

(a) Dexedrine (SKF);

(b) Dexedrine spansules (SKF).

(3) Dextroamphetamine HCL in any of its generic forms.

(4) Dextroamphetamine tannate in any of its generic forms.

(5) Methamphetamine HCL (Desoxyephedrine HCL) in any of its generic forms and under the following brand name:

Desoxyn (Abbott).

(6) Amphetamine complex in any of its generic forms and under the following brand names:

(a) Biphedamine 12 1/2 (Pennwalt);

(b) Biphedamine 20 (Pennwalt).

(7) Combined amphetamines sold under the following brand names:

Obetrol-10 and 20 (Obetrol).

(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. 92-04-029 (Order 239B), § 246-887-040, filed 1/28/92, effective 2/29/92. 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 246-887-070 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: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-050, filed 5/28/92, effective 6/28/92. 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 246-887-050 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: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-060, filed 5/28/92, effective 6/28/92. 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 246-887-050 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 246-887 WAC.

(2) This designated individual shall also be responsible for the ordering, possession, safe storage and utilization of the sodium pentobarbital.

[Statutory Authority: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-070, filed 5/28/92, effective 6/28/92. 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) Acetyl-alpha-methylfentanyl (N-[1-(1-methyl-2-phenethyl)-4-piperidyl]-N-phenylacetamide);
- (2) Acetylmethadol;
- (3) Allylprodine;
- (4) Alphacetylmethadol;
- (5) Alphameprodine;
- (6) Alphamethadol;
- (7) Alpha-methylfentanyl (N-[1-alpha-methyl-beta-phenyl ethyl-4-piperidyl] propionanilide; 1-(1-methyl-2-phenylethyl)-4-(N-propanilido) piperidine);
- (8) Benzethidine;
- (9) Betacetylmethadol;
- (10) Betameprodine;
- (11) Betamethadol;
- (12) Betaprodine;
- (13) Clonitazene;
- (14) Dextromoramide;
- (15) Diampromide;
- (16) Diethylthiambutene;
- (17) Difenoxin;
- (18) Dimenoxadol;
- (19) Dimepheptanol;
- (20) Dimethylthiambutene;
- (21) Dioxaphetyl butyrate;
- (22) Dipipanone;
- (23) Ethylmethylthiambutene;
- (24) Etonitazene;
- (25) Etoxidine;
- (26) Furethidine;
- (27) Hydroxypethidine;
- (28) Ketobemidone;
- (29) Levomoramide;
- (30) Levophenacymorphan;
- (31) 3-Methylfentanyl (N-[3-Methyl-1-(2-phenylethyl)-4-piperidyl]-N-phenylpropanamide);
- (32) Morpheridine;
- (33) MPPP (1-Methyl-4-phenyl-4-propionoxypiperidine);
- (34) Noracymethadol;
- (35) Norlevorphanol;
- (36) Normethadone;
- (37) Norpipanone;
- (38) PEPAP (1-(-2-phenethyl)-4-phenyl-4-acetoxypiperidine);
- (39) Phenadoxone;
- (40) Phenampromide;
- (41) Phenomorphan;

- (42) Phenoperidine;
- (43) Piritramide;
- (44) Proheptazine;
- (45) Properidine;
- (46) Propiram;
- (47) Racemoramide;
- (48) Tilidine;
- (49) 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) Hydromorphenol;
- (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; paramethoxy-amphetamine, 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-methylenedioxy-methamphetamine (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-6,9methano-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*, sp., and/or synthetic substances, derivatives, and their isomers with similar chemical structure and pharmacological activity such as the following:
- (i) Delta 1 - cis - or transtetrahydrocannabinol, and their optical isomers, excluding tetrahydrocannabinol 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 transtetrahydrocannabinol, 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 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:

- (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) Fenethylline;
- (ii) N-ethylamphetamine;
- (iii) 4-methylaminorex;
- (iv) N,N-dimethylamphetamine.

[Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-100, filed 1/28/92, effective 2/29/92. 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 246-887-131 Adding Methcathinone to Schedule I.** The Washington state board of pharmacy finds that Methcathinone (also called 2-methylamino-1-phenylpropan-1-one, ephedrone, Monomethylpropion, UR 1431) its salts, optical isomers and salts of optical isomers 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. 92-23-059 (Order 318B), § 246-887-131, filed 11/17/92, effective 12/18/92.]

**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) Methylbenzoylcegonine (cocaine—its salts, optical isomers, and salts of optical isomers).

(6) Concentrate of poppy straw (The crude extract of poppy straw in either liquid, solid, or powder form which contains the phenanthrine 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) Carfentanil;
- (7) Dihydrocodeine;
- (8) Diphenoxylate;
- (9) Fentanyl;
- (10) Isomethadone;
- (11) Levomethorphan;
- (12) Levorphanol;
- (13) Metazocine;
- (14) Methadone;
- (15) Methadone—Intermediate, 4-cyano-2-dimethylamino-4,4-diphenyl butane;
- (16) Moramide—Intermediate, 2-methyl-3-morpholino-1,1-diphenylpropane-carboxylic acid;
- (17) Pethidine (meperidine);
- (18) Pethidine—Intermediate—A,4-cyano-1-methyl-4-phenylpiperidine;
- (19) Pethidine—Intermediate—B,ethyl-4-phenylpiperidine-4-carboxylate;
- (20) Pethidine—Intermediate—C,1-methyl-4-phenylpiperidine-4-carboxylic acid;
- (21) Phenazocine;
- (22) Piminodine;
- (23) Racemethorphan;
- (24) Racemorphan;
- (25) 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, optical isomers, and salts of optical 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) Glutethimide;
- (3) Pentobarbital;
- (4) Phencyclidine;
- (5) 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.

(1) 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.)

(2) Nabilone. (Another name for nabilone: (±)-trans-3-(1,1-dimethylheptyl)-6,6a,7,8,10,10a-hexahydro-1-hydroxy-6,6-dimethyl-9H-dibenzo[b,d]pyran-9-one.)

[Statutory Authority: RCW 18.64.005. 92-04-029 (Order 239B), § 246-887-140, filed 1/28/92, effective 2/29/92. 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) Lysergic acid;
- (6) Lysergic acid amide;
- (7) Methyprylon;
- (8) Sulfondiethylmethane;
- (9) Sulfonethylmethane;
- (10) Sulfonmethane;

(11) 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] diazepam 7 (1H)-one flupyrazapon.

(d) Nalorphine.

(e) Anabolic steroids. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone (other than estrogens, progestins, and corticosteroids) that promotes muscle growth, and includes:

- (1) Boldenone;
- (2) Chlorotestosterone;
- (3) Clostebol;
- (4) Dehydrochlormethyltestosterone;
- (5) Dihydrotestosterone;
- (6) Drostanolone;
- (7) Ethylestrenol;
- (8) Fluoxymesterone;
- (9) Formebolone;
- (10) Mesterolone;
- (11) Methandienone;
- (12) Methandranone;
- (13) Methandriol;
- (14) Methandrostenolone;
- (15) Methenolone;
- (16) Methyltestosterone;
- (17) Mibolerone;
- (18) Nanrolone;
- (19) Norethandrolone;
- (20) Oxandrolone;
- (21) Oxymesterone;
- (22) Oxymetholone;
- (23) Stanolone;
- (24) Stanozolol;
- (25) Testolactone;
- (26) Testosterone;
- (27) Trenbolone; and

(28) Any salt, ester, or isomer of a drug or substance described or listed in this paragraph, if that salt, ester, or isomer promotes muscle growth. Except such term does not include an anabolic steroid which is expressly intended for administration through implants to cattle or other nonhuman species and which has been approved by the secretary of health and human services for such administration. If any person prescribes, dispenses, or distributes such steroid for human use such person shall be considered to have pre-

scribed, dispensed, or distributed an anabolic steroid within the meaning of this paragraph.

(f) 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 dihydrocodeinone 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 dihydrocodeinone 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, 92-04-029 (Order 239B), § 246-887-160, filed 1/28/92, effective 2/29/92. 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.]

**Reviser's note:** The brackets and enclosed material in the text of the above section occurred in the copy filed by the agency.

**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) Barbitol;
- (3) Bromazepam;
- (4) Camazepam;
- (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) Cathine;
- (2) Diethylpropion;
- (3) Fencamfamin;
- (4) Fenproporex;
- (5) Mazindol;
- (6) Mefenorex;
- (7) Pemoline (including organometallic complexes and chelates thereof);
- (8) Phentermine;
- (9) Pipradrol;
- (10) 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, 92-04-029 (Order 239B), § 246-887-170, filed 1/28/92, effective 2/29/92. 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 246-887-150.

(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 issuances 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: Chapter 69.50 RCW and RCW 18.64.005. 92-12-035 (Order 277B), § 246-887-200, filed 5/28/92, effective 6/28/92. Statutory

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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.]

**WAC 246-887-210 Standards for transmission of controlled substances sample distribution reports.** These standards describe the format for transmission of data regarding distribution of controlled substance samples by manufacturers or distributors to licensed practitioners in the state of Washington.

(1) Each report shall contain the following information regarding the firm distributing controlled substance samples:

- (a) Name of firm.
- (b) DEA number of firm.
- (c) Complete address of firm including zip code.
- (d) Name and phone number of contact person.

(2) Each report shall contain the following information regarding the licensed practitioner to whom samples are distributed:

- (a) First and last name of practitioner.
- (b) DEA number of practitioner.
- (c) Professional designation of practitioner. (E.g., MD, DO, DDS.)
- (d) Complete address of practitioner including zip code.

(3) Each report shall contain the following information regarding the controlled substance(s) distributed:

- (a) Name of controlled substance(s) distributed.
- (b) Dosage units of controlled substance(s) distributed.
- (c) Quantity distributed.
- (d) Date distributed.

(4) Each report shall be submitted in alphabetical order by practitioner's last name.

- (5) Each report shall be submitted quarterly.

[Statutory Authority: RCW 18.64.005. 92-09-071 (Order 265B), § 246-887-210, filed 4/14/92, effective 5/15/92.]

## 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 RCW 69.43.010, 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 RCW 69.43.010(2).

(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 246-887-150 and all applicable rules and laws governing the distribution of schedule II controlled substances must also be complied with.

[Statutory Authority: RCW 69.43.050. 92-12-035 (Order 277B), § 246-889-020, filed 5/28/92, effective 6/28/92. 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 246-889-020 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 69.43.050. 92-12-035 (Order 277B), § 246-889-030, filed 5/28/92, effective 6/28/92. 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 RCW 69.43.010(5), 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 69.43.050. 92-12-035 (Order 277B), § 246-889-040, filed 5/28/92, effective 6/28/92. 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 1300 SE Quince, PO BOX 47863, Olympia, Washington 98504-7863.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-020, filed 5/28/92, effective 6/28/92. 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 director is the board's chief executive. The executive director 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, 69.60, 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 69.60 RCW - Over-the-counter medications - requires over-the-counter medication to be imprinted with identifying information and gives the board enforcement authority.

(l) 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 42.17.250. 92-12-035 (Order 277B), § 246-893-030, filed 5/28/92, effective 6/28/92. 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 246-893-010 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 246-893-090, or any other duty to withhold information as imposed by other state or federal law.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-040, filed 5/28/92, effective 6/28/92. 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 246-893-070 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 42.17.250. 92-12-035 (Order 277B), § 246-893-090, filed 5/28/92, effective 6/28/92. 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(6).

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-120, filed 5/28/92, effective 6/28/92. 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, 1300 SE Quince, PO BOX 47863, Olympia, Washington 98504-7863.

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-130, filed 5/28/92, effective 6/28/92. 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  
1300 SE Quince, PO BOX 47863  
Olympia, Washington 98504-7863

REQUEST FOR PUBLIC RECORDS

1. Name  
.....  
Street City State Zip
2. .... day of ..... 19... at O'clock ....  
Date and Time of Request
3. Nature of Request:  
.....  
.....  
.....
4. Current Index Reference .....
5. Record Description if not Indexed .....
6. Signature of Requestor .....

FOR AGENCY USE ONLY

Received by ..... Staff Time Expended .....  
Request: Time Completed .....  
No. Pages Copied ..... @ 10¢ a copy — Total .....

[Statutory Authority: RCW 42.17.250. 92-12-035 (Order 277B), § 246-893-998, filed 5/28/92, effective 6/28/92. 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**

**WAC**

- 246-895-010 Definitions.
- 246-895-020 Finished pharmaceuticals—Manufacturing practice.
- 246-895-030 Personnel.
- 246-895-040 Buildings or facilities.
- 246-895-050 Equipment.
- 246-895-060 Production and control procedures.
- 246-895-070 Components.
- 246-895-080 Component and drug product containers and closures.
- 246-895-090 Reuse of teat dip containers and closures.
- 246-895-100 Laboratory controls.
- 246-895-110 Stability.
- 246-895-120 Expiration dating.
- 246-895-130 Packaging and labeling.
- 246-895-140 Master production and control records—Batch production and control records.
- 246-895-150 Distribution records.
- 246-895-160 Complaint files.
- 246-895-170 Variance and procedure.

**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 246-895-040 through 246-895-160, 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. 92-12-035 (Order 277B), § 246-895-020, filed 5/28/92, effective 6/28/92. 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 246-895-110.

(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. 92-12-035 (Order 277B), § 246-895-040, filed 5/28/92, effective 6/28/92. 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 246-895-090, drug product containers and closures shall not be reused for component or drug product packaging.

[Statutory Authority: RCW 18.64.005, 92-12-035 (Order 277B), § 246-895-080, filed 5/28/92, effective 6/28/92. 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 246-895-070.

(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, 92-12-035 (Order 277B), § 246-895-100, filed 5/28/92, effective 6/28/92. 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 246-895-110.
- (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, 92-12-035 (Order 277B), § 246-895-120, filed 5/28/92, effective 6/28/92. 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 246-895-060(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 246-895-080(2).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-130, filed 5/28/92, effective 6/28/92. 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 246-895-060(9).

[Statutory Authority: RCW 18.64.005. 92-12-035 (Order 277B), § 246-895-140, filed 5/28/92, effective 6/28/92. 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 246-895-060(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. 92-12-035 (Order 277B), § 246-895-160, filed 5/28/92, effective 6/28/92. 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.**

Licenses may request that the board issue a variance from specific requirements of WAC 246-895-040 through 246-895-160. 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.

Variations will be reviewed at least every three years. Variations 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, 92-12-035 (Order 277B), § 246-895-170, filed 5/28/92, effective 6/28/92. 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.]

### Chapter 246-897 WAC PHARMACY—DRUG AVAILABILITY

#### WAC

##### AMYGDALIN (LAETRILE)

246-897-020	Availability.
246-897-030	License.
246-897-040	License application.
246-897-050	Good manufacturing practices.
246-897-060	Identity.

##### DIMETHYL SULFOXIDE (DMSO)

246-897-120	Availability.
246-897-130	License.
246-897-140	License application.
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.

##### AMYGDALIN (LAETRILE)

**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 RCW 70.54.130 through 70.54.150 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

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(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 69.41.075, 92-12-035 (Order 277B), § 246-897-040, filed 5/28/92, effective 6/28/92. 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 246-895-010 through 246-895-160.

[Statutory Authority: RCW 18.64.005 and 69.41.075, 92-12-035 (Order 277B), § 246-897-050, filed 5/28/92, effective 6/28/92. 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.]

##### DIMETHYL SULFOXIDE (DMSO)

**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 246-895-010 through 246-895-160. Further, manufacturers shall comply with the state Food, Drug, and Cosmetic Act, chapter 69.04 RCW.

[Statutory Authority: RCW 18.64.005 and 69.41.075. 92-12-035 (Order 277B), § 246-897-150, filed 5/28/92, effective 6/28/92. 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 require-

ment 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 RCW 69.41.110 through 69.41.180 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 deems 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 69.41.180, 92-12-035 (Order 277B), § 246-899-040, filed 5/28/92, effective 6/28/92. 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 of 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 246-899-030.

[Statutory Authority: RCW 69.41.180, 92-12-035 (Order 277B), § 246-899-050, filed 5/28/92, effective 6/28/92. 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

246-901-020	Level A pharmacy assistants utilization.
246-901-030	Level A education and training.
246-901-040	Limitations, trainees.
246-901-050	Level A program approval.
246-901-060	Level A certification.
246-901-070	Level B pharmacy assistants utilization.
246-901-080	Level B certification programs.
246-901-090	Identification.
246-901-100	Board approval of pharmacies utilizing pharmacy assistants.
246-901-110	Level A experience equivalency.

246-901-120	Pharmacy assistant AIDS prevention and information education requirements.
246-901-130	Pharmacist to pharmacy assistant ratio.

**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 246-901-100, 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 246-869-220.

(j) Any duty required by law, rule or regulation to be performed only by a registered pharmacist.

[Statutory Authority: RCW 18.64A.020 and 18.64A.030. 92-12-035 (Order 277B), § 246-901-020, filed 5/28/92, effective 6/28/92. 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, refiling, 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 246-903-030 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 that 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, 92-12-035 (Order 277B), § 246-903-010, filed 5/28/92, effective 6/28/92. 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 nonradio-

pharmaceuticals 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:

- Sterile heparin, 1000u/ml, in vials;
- Sterile potassium chloride, 2mEq/ml, for injection;
- Commercially available dialysate; and,
- 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

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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 secretary as the licensing periods for each license specified:

- Pharmacist licenses will expire on February 1 of each year.
- Pharmacy location, controlled substance registration (pharmacy), pharmacy assistant utilization, and shopkeeper differential hours licenses will expire on June 1 of each year.
- 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 by the expiration date shall be renewed only upon payment of the renewal fee and penalty fee as specified in WAC 246-907-030.

[Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-020, filed 3/18/92, effective 4/18/92. 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 professional licensing division of the department of health:

<p>(a) PHARMACY LOCATION</p> <p>Original pharmacy fee \$275.00</p> <p>Original pharmacy assistant utilization fee 50.00</p> <p>Renewal pharmacy fee 200.00</p> <p>Renewal pharmacy assistant utilization fee 60.00</p> <p>Penalty pharmacy fee 275.00</p> <p>(b) VENDOR</p> <p>Original fee 60.00</p> <p>Renewal fee 60.00</p> <p>Penalty fee 60.00</p> <p>(c) PHARMACIST</p> <p>Exam fee (full exam) 200.00</p> <p>Reexamination fee (jurisprudence portion) 40.00</p> <p>Original license fee 100.00</p> <p>Renewal fee, active and inactive license 105.00</p> <p>Renewal fee, retired license 25.00</p> <p>Penalty fee 105.00</p> <p>Reciprocity fee 250.00</p> <p>Certification of license status to other states 20.00</p> <p>Retired license 20.00</p> <p>(d) SHOPKEEPER</p> <p>(i) SHOPKEEPER - sixteen or more drugs</p> <p>Original fee 25.00</p> <p>Renewal fee 25.00</p> <p>Penalty fee 12.50</p> <p>(ii) SHOPKEEPER - with differential hours</p> <p>Original fee 25.00</p> <p>Renewal fee 25.00</p> <p>Penalty fee 10.00</p> <p>(e) DRUG MANUFACTURER</p> <p>Original fee 450.00</p> <p>Renewal fee 450.00</p> <p>Penalty fee 450.00</p>	<p>(f) DRUG WHOLESALER - full line</p> <p>Original fee 450.00</p> <p>Renewal fee 450.00</p> <p>Penalty fee 450.00</p> <p>(g) DRUG WHOLESALER - OTC only</p> <p>Original fee 250.00</p> <p>Renewal fee 250.00</p> <p>Penalty fee 250.00</p> <p>(h) DRUG WHOLESALER - export</p> <p>Original fee 450.00</p> <p>Renewal fee 450.00</p> <p>Penalty 450.00</p> <p>(i) PHARMACY ASSISTANT - Level "A"</p> <p>Original fee 40.00</p> <p>Renewal fee 30.00</p> <p>Penalty fee 30.00</p> <p>(j) PHARMACY INTERN</p> <p>Original registration fee 15.00</p> <p>Renewal registration fee 15.00</p> <p>(k) CONTROLLED SUBSTANCES ACT (CSA) REGISTRATIONS</p> <p>Dispensing registration fee (i.e. pharmacies) 65.00</p> <p>Dispensing renewal fee (i.e. pharmacies) 50.00</p> <p>Distributors registration fee (i.e. wholesalers) 90.00</p> <p>Distributors renewal fee (i.e. wholesalers) 90.00</p> <p>Manufacturers registration fee 90.00</p> <p>Manufacturers renewal fee 90.00</p> <p>Physician assistant registration fee 15.00</p> <p>Physician assistant renewal fee 10.00</p> <p>ARNP with prescriptive authorization registration fee 20.00</p> <p>ARNP with prescriptive authorization renewal fee 20.00</p> <p>Sodium pentobarbital for animal euthanization registration fee 30.00</p> <p>Sodium pentobarbital for animal euthanization renewal fee 30.00</p> <p>Other CSA registrations 30.00</p> <p>(l) LEGEND DRUG SAMPLE - distributor registration fees</p> <p>Original fee 275.00</p> <p>Renewal fee 200.00</p> <p>Penalty fee 200.00</p> <p>(m) POISON MANUFACTURER/SELLER - license fees</p> <p>Original fee 30.00</p> <p>Renewal fee 30.00</p> <p>(n) Facility inspection fee 150.00</p> <p>(o) PRECURSOR CONTROL PERMIT</p> <p>Original fee 50.00</p> <p>Renewal fee 50.00</p> <p>(p) LICENSE REISSUE</p> <p>Reissue fee 15.00</p>
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[Statutory Authority: RCW 43.70.250. 92-07-099 (Order 256), § 246-907-030, filed 3/18/92, effective 4/18/92. Statutory Authority: RCW 43.70.040. 91-19-028 (Order 194), recodified 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), recodified 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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### DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-915-015	Examination appeal procedures. [Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-015, filed 3/24/92, effective 4/24/92; 91-05-094 (Order 144B), § 246-915-015, filed 2/20/91, effective 3/23/91.] Repealed by 92-16-082 (Order 294B), filed 8/4/92, effective 9/4/92. Statutory Authority: RCW 18.74.023.
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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.

(12) One "contact hour" shall mean fifty minutes of continuing education course participation.

[Statutory Authority: RCW 18.74.023. 92-08-039 (Order 259B), § 246-915-010, filed 3/24/92, effective 4/24/92; 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 246-915-020 Examinations—When held.** (1) Examinations of applicants for licensure as physical therapists shall be held at least twice a year at the time and location prescribed by the board.

(2) Physical therapy students in their last year may apply for licensure by examination prior to graduation under the following circumstances:

(a) Receipt of a letter from an official, of their physical therapy school, verifying the probability of graduation prior to the date of the examination for which they are applying.

(b) Results of the examination will be withheld until a diploma, official transcript or certification letter from the registrar's office certifying completion of all requirements for degree or certificate in physical therapy is received by the department.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-020, filed 12/21/90, effective 1/31/91; 87-08-065 (Order PM 644), § 308-42-040, filed 4/1/87; 84-03-055 (Order PL 455), § 308-42-040, filed 1/18/84. Statutory Authority: RCW 18.74.020. 83-05-032 (Order PL 426), § 308-42-040, filed 2/10/83; 79-05-035 (Order PL 302), § 308-42-040, filed 4/24/79; Order PL 191, § 308-42-040, filed 5/29/75; Order 704207, § 308-42-040, filed 8/7/70, effective 9/15/70.]

**WAC 246-915-030 Examination.** (1) The examination acceptable to and approved for use under the provisions of RCW 18.74.035 shall be the examination for physical therapists as reviewed and approved by the board of physical therapy. A passing score is considered to be one of the following:

(a) Not less than sixty-eight percent of the raw score 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. 92-16-082 (Order 294B), § 246-915-030, filed 8/4/92, effective 9/4/92; 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 246-915-060 Applications.** Effective January 1, 1989, persons applying for licensure shall submit, in addition to the other requirements, evidence to show compliance with the educational requirements of AIDS education as set forth in WAC 308-42-123.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-060, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 88-23-014 (Order PM 789), § 308-42-090, filed 11/7/88.]

**WAC 246-915-070 Application due date.** All examination applications must be submitted no later than sixty days prior to the examination.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-070, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.020. 79-05-035 (Order PL 302), § 308-42-110, filed 4/24/79.]

**WAC 246-915-075 Temporary permits—Issuance and duration.** (1) Unless there is a basis for denial of a physical therapy license, an applicant who is licensed in another jurisdiction shall be issued a temporary practice permit after receipt of the following documentation by the department of health:

(a) Submission of a completed physical therapy license application on which the applicant indicates that he or she wishes to receive a temporary practice permit;

(b) Payment of the application fee and temporary practice permit fee;

(c) Submission of all required supporting documentation as described in the application forms and instructions provided by the department of health, excepting the seven hour AIDS education requirement as described in WAC 246-915-110.

(2) Applicants wishing to receive a temporary practice permit shall be granted an additional ninety days to complete the AIDS education requirement; however, issuance of a physical therapy license is contingent upon evidence of having met this requirement.

(3) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(4) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.74.023. 92-16-082 (Order 294B), § 246-915-075, filed 8/4/92, effective 9/4/92.]

**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,

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effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.]

**WAC 246-915-090 Change of address or name—Notification of department.** Any physical therapy licensee who moves from the address named in his or her application or license or who changes his or her name shall within 10 days thereafter notify the department in writing of his or her old and new addresses or of the former and new names.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-090, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-009, § 308-42-121, filed 10/6/89, effective 11/6/89.]

**WAC 246-915-100 Approved physical therapy schools.** The board adopts the standards of the American Physical Therapy Association for the approval of physical therapy schools. Individuals who have a baccalaureate degree in physical therapy or who have a baccalaureate degree and a certificate or advanced degree from an institution of higher learning accredited by the American Physical Therapy Association will be considered qualified under RCW 18.74.030(2).

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-100, filed 12/21/90, effective 1/31/91; 85-10-002 (Order PL 525), § 308-42-122, filed 4/18/85.]

**WAC 246-915-110 AIDS education and training.** (1) Acceptable education and training. The department will accept education and training that is consistent with the model curriculum available from the office on AIDS. Such education and training shall be a minimum of seven clock hours and shall include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(2) Implementation. Effective January 1, 1989, the requirement for licensure application 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 246-915-120 Applicants from unapproved schools.** Applicants who have not graduated from a physical therapy program approved by the board must submit an application for review by the board. Supporting documentation will include but not be limited to:

(1) Official transcript from the physical therapy program showing degree date;

(2) Evaluation report of transcripts from a credentialing service recognized by the board. If the qualifications are substantially equal to those required of graduates of board approved schools the applicant will be eligible to write the examination being administered in Washington: *Provided*, If the applicant has taken the examination recognized by the board in another state or territory, or District of Columbia and the scores reported meet Washington requirements, such applicant may be exempted from the examination in Washington at the discretion of the board; and

(3) If English is neither the national language nor the language of training, documentation must also include:

(a) Verification of having achieved a score of not less than five hundred fifty on the test of English as a foreign language (TOEFL); and

(b) Verification of having achieved a score of not less than two hundred thirty on the test of spoken English (TSE).

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-120, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-120, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-125, filed 6/19/84.]

**WAC 246-915-130 Initial evaluation—Referral—Nonreferral—Recommendations—Follow-up.** (1) Initial evaluation of a 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 and physical therapy aide 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, 92-08-039 (Order 259B), § 246-915-150, filed 3/24/92, effective 4/24/92; 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.

(9) Physical therapists are to recognize that each individual is different from all other individuals and to be tolerant of and responsive to those differences.

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-180, filed 3/24/92, effective 4/24/92; 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 246-915-185 Standards for appropriateness of physical therapy care.** (1) Appropriate, skilled physical

therapy treatment is treatment which is reasonable in terms of accepted physical therapy practice, and necessary to recovery of function by the patient. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed.

(2) Appropriate physical therapy services must be of such a level of complexity and sophistication, or the condition of the patient must be such, that the services required can be safely and effectively performed only by a qualified physical therapist, or under supervision of a qualified physical therapist.

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-185, filed 3/24/92, effective 4/24/92.]

**WAC 246-915-190 Division of fees—Rebating—Financial interest—Endorsement.** (1) Physical therapists are not to directly or indirectly request, receive or participate in the dividing, transferring, assigning, rebating or refunding of an unearned fee, or to profit by means of a credit or other valuable consideration such as an unearned commission, discount, or gratuity in connection with the furnishing of physical therapy services.

(2) Physical therapists who practice physical therapy as partners or in other business entities may pool fees and moneys received, either by the partnership or other entity, for the professional services furnished by any physical therapist member or employee of the partnership or entity. Physical therapists may divide or apportion the fees and moneys received by them, in the partnership or other business entity, in accordance with the partnership or other agreement.

(3) There shall be no rebate to any health care practitioner who refers or authorizes physical therapy treatment or evaluation as prohibited by chapter 19.68 RCW.

(4) Physical therapists are not to influence patients to rent or purchase any items which are not necessary for the patient's care.

[Statutory Authority: RCW 18.74.023, 91-02-011 (Order 103B), recodified as § 246-915-190, filed 12/21/90, effective 1/31/91; 84-13-057 (Order PL 471), § 308-42-155, filed 6/19/84.]

**WAC 246-915-200 Physical therapy records.** In order to maintain the integrity of physical therapy practice, the physical therapist is responsible for obtaining all necessary information, such as medical history, contraindications or, any special instructions from an authorized health care practitioner. The evaluation and treatment plan shall be written according to acceptable physical therapy practice consistent with the delegated health care task. Records must be maintained and include date of treatment, treatment record, and signature of person responsible for the treatment.

[Statutory Authority: RCW 18.74.023, 92-08-039 (Order 259B), § 246-915-200, filed 3/24/92, effective 4/24/92; 91-02-011 (Order 103B), recodified as § 246-915-200, filed 12/21/90, effective 1/31/91; 84-17-032 (Order PL 477), § 308-42-160, filed 8/8/84.]

**WAC 246-915-210 General provisions.** (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.130.180.



(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the physical therapy board, whose address is:

Department of 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 246-915-220 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physical therapist being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-220, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-220, filed 8/28/87.]

**WAC 246-915-230 Health care institutions.** The chief administrator or executive officer of any hospital or nursing home shall report to the board when any physical therapist's services are terminated or are restricted based on a determination that the physical therapist has either committed an act or acts which may constitute unprofessional conduct or that the physical therapist may be mentally or physically disabled.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-230, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-230, filed 8/28/87.]

**WAC 246-915-240 Physical therapy associations or societies.** The president or chief executive officer of any physical therapy association or society within this state shall report to the board when an association or society determines that a physical therapist has committed unprofessional conduct or that a physical therapist may not be able to practice physical therapy with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-240, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-240, filed 8/28/87.]

**WAC 246-915-250 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physical therapist has engaged in overcharging for services or has engaged in overutilization of services or has charged fees for services not actually provided.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-250, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-250, filed 8/28/87.]

**WAC 246-915-260 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to physical therapists shall send a complete report of any malpractice settlement, award or payment as a result of a claim or action for damages alleged to have been caused by an insured physical therapist's incompetency or negligence in the practice of physical therapy.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-260, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-260, filed 8/28/87.]

**WAC 246-915-270 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all professional malpractice judgments and all convictions of licensed physical therapists, other than minor traffic violations.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-270, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-270, filed 8/28/87.]

**WAC 246-915-280 State and federal agencies.** The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physical therapist is employed to provide patient care services, to report to the board whenever such a physical therapist has been judged to have demonstrated his/her incompetency or negligence in the practice of

physical therapy, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physical therapist.

[Statutory Authority: RCW 18.74.023. 91-02-011 (Order 103B), recodified as § 246-915-280, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 87-18-040 (Order PM 675), § 308-42-280, filed 8/28/87.]

**WAC 246-915-300 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 current-

ly 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

##### WAC

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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.

[Title 246 WAC—p 968]

[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), recodified 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 under-graduate 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), recodified 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 physicians 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 246-917-125 Temporary permits—Recognized jurisdictions.** (1) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Guam, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

(2) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located in any state, territory, or possession of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington's licensing standards: Connecticut, Maine, Michigan, Nevada, New Hampshire.

(3) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada prior to July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington's licensing standards: Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Guam, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, West Virginia, Wisconsin, Wyoming.

(4) For the issuance of temporary permits under RCW 18.130.075 to applicants who graduated from a school of medicine located outside the states, territories, and possessions of the United States, the District of Columbia, or the Dominion of Canada after July 28, 1985, the following jurisdictions are deemed to have licensing standards substantially equivalent to Washington's licensing standards: Arizona, Colorado, Connecticut, Delaware, Georgia, Hawaii, Idaho, Indiana, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Minnesota, Michigan, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North

Dakota, Ohio, Oregon, Rhode Island, Tennessee, Texas, Virginia, West Virginia, Wyoming.

[Statutory Authority: RCW 18.71.017, 92-08-021 (Order 257B), § 246-917-125, filed 3/20/92, effective 4/20/92.]

**WAC 246-917-126 Temporary permits—Issuance and duration.** (1) Upon submission of a completed license application form on which the applicant indicates that he or she wishes to receive a temporary practice permit; payment of the application fee and temporary practice permit fee; receipt of the AMA profile verifying states in which the applicant is or was licensed; receipt of disciplinary action data bank report from the Federation of State Medical Boards and receipt of written verification attesting that the applicant has a license in good standing and is not subject to charges or disciplinary action for unprofessional conduct or impairment from all states in which the applicant is or was licensed, the applicant shall be issued a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license.

(2) The temporary permit shall expire upon the issuance of a license by the board; initiation of an investigation by the board of the applicant; or ninety days, whichever occurs first.

(3) An applicant who receives a temporary practice permit and who does not complete the application process may not receive additional temporary practice permits even upon submission of a new application in the future.

[Statutory Authority: RCW 18.71.017, 92-08-021 (Order 257B), § 246-917-126, filed 3/20/92, effective 4/20/92.]

**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 licensing 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 246-917-135 License renewal form.** A license shall not be renewed until the applicant has submitted completed renewal forms and the full amount of the renewal fee, including any penalty fee for late renewal of the license.

[Statutory Authority: RCW 18.130.250, 93-01-078 (Order 321B), § 246-917-135, filed 12/14/92, effective 1/14/93.]

**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 246-917-300 Retired active physician license.**

(1) RCW 18.130.250 provides for a retired active license status for individuals already licensed who wish to practice only in emergent or intermittent circumstances. For the purpose of implementing RCW 18.130.250, the licensee must hold a current active license and meet the following criteria.

(a) The licensee's practice is limited to providing health care services without compensation.

(b) Services are provided in community clinics located in the state of Washington that are operated by public or private tax-exempt corporations.

(c) Services must be limited to primary care.

(2) Individuals requesting a retired active license status must submit a letter to the department with their renewal declaring their intent to practice only on an intermittent or emergency basis as defined in subsection (1) of this section. Physician retired active licenses will not be retroactively issued for prior years.

(3) A licensee wishing to return to a full active license must meet the current requirements for relicensure.

(4) Individuals on a retired active license are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

(5) Retired active licensees must meet the continuing education requirements established in WAC 246-917-150 through 246-917-200.

[Statutory Authority: RCW 18.130.250, 93-01-078 (Order 321B), § 246-917-300, filed 12/14/92, effective 1/14/93.]

**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
Physician and surgeons:	
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
Temporary permit	50.00
Limited license:	
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 43.70.250, 92-08-062 (Order 258), § 246-917-990, filed 3/27/92, effective 4/27/92. 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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**DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER**

246-918-020	Physicians' assistants—Scope of jurisdiction. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-040	Emergency narcotic administration. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-060	Physician assistants—Program approval. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-100	Physician assistants—Responsibility of supervising physician. [Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-190	Categories of creditable continuing medical education activities. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-200	Continuing medical education clock hour credit 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-210	Prior activity approval not required. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-220	Certification of 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
246-918-240	Noncertified physician assistant—Surgical assistant. [Statutory Authority: RCW 18.71.017, 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B),

- 246-918-270 filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017. Major surgical procedures. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-280 Surgical assistant program requirements reconsideration. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-290 Acupuncture assistant education. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-300 Acupuncture—Program approval. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-320 Acupuncture equivalency examination. [Statutory Authority: RCW 18.71.017. 91-06-030 (Order 147B), recodified 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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-330 Acupuncture examination review procedures. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-340 Investigation. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-350 English fluency. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-360 X-rays and laboratory tests. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.
- 246-918-370 Ethical considerations. [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.] Repealed by 92-12-089, (Order 278B), filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71.017.

**WAC 246-918-005 Definitions.** The following terms used in this chapter shall have the meanings set forth in this section unless the context clearly indicates otherwise:

(1) "Certified physician assistant" means an individual who has successfully completed an American Medical Association accredited and board approved physician assistant program and has passed the initial national boards examination administered by the National Commission on Certification of Physician Assistants (NCCPA).

(2) "Physician assistant" means an individual who has:

(a) Successfully completed an American Medical Association accredited and board approved physician assistant program and is eligible for the NCCPA examination;

(b) Qualified based on work experience and education; or

(c) Graduated from a foreign medical school and was licensed prior to July 1, 1989.

(3) "Surgical assistant" means an individual who was licensed as a physician assistant between September 30, 1989, and December 31, 1989, to function in a limited extent as authorized in WAC 246-918-230.

(4) "Licensee" means an individual licensed as a certified physician assistant or a physician assistant.

(5) "Board approved program" means a physician assistant program that maintains *Committee on Allied Health Education and Accreditation* standards as defined in the "essentials" of the council of medical education of the American Medical Association.

(6) "Sponsoring physician" means the physician who is responsible for consulting with a certified physician assistant. An appropriate degree of supervision is involved.

(7) "Supervising physician" means the physician who is responsible for closely supervising, consulting, and reviewing the work of a physician assistant.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-005, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-006 Refunds.** Application, registration, or license fees are not refundable or transferable.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-006, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-007 Application withdrawals.** An application for a license may not be withdrawn after the board or the reviewing board member determines that grounds for denial of the license or the issuance of a conditional license may be appropriate. Applications which are subject to investigation for unprofessional conduct or impaired practice may not be withdrawn.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-007, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-008 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 18.71A 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: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-008, filed 6/3/92, effective 7/4/92.]

**WAC 246-918-030 Prescriptions issued by physician assistants.** A 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 physician assistant may not prescribe controlled substances unless specifically approved by the board. A 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 physician assistant.

(a) Written prescriptions shall include the name, address, and telephone number of the physician or medical group; the name and address of the patient and the date on which the prescription was written.

(b) The physician assistant shall sign such a prescription using his or her own name followed by the letters "P.A."

(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 physician assistant employed or extended privileges by a hospital, nursing home or other health care institution may, if permissible under the bylaws, 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 physician assistant who issues a prescription in violation of these provisions shall be subject to revocation or suspension.

(4) Physician assistants 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 18.71.017, 92-12-089 (Order 278B), § 246-918-030, filed 6/3/92, effective 7/4/92. 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 or medical

group; 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."

(b) The written prescriptions for schedule two through five must include the physician assistant's D.E.A. registration number, or, if none, the sponsoring 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 bylaws, rules and regulations of the institution, order pharmaceutical agents for inpatients under the care of the sponsoring physician(s).

(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 18.71.017, 92-12-089 (Order 278B), § 246-918-035, filed 6/3/92, effective 7/4/92. Statutory Authority: RCW 18.71A.020, 91-08-007 (Order 153B), § 246-918-035, filed 3/26/91, effective 4/26/91.]

**WAC 246-918-050 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 246-918-070 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 246-918-085 License renewal form.** A license shall not be renewed until the applicant has submitted completed renewal forms and the full amount of the renewal fee, including any penalty fee for late renewal of the license.

[Statutory Authority: RCW 18.130.250, 93-01-078 (Order 321B), § 246-918-085, filed 12/14/92, effective 1/14/93.]

**WAC 246-918-090 Physician assistant and certified physician assistant utilization.** No physician shall serve as primary supervisor or sponsor for more than three licensees without special authorization by the board.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-090, filed 6/3/92, effective 7/4/92; 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 246-918-110 Termination of sponsorship or supervision.** Upon termination of the working relationship, the board shall require the sponsoring or supervising physician and the licensee to each submit a letter indicating the relationship has been terminated and may summarize their observations of the working relationship. Exceptions to this requirement may be authorized by the board or its designee.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-110, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified 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 licensee shall be utilized in a remote site without approval by the board. A remote site is defined as a setting physically separate from the sponsoring or supervising physician's primary place for meeting patients or a setting where the physician is present less than twenty-five percent of the practice time of the licensee.

(2) Approval by the board may be granted to utilize a licensee 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 licensee exists;

(c) The responsible sponsoring or supervising physician spends at least ten percent of the practice time of the licensee in the remote site. In the case of part time or unique practice settings, the 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;

(d) The names of the sponsoring or supervising physician and the licensee shall be prominently displayed at the entrance to the clinic or in the reception area.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-120, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified 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 Physician assistants.** (1) A physician assistant may perform only those services as outlined in the procedures reference and guidelines established by the board. If said assistant is being trained to perform additional procedures beyond those established by the board, the training must be carried out under the direct, personal supervision of the supervising physician or a qualified person mutually agreed upon by the supervising physician and the physician assistant. Requests for approval of newly acquired skills shall be submitted to the board and may be granted by a reviewing board member or at any regular meeting of the board.

(2) The physician assistant may not practice in a remote site, or prescribe controlled substances unless specifically approved by the board.

(3) A 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 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.

(4) It shall be the responsibility of the physician assistant and the supervising physician to ensure that adequate supervision and review of the work of the physician assistant are provided.

(5) In the temporary absence of the supervising physician, the supervisory and review mechanisms shall be provided by a designated alternate supervisor(s).

(6) The physician assistant, at all times when meeting or treating patients, must wear a badge identifying him or her as a physician assistant.

(7) No physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-130, filed 6/3/92, effective 7/4/92; 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) A certified physician assistant may perform only those services as outlined in the procedure reference and guidelines established by the board. If said assistant is being trained to perform additional procedures beyond those established by the board, the training must be carried out under the direct, personal supervision of the sponsoring physician or a qualified person mutually agreed upon by the sponsoring physician and the certified physician assistant. Requests for approval of newly acquired skills shall be submitted to the board and may be granted by a reviewing board member or at any regular meeting of the board.

(2) It shall be the responsibility of the certified physician assistant and the sponsoring physician to ensure that appropriate consultation and review of work are provided.

(3) In the temporary absence of the sponsoring physician, the consultation and review of work shall be provided by a designated alternate sponsor(s).

(4) The certified physician assistant must, at all times when meeting or treating patients, wear a badge identifying him or her as a certified physician assistant.

(5) No certified physician assistant may be presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-140, filed 6/3/92, effective 7/4/92; 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 and certified physician assistant disciplinary actions.** An applicant or a licensee is subject to disciplinary action, including but not limited to, denial or practice restrictions, under any of the following conditions:

(1) The licensee or other health care professional license(s) has been subject to disciplinary action by any licensing agency, or he or she has been guilty of any conduct which would constitute grounds for disciplinary action of such license under the laws of the state of Washington;

(2) The physician sponsor, supervisor, or alternate has had his or her license subject to disciplinary action in a manner which restricts or places conditions upon some or all aspects of the practitioner's scope or manner of practice.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-160, filed 6/3/92, effective 7/4/92; 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 and certified physician assistant AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of human immunodeficiency virus (HIV-related) illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health 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) of this section.

(3) 1989 renewal of license. Effective with the renewal period beginning July 1, 1989, through June 30, 1990, all licensees making application for renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section. Renewal applicants who have documented circumstances which prevent 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 (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 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. 92-12-089 (Order 278B), § 246-918-170, filed 6/3/92, effective 7/4/92; 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 Continuing medical education requirements.** (1) Each licensee is required to have and attest to one hundred hours of continuing medical education every two years for renewal. A licensee shall be required to submit evidence of compliance upon request by the board.

(2) In lieu of one hundred 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 licensee fails to meet the requirements because of illness or other extenuating circumstances, each case will be considered by the board or its designee on an individual basis.

(4) The board approves the following categories of creditable continuing medical education. A minimum of forty 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.

(5) 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.

(6) One clock hour shall equal one credit hour for the purpose of satisfying the one hundred hour continuing medical education requirement.

(7) It will not be necessary 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 licensee's integrity in complying with this requirement.

(8) Continuing medical education 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 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 the program sponsors to present continuing medical education for licensees that constitutes a meritorious learning experience.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-180, filed 6/3/92, effective 7/4/92; 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 246-918-230 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), recodified 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 246-918-250 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(s) on hospitalized patients, except operative notes.

[Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-250, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified 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 transfer or dual application for licensure as 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 246-918-250 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, shall wear a badge identifying him or her as a surgical assistant (physician assistant);

(c) The surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

[Statutory Authority: RCW 18.71.017, 92-12-089 (Order 278B), § 246-918-260, filed 6/3/92, effective 7/4/92; 91-06-030 (Order 147B), recodified 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 246-918-310 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), recodified 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 246-918-990 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**

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- 246-920-310 Subpoenas where provided by law—Proof of service.
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 246-920-730 Health care institutions.  
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- 246-920-890 Canvassing and certification.

## 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 202B), filed 10/2/91, effective 11/2/91. Statutory Authority: RCW 18.72.150.  
 246-920-870 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.

## STANDARDS FOR PROFESSIONAL CONDUCT

**WAC 246-920-020 Prescriptions—Schedule II stimulant drugs.**

(1) A physician shall be guilty of unprofessional conduct if he or she prescribes, orders, dispenses, administers, supplies or otherwise distributes any amphetamines or other Schedule II nonnarcotic stimulant drug to any person except for the therapeutic treatment of:

- (a) Narcolepsy
- (b) Hyperkinesia
- (c) Brain dysfunction of sufficiently specific diagnosis, or etiology which clearly indicates the need for these substances in treatment or control
- (d) Epilepsy
- (e) Differential psychiatric evaluation of depression
- (f) Depression shown to be refractory to other therapeutic modalities;

or for the clinical investigation of the effects of such drugs or compounds in which case an investigative protocol must be submitted to and reviewed and approved by the medical disciplinary board before the investigation has begun.

(2) A physician prescribing or otherwise distributing controlled substances as permitted by section 1 shall maintain a complete record which must include:

- (a) Documentation of the diagnosis and reason for prescribing
- (b) Name, dose, strength, and quantity of drug, and the date prescribed or distributed.

(3) The records required by section 2 shall be made available for inspection by the board or its authorized representative upon request.

(4) Schedule II stimulant drugs shall not be dispensed or prescribed for the treatment or control of exogenous obesity.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-020, filed 12/21/90, effective 1/21/91. Statutory Authority:

RCW 18.72.150(1). 79-02-044 (Order 296, Resolution No. 296), § 320-18-010, filed 1/29/79.]

**WAC 246-920-030 Cooperation with investigation.**

(1) A licensee must comply with a request, under RCW 70.02.050, for health care records or documents from an investigator who is acting on behalf of the disciplining authority pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the board chairman or the board's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the written reminder, [a] statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, those charges may be included in the statement of charges.

(2) A licensee must comply with a request for non-health care records or documents from an investigator who is acting on behalf of the board pursuant to RCW 18.130.050(2) by submitting the requested items within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the board chairman or the board's designee.

(b) If the licensee fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the licensee to obtain the requested items.

(c) If the licensee fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(3) A licensee must comply with a request for information from an investigator who is acting on behalf of the board pursuant to RCW 18.130.050(2). This information may include, but is not limited to an explanation of the matter under investigation, curriculum vitae, continuing medical education credits, malpractice action summaries, or hospital affiliations. The licensee will submit the requested information within fourteen calendar days of receipt of the request by the licensee or the licensee's attorney, whichever is first. If the licensee fails to comply with the request within fourteen calendar days, the investigator shall contact the licensee or the licensee's attorney by letter as a reminder.

(a) Investigators may extend the time for response if the licensee requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted by the board chairman or the board's designee.

(b) If the licensee fails to comply with the written reminder within three business days after the receipt of the reminder, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(4) In negotiating a settlement on a statement of charges based on RCW 18.130.180(8), the reviewing board member may take into consideration whether the licensee has complied with the request after the statement of charges has been issued. Any settlement proposal shall be presented to the board or a duly constituted panel of the board for a decision on ratification and until ratified, the settlement is not final.

[Statutory Authority: RCW 18.72.150. 92-23-035 (Order 316B), § 246-920-030, filed 11/13/92, effective 12/14/92; 91-02-012 (Order 105B), recodified as § 246-920-030, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.130.050. 88-04-080 (Order PM 703), § 320-18-020, filed 2/3/88.]

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

**WAC 246-920-040 Use of drugs or autotransfusion to enhance athletic ability.** (1) A physician shall not prescribe, administer or dispense anabolic steroids, growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), other hormones, or any form of autotransfusion for the purpose of enhancing athletic ability.

(2) A physician shall complete and maintain patient medical records which accurately reflect the prescribing, administering or dispensing of any substance or drug described in this rule or any form of autotransfusion. Patient medical records shall indicate the diagnosis and purpose for which the substance, drug or autotransfusion is prescribed, administered or dispensed and any additional information upon which the diagnosis is based.

(3) A violation of any provision of this rule shall constitute grounds for disciplinary action under RCW 18.130.180(7). A violation of subsection (1) of this rule shall also constitute grounds for disciplinary action under RCW 18.130.180(6).

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-040, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.130.050(1). 88-14-112 (Order 744), § 320-18-030, filed 7/6/88.]

**PRACTICE AND PROCEDURE**

**WAC 246-920-120 Construction.** The term "Washington state medical disciplinary board" as used in chapter 320-08 WAC shall mean a duly constituted panel of the Washington state medical disciplinary board if a panel has been constituted to preside at the hearing. If a panel has not been so constituted, then the term "Washington state medical disciplinary board" shall mean the board or a quorum of the board.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-120, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-001, filed 7/1/87.]



**WAC 246-920-130 Responsibility for maintaining mailing address on file with the board.** It is the responsibility of each licensee to maintain a current mailing address on file with the board. The mailing address on file with the board shall be used for mailing of all official matters from the board to the licensee. If charges against the licensee are mailed by certified mail to the address on file with the board and returned unclaimed or are unable to be delivered for any reason, then the board shall proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-130, filed 12/21/90, effective 1/21/91. Statutory Authority: Chapter 18.72 RCW, 90-20-049 (Order 092), § 320-08-002, filed 9/26/90, effective 10/27/90.]

**WAC 246-920-140 Appearance and practice before agency—Who may appear.** No person may appear in a representative capacity before the Washington state medical disciplinary board other than the following:

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

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

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-140, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-010, filed 7/1/87; Rule 320-08-010, filed 12/14/64.]

**WAC 246-920-150 Appearance and practice before agency—Solicitation of business unethical.** It shall be unethical for persons while acting as a representative of the Washington state medical disciplinary board to solicit business by circulars, advertisements or by personal communication or interviews not warranted by personal relations, provided that such representative may publish or circulate business cards. It is equally unethical to procure business indirectly by solicitors of any kind.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-150, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-030, filed 7/1/87; Rule 320-08-020, filed 12/14/64.]

**WAC 246-920-160 Appearance and practice before agency—Standards of ethical conduct.** All persons appearing in proceedings before the Washington state medical disciplinary board in a representative capacity shall conform to the standards of ethical conduct required of attorneys before the courts of Washington. If any such person does not conform to such standards, the Washington state medical disciplinary board may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-160, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-040, filed 7/1/87; Rule 320-08-030, filed 12/14/64.]

**WAC 246-920-170 Appearance and practice before agency—Appearance by former member of attorney general's staff.** No member of the attorney general's staff assigned to represent the Washington state medical disciplinary board may at any time after severing his employment with the attorney general appear, except with the written permission of the Washington state medical disciplinary board, in a representative capacity on behalf of other parties in a formal proceeding wherein he previously took an active part in the investigation as a representative of the Washington state medical disciplinary board.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-170, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-050, filed 7/1/87; Rule 320-08-040, filed 12/14/64.]

**WAC 246-920-180 Appearance and practice before agency—Former employee and board member as witness.** No former employee of the board or department of licensing or former board member shall, at any time after severing employment or serving as a board member, appear as a witness on behalf of parties other than the board or the department of licensing in a formal proceeding wherein he or she previously took an active part in the investigation or deliberation as a representative of the board or the department of licensing, except with the written permission of the board.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-180, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-055, filed 7/1/87.]

**WAC 246-920-190 Computation of time.** In computing any period of time prescribed or allowed by the board rules, by order of the Washington state medical disciplinary board or by any applicable statute, the day of the act, event, or default after which the designated period of time begins to run is not to be included. The last day of the period so computed is to be included, unless it is a Saturday, Sunday or a legal holiday, in which event the period runs until the end of the next day which is neither a Saturday, Sunday nor a holiday. When the period of time prescribed or allowed is less than seven days, intermediate Saturdays, Sundays and holidays shall be excluded in the computation.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-190, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-070, filed 7/1/87; Rule 320-08-050, filed 12/14/64.]

**WAC 246-920-200 Notice and opportunity for hearing in contested cases.** In any case involving a charge of unprofessional conduct, the party shall be served with a notice of hearing at least twenty days before the date set for the hearing. The notice shall state the time, place, and issues involved, as required by RCW 34.04.090(1).

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-200, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-080, filed 7/1/87; Rule 320-08-060, filed 12/14/64.]

**WAC 246-920-210 Service of process—By whom served.** The Washington state medical disciplinary board

shall cause to be served all orders, notices and other papers issued by it, together with any other papers which it is required by law to serve. Every other paper shall be served by the party filing it.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-210, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-090, filed 7/1/87; Rule 320-08-070, filed 12/14/64.]

**WAC 246-920-220 Service of process—Upon whom served.** All papers served by either the Washington state medical disciplinary board or any party shall be served upon all counsel of record at the time of such filing and upon parties not represented by counsel. Any counsel entering an appearance subsequent to the initiation of the proceeding shall notify all other counsel then of record and all parties not represented by counsel of such fact.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-220, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-100, filed 7/1/87; Rule 320-08-080, filed 12/14/64.]

**WAC 246-920-230 Service of process—Service upon parties.** The final order, and any other paper required to be served by the Washington state medical disciplinary board upon a party, shall be served upon such party and a copy shall be furnished to counsel of record.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-230, filed 12/21/90, effective 1/21/91; Rule 320-08-090, filed 12/14/64.]

**WAC 246-920-240 Service of process—Method of service.** Service of papers shall be made personally or, unless otherwise provided by law, by first class, registered, or certified mail; or by telegraph.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-240, filed 12/21/90, effective 1/21/91; Rule 320-08-100, filed 12/14/64.]

**WAC 246-920-250 Service of process—When service complete.** Service upon parties shall be regarded as complete: By mail, upon deposit in the United States mail properly stamped and addressed; by telegraph, when deposited with a telegraph company properly addressed and with charges prepaid.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-250, filed 12/21/90, effective 1/21/91; Rule 320-08-110, filed 12/14/64.]

**WAC 246-920-260 Service of process—Filing with Washington state medical disciplinary board.** Papers required to be filed with the Washington state medical disciplinary board shall be deemed filed upon actual receipt by the Washington state medical disciplinary board at its office accompanied by proof of service upon parties required to be served.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-260, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-140, filed 7/1/87; Rule 320-08-120, filed 12/14/64.]

**WAC 246-920-270 Subpoenas where provided by law—Form.** Every subpoena shall state the name of the Washington state medical disciplinary board and the title of the proceeding, if any, and shall command the person to whom it is directed to attend and give testimony or produce designated books, documents or things under his control at a specified time and place.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-270, filed 12/21/90, effective 1/21/91; Rule 320-08-130, filed 12/14/64.]

**WAC 246-920-280 Subpoenas where provided by law—Issuance to parties.** The Washington state medical disciplinary board may issue subpoenas to parties not represented by counsel upon request or upon a showing of general relevance and reasonable scope of the testimony or evidence sought.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-280, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-160, filed 7/1/87; Rule 320-08-140, filed 12/14/64.]

**WAC 246-920-290 Subpoenas where provided by law—Service.** Unless the service of a subpoena is acknowledged on its face by the person subpoenaed, service shall be made by delivering a copy of the subpoena to such person and by tendering him on demand the fees for one day's attendance and the mileage allowed by law.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-290, filed 12/21/90, effective 1/21/91; Rule 320-08-150, filed 12/14/64.]

**WAC 246-920-300 Subpoenas where provided by law—Fees.** Witnesses summoned before the Washington state medical disciplinary board shall be paid by the party at whose instance they appear the same fees and mileage that are paid to witnesses in the superior courts of the state of Washington.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-300, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-180, filed 7/1/87; Rule 320-08-160, filed 12/14/64.]

**WAC 246-920-310 Subpoenas where provided by law—Proof of service.** The person serving the subpoena shall make proof of service by filing the subpoena and the required return, affidavit, or acknowledgment of service with the Washington state medical disciplinary board before whom the witness is required to testify or produce evidence. Failure to make proof of service does not affect the validity of the service.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-310, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-190, filed 7/1/87; Rule 320-08-170, filed 12/14/64.]

**WAC 246-920-320 Subpoenas where provided by law—Quashing.** Upon motion made promptly, and in any event at or before the time specified in the subpoena for compliance, by the person to whom the subpoena is directed and upon notice to the party to whom the subpoena was issued, the Washington state medical disciplinary board may

(1) quash or modify the subpoena if it is unreasonable or requires evidence not relevant to any matter in issue, or (2) condition denial of the motion upon just and reasonable conditions.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-320, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-200, filed 7/1/87; Rule 320-08-180, filed 12/14/64.]

**WAC 246-920-330 Subpoenas where provided by law—Enforcement.** Upon application and for good cause shown, the Washington state medical disciplinary board will seek judicial enforcement of subpoenas issued to parties and which have not been quashed.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-330, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-210, filed 7/1/87; Rule 320-08-190, filed 12/14/64.]

**WAC 246-920-340 Subpoenas where provided by law—Geographical scope.** Such attendance of witnesses and such production of evidence may be required from any place in the state of Washington, at any designated place of hearing.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-340, filed 12/21/90, effective 1/21/91; Rule 320-08-200, filed 12/14/64.]

**WAC 246-920-350 Depositions and interrogatories in contested cases—Right to take.** Except as may be otherwise provided, any party may take the testimony of any person, including a party, by deposition upon oral examination or written interrogatories for use as evidence in the proceeding, except that leave must be obtained if notice of the taking is served by a proponent within twenty days after the filing of a specification of charges and notice of hearing. The attendance of witnesses may be compelled by the use of a subpoena. Depositions shall be taken only in accordance with this rule and the rule on subpoenas.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-350, filed 12/21/90, effective 1/21/91; Rule 320-08-210, filed 12/14/64.]

**WAC 246-920-360 Depositions and interrogatories in contested cases—Scope.** Unless otherwise ordered, the deponent may be examined regarding any matter not privileged, which is relevant to the subject matter involved in the proceeding.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-360, filed 12/21/90, effective 1/21/91; Rule 320-08-220, filed 12/14/64.]

**WAC 246-920-370 Depositions and interrogatories in contested cases—Officer before whom taken.** Within the United States or within a territory or insular possession subject to the dominion of the United States depositions shall be taken before an officer authorized to administer oaths by the laws of the state of Washington or of the place where the examination is held; within a foreign country, depositions shall be taken before a secretary of an embassy or legation, consul general, vice consul or consular agent of the United

States, or a person designated by the Washington state medical disciplinary board or agreed upon by the parties by stipulation in writing filed with the Washington state medical disciplinary board.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-370, filed 12/21/90, effective 1/21/91; Rule 320-08-230, filed 12/14/64.]

**WAC 246-920-380 Depositions and interrogatories in contested cases—Authorization.** A party desiring to take the deposition of any person upon oral examination shall give reasonable notice of not less than three days in writing to the Washington state medical disciplinary board and all parties. The notice shall state the time and place for taking the deposition, the name and address of each person to be examined, if known, and if the name is not known, a general description sufficient to identify him or the particular class or group to which he belongs. On motion of a party upon whom the notice is served, the board may for cause shown, enlarge or shorten the time. If the parties so stipulate in writing, depositions may be taken before any person, at any time or place, upon any notice, and in any manner and when so taken may be used as other depositions.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-380, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-260, filed 7/1/87; Rule 320-08-240, filed 12/14/64.]

**WAC 246-920-390 Depositions and interrogatories in contested cases—Protection of parties and deponents.** After notice is served for taking a deposition, upon its own motion or upon motion reasonably made by any party or by the person to be examined and upon notice and for good cause shown, the Washington state medical disciplinary board may make an order that the deposition shall not be taken, or that it may be taken only at some designated place other than that stated in the notice, or that it may be taken only on written interrogatories, or that certain matters shall not be inquired into, or that the scope of the examination shall be limited to certain matters, or that the examination shall be limited to certain matters, or that the examination shall be held with no one present except the party or parties to the action and his or their counsel, or that after being sealed, the deposition shall be opened only by order of the Washington state medical disciplinary board, or that the parties shall simultaneously file specified documents or information enclosed in sealed envelopes to be opened as directed by the Washington state medical disciplinary board or it may make any other order which justice requires to protect the party or witness from annoyance, embarrassment, or oppression. At any time during the taking of the deposition, on motion of any party or of the deponent and upon a showing that the examination is being conducted in bad faith or in such manner as unreasonably to annoy, embarrass, or oppress the deponent or party, the Washington state medical disciplinary board may order the officer conducting the examination to cease forthwith from taking the deposition, or may limit the scope and manner of the taking of the deposition as above provided. If the order made terminates the examination, it shall be resumed thereafter only upon the order of the Washington state medical disciplinary board. Upon demand of the objecting party or deponent, the taking

of the deposition shall be suspended for the time necessary to make a motion for an order.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-390, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-270, filed 7/1/87; Rule 320-08-250, filed 12/14/64.]

**WAC 246-920-400 Depositions and interrogatories in contested cases—Oral examination and cross-examination.** Examination and cross-examination shall proceed as at an oral hearing. In lieu of participating in the oral examination, any party served with notice of taking a deposition may transmit written cross interrogatories to the officer, who, without first disclosing them to any person, and after the direct testimony is complete, shall propound them seriatim to the deponent and record or cause the answers to be recorded verbatim.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-400, filed 12/21/90, effective 1/21/91; Rule 320-08-260, filed 12/14/64.]

**WAC 246-920-410 Depositions and interrogatories in contested cases—Recordation.** The officer before whom the deposition is to be taken shall put the witness on oath and shall personally or by someone acting under his direction and in his presence, record the testimony by typewriter directly or by transcription from stenographic notes, wire or record recorders, which record shall separately and consecutively number each interrogatory. Objections to the notice, qualifications of the officer taking the deposition, or to the manner of taking it, or to the evidence presented or to the conduct of the officer, or of any party, shall be noted by the officer upon the deposition. All objections by any party not so made are waived.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-410, filed 12/21/90, effective 1/21/91; Rule 320-08-270, filed 12/14/64.]

**WAC 246-920-420 Depositions and interrogatories in contested cases—Signing attestation and return.** (1) When the testimony is fully transcribed the deposition shall be submitted to the witness for examination and shall be read to or by him, unless such examination and reading are waived by the witness and by the parties. Any changes in form or substance which the witness desires to make shall be entered upon the deposition by the officer with a statement of the reasons given by the witness for making them. The deposition shall then be signed by the witness, unless the parties by stipulation waive the signing or the witness is ill or cannot be found or refuses to sign. If the deposition is not signed by the witness, the officer shall sign it and state on the record the fact of the waiver or of the illness or absence of the witness or the fact of the refusal to sign together with the reason, if any, given therefor; and the deposition may then be used as fully as though signed, unless on a motion to suppress the Washington state medical disciplinary board holds that the reasons given for the refusal to sign require rejection of the deposition in whole or in part.

(2) The officer shall certify on the deposition that the witness was duly sworn by him and that the deposition is a true record of the testimony given by the witness. He shall

then securely seal the deposition in an envelope endorsed with the title of proceeding and marked "Deposition of (here insert name of witness)" and shall promptly send it by registered or certified mail to the Washington state medical disciplinary board, for filing. The party taking the deposition shall give prompt notice of its filing to all other parties. Upon payment of reasonable charges therefor, the officer shall furnish a copy of the deposition to any party or to the deponent.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-420, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-300, filed 7/1/87; Rule 320-08-280, filed 12/14/64.]

**WAC 246-920-430 Depositions and interrogatories in contested cases—Use and effect.** Subject to rulings by the board upon objections a deposition taken and filed as provided in this rule will not become a part of the record in the proceeding until received in evidence by the board upon its own motion or the motion of any party. Except by agreement of the parties or ruling of the board, a deposition will be received only in its entirety. A party does not make a party, or the privy of a party, or any hostile witness his witness by taking his deposition. Any party may rebut any relevant evidence contained in a deposition whether introduced by him or any other party.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-430, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-310, filed 7/1/87; Rule 320-08-290, filed 12/14/64.]

**WAC 246-920-440 Depositions and interrogatories in contested cases—Fees of officers and deponents.** Deponents whose depositions are taken and the officers taking the same shall be entitled to the same fees as are paid for like services in the superior courts of the state of Washington, which fees shall be paid by the party at whose instance the depositions are taken.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-440, filed 12/21/90, effective 1/21/91; Rule 320-08-300, filed 12/14/64.]

**WAC 246-920-450 Depositions upon interrogatories—Submission of interrogatories.** Where the deposition is taken upon written interrogatories, the party offering the testimony shall separately and consecutively number each interrogatory and file and serve them with a notice stating the name and address of the person who is to answer them and the name or descriptive title and address of the officer before whom they are to be taken. Within 10 days thereafter a party so served may serve cross-interrogatories upon the party proposing to take the deposition. Within five days thereafter, the latter may serve redirect interrogatories upon the party who served cross-interrogatories.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-450, filed 12/21/90, effective 1/21/91; Rule 320-08-310, filed 12/14/64.]

**WAC 246-920-460 Depositions upon interrogatories—Interrogation.** Where the interrogatories are forwarded to an officer authorized to administer oaths as provided in WAC 320-08-250 the officer taking the same

after duly swearing the deponent, shall read to him seriatim, one interrogatory at a time and cause the same and the answer thereto to be recorded before the succeeding interrogatory is asked. No one except the deponent, the officer and the court reporter or stenographer recording and transcribing it shall be present during the interrogation.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-460, filed 12/21/90, effective 1/21/91; Rule 320-08-320, filed 12/14/64.]

**WAC 246-920-470 Depositions upon interrogatories—Attestation and return.** The officer before whom interrogatories are verified or answered shall (1) certify under his official signature and seal that the deponent was duly sworn by him, that the interrogatories and answers are a true record of the deponent's testimony, that no one except deponent, the officer and the stenographer were present during the taking, and that neither he nor the stenographer, to his knowledge, is a party, privy to a party, or interested in the event of the proceedings, and (2) promptly send by registered or certified mail the original copy of the deposition and exhibits with his attestation to the Washington state medical disciplinary board, one copy to the counsel who submitted the interrogatories and another copy to the deponent.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-470, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-350, filed 7/1/87; Rule 320-08-330, filed 12/14/64.]

**WAC 246-920-480 Depositions upon interrogatories—Provisions of deposition rule.** In all other respects, depositions upon interrogatories shall be governed by the previous deposition rule.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-480, filed 12/21/90, effective 1/21/91; Rule 320-08-340, filed 12/14/64.]

**WAC 246-920-490 Official notice—Matters of law.** The Washington state medical disciplinary board, upon request made before or during a hearing, will officially notice:

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

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

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

(4) **Agency organization.** The Washington state medical disciplinary board's organization, administration, officers, personnel, official publications, and practitioners before its bar.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-490, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-370, filed 7/1/87; Rule 320-08-350, filed 12/14/64.]

**WAC 246-920-500 Official notice—Material facts.** In the absence of controverting evidence, the Washington state medical disciplinary board, upon request made before or during a hearing, may officially notice:

(1) **Agency proceedings.** The pendency of, the issues and position[s] of the parties therein, and the disposition of any proceeding then pending before or theretofore concluded by the Washington state medical disciplinary board;

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

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

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

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

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

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

(8) **Evaluation of evidence.** Nothing herein shall be construed to preclude the Washington state medical disciplin-

ary board from utilizing their experience, technical competence, and specialized knowledge in the evaluation of the evidence presented to them.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-500, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-380, filed 7/1/87; Rule 320-08-360, filed 12/14/64.]

**Reviser's note:** RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

**WAC 246-920-510 Presumptions.** Upon proof of the predicate facts specified in the following six subdivisions hereof without substantial dispute and by direct, clear, and convincing evidence, the Washington state medical disciplinary board, with or without prior request or notice, may make the following presumptions, where consistent with all surrounding facts and circumstances:

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

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

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

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

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

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

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-510, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-390, filed 7/1/87; Rule 320-08-370, filed 12/14/64.]

**WAC 246-920-520 Stipulations and admissions of record.** The existence or nonexistence of a material fact, as made or agreed in a stipulation or in an admission of record, will be conclusively presumed against any party bound thereby, and no other evidence with respect thereto will be received upon behalf of such party, provided:

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

stipulated, upon the making thereof, if made on the record at a prehearing conference, oral hearing, oral argument or by a writing filed and served upon all parties within five days after a copy of such stipulation or admission has been served upon them;

(2) **Withdrawal.** Any party bound by a stipulation or admission of record at any time prior to final decision may be permitted to withdraw the same in whole or in part by showing to the satisfaction of the Washington state medical disciplinary board that such stipulation or admission was made inadvertently or under a bona fide mistake of fact contrary to the true fact and that its withdrawal at the time proposed will not unjustly prejudice the rights of other parties to the proceeding.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-520, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-400, filed 7/1/87; Rule 320-08-380, filed 12/14/64.]

**WAC 246-920-530 Form and content of decisions in contested cases.** Every decision and order shall:

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

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

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

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

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

(6) Wherever practical, the conclusions and/or order shall be referenced to specific provisions of the law and/or regulations appropriate thereto, together with reasons and precedents relied upon to support the same.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-530, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-410, filed 7/1/87; Rule 320-08-390, filed 12/14/64.]

**WAC 246-920-540 Definition of issues before hearing.** In all proceedings the issues to be adjudicated shall be made initially as precise as possible, in order that the board may proceed promptly to conduct the hearing on relevant and material matter only.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-540, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-420, filed 7/1/87; Rule 320-08-400, filed 12/14/64.]

**WAC 246-920-550 Prehearing conference rule—Authorized.** In any proceeding the Washington state medical disciplinary board, upon its own motion, or upon the motion of the party or parties or their counsel, may in its discretion direct the parties or their counsel to appear at a specified time and place for a conference to consider

(1) The simplification of the issues;

(2) The necessity of amendments to the pleadings;

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

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



(5) Such other matters as may aid in the disposition of the proceeding.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-550, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-430, filed 7/1/87; Rule 320-08-410, filed 12/14/64.]

**WAC 246-920-560 Prehearing conference rule—Record of conference action.** The Washington state medical disciplinary board shall make an order or statement which recites the action taken at the conference, the amendments allowed to the pleadings and the agreements made by the party or parties or their counsel as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order or statement shall control the subsequent course of the proceeding unless modified for good cause by subsequent order.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-560, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-440, filed 7/1/87; Rule 320-08-420, filed 12/14/64.]

**WAC 246-920-570 Motions.** Any and all preliminary motions shall be filed in writing with the executive secretary of the board and a copy delivered to opposing counsel/party no later than fifteen days prior to the board meeting preceding the board meeting at which the hearing is to occur. The opposing counsel/party shall file in writing a response to the motion with the executive secretary of the board and deliver a copy to the moving party within five days after receipt of the motion.

Motions shall be scheduled for argument at the next board meeting after the motion and response have been filed or if the parties waive argument, the board shall decide the motion on the basis of the written motion and response.

The chairman of the board or his or her designee, who shall be a board member, may waive the time requirements for the filing of motions and response to motions if good cause for such waiver is shown.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-570, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-445, filed 7/1/87.]

**WAC 246-920-580 Submission of documentary evidence in advance.** Where practicable the Washington state medical disciplinary board may require:

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

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

(3) That the authenticity of all documents submitted in advance in a proceeding in which such submission is required, be deemed admitted unless written objection thereto is filed prior to the hearing, except that a party will be

permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to have filed such written objection.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-580, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-450, filed 7/1/87; Rule 320-08-430, filed 12/14/64.]

**WAC 246-920-590 Excerpts from documentary evidence.** When portions only of a document are to be relied upon, the offering party shall prepare the pertinent excerpts, adequately identified, and shall supply copies of such excerpts together with a statement indicating the purpose for which such materials will be offered, to the board and to the other party or parties. Only the excerpts, so prepared and submitted, shall be received in the record. However, the whole of the original document shall be made available for examination and for use by all parties to the proceeding.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-590, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-460, filed 7/1/87; Rule 320-08-440, filed 12/14/64.]

**WAC 246-920-600 Expert or opinion testimony and testimony based on economic and statistical data—Number and qualifications of witnesses.** That the board in all cases where practicable make an effort to have the party or parties agree upon the witness or witnesses who are to give expert or opinion testimony, either by selecting one or more to speak for all parties or by limiting the number for each party; and, if the parties cannot agree, require them to submit to the board and to the other party or parties written statements containing the names, addresses and qualifications of their respective opinion or expert witnesses, by a date determined by the board and fixed sufficiently in advance of the hearing to permit the other parties to investigate such qualifications.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-600, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-053 (Order PM 660), § 320-08-470, filed 7/1/87; Rule 320-08-450, filed 12/14/64.]

**WAC 246-920-610 Continuances.** Any party who desires a continuance shall, immediately upon receipt of notice of a hearing or as soon thereafter as facts requiring such continuance come to his or her knowledge, notify the executive secretary of the Washington state medical disciplinary board and the opposing counsel of said desire. The board's executive secretary shall arrange to have the request for a continuance heard by the presiding officer of the hearing or his or her designee and at a board meeting, if possible. The presiding officer or the designee, in passing upon a request for continuance, shall consider whether such request was promptly and timely made. Except in cases of emergency, a request for a continuance is not promptly and timely made if made less than thirty days prior to the hearing date. For purposes of this rule, an emergency is defined as an unforeseen and unforeseeable event or circumstance. For good cause shown, the presiding officer or the designee may grant a continuance promptly and timely made and may at any time order a continuance upon his or her

own motion. The presiding officer or the designee may grant a request for an emergency continuance for good cause shown and only upon a showing that the request could not have been made earlier as a result of unforeseen and unforeseeable events or circumstances. During a hearing, if it appears in the public interest or in the interest of justice that further testimony or argument should be received, the presiding officer may in his or her discretion continue the hearing and fix the date for introduction of additional evidence or presentation of argument. Such oral notice shall constitute final notice of such continued hearing.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-610, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-510, filed 7/1/87; Rule 320-08-460, filed 12/14/64.]

**WAC 246-920-620 Rules of evidence—Admissibility criteria.** Subject to the other provisions of these rules, all relevant evidence is admissible which, in the opinion of the board, is the best evidence reasonably obtainable, having due regard for its necessity, availability and trustworthiness. In passing upon the admissibility of evidence, the board shall give consideration to, but shall not be bound to follow, the rules of evidence governing civil proceedings, in matters not involving trial by jury, in the superior court of the state of Washington.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-620, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-520, filed 7/1/87; Rule 320-08-470, filed 12/14/64.]

**WAC 246-920-630 Rules of evidence—Tentative admission—Exclusion—Discontinuance—Objections.** When objection is made to the admissibility of evidence, such evidence may be received subject to a later ruling. The board may, in its discretion, either with or without objection, exclude inadmissible evidence or order cumulative evidence discontinued. Parties objecting to the introduction of evidence shall state the precise grounds of such objection at the time such evidence is offered.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-630, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-530, filed 7/1/87; Rule 320-08-480, filed 12/14/64.]

**WAC 246-920-640 Petitions for rule making, amendment or repeal—Who may petition.** Any interested person may petition the Washington state medical disciplinary board requesting the promulgation, amendment, or repeal of any rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-640, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-053 (Order PM 660), § 320-08-540, filed 7/1/87; Rule 320-08-490, filed 12/14/64.]

**WAC 246-920-650 Petitions for rule making, amendment or repeal—Requisites.** Where the petition requests the promulgation of a rule, the requested or proposed rule must be set out in full. The petition must also include all the reasons for the requested rule together with briefs of any applicable law. Where the petition requests the amendment or repeal of a rule presently in affect, the rule or

portion of the rule in question must be set out as well as a suggested amended form, if any. The petition must include all reasons for the requested amendment or repeal of the rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-650, filed 12/21/90, effective 1/21/91; Rule 320-08-500, filed 12/14/64.]

**WAC 246-920-660 Petitions for rule making, amendment or repeal—Agency must consider.** All petitions shall be considered by the Washington state medical disciplinary board and the Washington state medical disciplinary board may, in its discretion, order a hearing for the further consideration and discussion of the requested promulgation, amendment, repeal, or modification of any rule.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-660, filed 12/21/90, effective 1/21/91; Rule 320-08-510, filed 12/14/64.]

**WAC 246-920-670 Petitions for rule making, amendment or repeal—Notice of disposition.** The Washington state medical disciplinary board shall notify the petitioning party within a reasonable time of the disposition, if any, of the petition.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-670, filed 12/21/90, effective 1/21/91; Rule 320-08-520, filed 12/14/64.]

**WAC 246-920-680 Declaratory rulings.** (1) As prescribed by RCW 34.04.080, any interested person may petition the Washington state medical disciplinary board for a declaratory ruling. The Washington state medical disciplinary board shall consider the petition and within a reasonable time the Washington state medical disciplinary board shall:

- (a) Issue a nonbinding declaratory ruling; or
- (b) Notify the person that no declaratory ruling is to be issued; or
- (c) Set a reasonable time and place for hearing argument upon the matter, and give reasonable notification to the person of the time and place for such hearing and of the issues involved.

(2) If a hearing as provided in subsection (c) is conducted, the Washington state medical disciplinary board shall within a reasonable time:

- (a) Issue a binding declaratory rule; or
- (b) Issue a nonbinding declaratory ruling; or
- (c) Notify the person that no declaratory ruling is to be issued.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-680, filed 12/21/90, effective 1/21/91; Rule 320-08-530, filed 12/14/64.]

**WAC 246-920-690 Forms.** (1) Any interested person petitioning the Washington state medical disciplinary board for a declaratory ruling pursuant to RCW 34.04.080, shall generally adhere to the following form for such purpose.

At the top of the page shall appear the wording "Before the Washington state medical disciplinary board," on the left side of the page below the foregoing the following caption

shall be set out: "In the matter of the petition of (name of petitioning party) for a declaratory ruling." Opposite the foregoing caption shall appear the word "petition."

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

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

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

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

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

(3) Petitions shall be dated and signed by the person or entity named in the first paragraph or by his attorney. The original and two legible copies of the petition shall be filed with the Washington state medical disciplinary board. Petitions shall be on white paper, either 8-1/2" x 11" or 8-1/2" x 13" in size.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-690, filed 12/21/90, effective 1/21/91; Rule 320-08-540, filed 12/14/64.]

## MANDATORY REPORTING

**WAC 246-920-710 General provisions.** (1) "Unprofessional conduct" as used in these regulations shall mean the conduct described in RCW 18.72.030 for conduct occurring before June 11, 1986 and the conduct described in RCW 18.130.180 for conduct occurring on or after June 11, 1986.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Board" means the medical disciplinary board, whose address is:

Department of Licensing  
Business and Professions Administration  
P.O. Box 9649  
Olympia, WA 98504

(5) "Physician" means a physician licensed pursuant to chapter 18.71 RCW.

(6) "Mentally or physically disabled physician" means a physician who has either been determined by a court to be mentally incompetent or mentally ill or who is unable to practice medicine with reasonable skill and safety to patients by reason of any mental or physical condition.

[Statutory Authority: RCW 18.72.150, 91-02-012 (Order 105B), recodified as § 246-920-710, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070, 87-14-047 (Order PM 659), § 320-20-010, filed 6/30/87. Statutory Authority: RCW 18.72.265, 80-16-024 (Order PL 360), § 320-20-010, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-720 Mandatory reporting.** (1) All reports required by these regulations shall be submitted to the board as soon as possible, but no later than sixty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address and telephone number of the person making the report.

(b) The name and address and telephone numbers of the physician being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid the evaluation of the report.

(3) The mandatory reporting shall not act as a waiver of confidentiality of medical records and committee reports. The information reported or disclosed shall be kept for the confidential use of the board as provided in the Medical Disciplinary Act and shall not be subject to subpoena or discovery proceedings in any civil action as provided in RCW 4.24.250, and shall be exempt from public disclosure pursuant to chapter 42.17 RCW except for review as provided in RCW 18.72.265(2).

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-720, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.150, 18.130.050 and 18.130.070. 87-14-047 (Order PM 659), § 320-20-020, filed 6/30/87. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-020, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-730 Health care institutions.** 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 246-920-740 Medical associations or societies.** The president or chief executive officer of any medical association or society within this state shall report to the board when a medical society hearing panel or committee determines that a physician has committed unprofessional conduct or that a physician may not be able to practice medicine with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety or welfare. The report required by this subsection shall be made without regard to whether the license holder appeals, accepts or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-740, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-040, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-750 Health care service contractors and disability insurance carriers.** The executive officer of every health care service contractor and disability insurer, licensed under chapters 48.20, 48.21, 48.21A and 48.44 RCW operating in the state of Washington, shall report to the board all final determinations that a physician has engaged in flagrant overcharging for medical services or has flagrantly engaged in overutilization of medical services or has charged fees for medical services not actually provided.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-750, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-050, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-760 Courts.** The board requests the assistance of all clerks of trial courts within the state to report all medical malpractice judgments and all convictions

of licensed medical doctors, other than minor traffic violations.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-760, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-070, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-770 State and federal agencies.** The board requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a physician is employed to provide patient care services, to report to the board whenever such a physician has been judged to have demonstrated his/her incompetency or negligence in the practice of medicine, or has otherwise committed unprofessional conduct; or is a mentally or physically disabled physician.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-770, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-080, filed 10/29/80, effective 1/1/81.]

**WAC 246-920-780 Professional standards review organizations.** When authorized by federal law, every professional standards review organization operating within the state of Washington shall report to the board any determinations that a physician has engaged or is engaging in consistent, excessive utilization of any medical or surgical test, treatment or procedure when such procedures are clearly not called for under the circumstances in which such services were provided.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-780, filed 12/21/90, effective 1/21/91. Statutory Authority: RCW 18.72.265. 80-16-024 (Order PL 360), § 320-20-090, filed 10/29/80, effective 1/1/81.]

## ELECTION OF BOARD MEMBERS

**WAC 246-920-890 Canvassing and certification.** Immediately after the election date in September of each year, the election commission will canvass and certify the final vote prior to October 1st of each year, the date upon which the term of office of members of the disciplinary board commences.

[Statutory Authority: RCW 18.72.150. 91-02-012 (Order 105B), recodified as § 246-920-890, filed 12/21/90, effective 1/21/91; Rule 320-12-080, filed 12/14/64.]

## Chapter 246-922 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-sensitivity 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

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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 over-utilization 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.

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[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
Retired active status	150.00
Temporary practice permit	50.00

[Statutory Authority: RCW 43.70.250, 92-14-053 (Order 280), § 246-922-990, filed 6/25/92, effective 7/26/92; 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**

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**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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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), recodified 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 246-924-115 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 18.83 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: RCW 18.83.050 and chapter 18.83 RCW. 92-20-029 (Order 304B), § 246-924-115, filed 9/28/92, effective 10/29/92.]

**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.]

**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

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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 increas-

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ing 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), recodified 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), recodified 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), recodified 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 make 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), recodified 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 recommenda-

tions. 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), recodified 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
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 246-926 WAC RADIOLOGICAL TECHNOLOGISTS

### WAC

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246-926-990	Certification and registration fees.

**WAC 246-926-020 General provisions.** (1) "Unprofessional conduct" as used in this chapter shall mean the conduct described in RCW 18.130.180.

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(4) "Department" means the department of health.

(5) "Radiological technologist" means a person certified pursuant to chapter 18.84 RCW.

(6) "Registered x-ray technician" means a person who is registered with the department, and who applies ionizing radiation at the direction of a licensed practitioner.

(7)(a) "Immediate supervision" means the appropriate licensed practitioner is in audible or visual range of the patient and the person treating the patient.

(b) "Direct supervision" means the appropriate licensed practitioner is on the premises, is quickly and easily available.

(c) "Indirect supervision" means the appropriate licensed practitioner is on site no less than half-time.

(8) "Mentally or physically disabled" means a radiological technologist or x-ray technician who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice 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 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-020, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-010, filed 6/30/89.]

**WAC 246-926-030 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the

department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, profession, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the radiological technologist or x-ray technician being reported.

(c) The case number of any client whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-030, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-020, filed 6/30/89.]

**WAC 246-926-040 Health care institutions.** The chief administrator or executive officer or their designee of any hospital or nursing home shall report to the department when any radiological technologist's or x-ray technician's services are terminated or are restricted based on a determination that the radiological technologist or x-ray technician has either committed an act or acts which may constitute unprofessional conduct or that the radiological technologist or x-ray technician may be unable to practice with reasonable skill or safety to clients by reason of a mental or physical condition.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-040, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-030, filed 6/30/89.]

**WAC 246-926-050 Radiological technologist associations or societies.** The president or chief executive officer of any radiological technologist association or society within this state shall report to the department when the association or society determines that a radiological technologist has committed unprofessional conduct or that a radiological technologist may not be able to practice radiological technology with reasonable skill and safety to clients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determi-

nation made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-040, filed 6/30/89.]

**WAC 246-926-060 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to radiological technologists or x-ray technicians shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured radiological technologist's or x-ray technician's incompetency or negligence in the practice of radiology technology. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the radiological technologist's or x-ray technician's alleged incompetence or negligence.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-060, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-050, filed 6/30/89.]

**WAC 246-926-070 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of radiological technologists or x-ray technicians, other than minor traffic violations.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-070, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-060, filed 6/30/89.]

**WAC 246-926-080 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a radiological technologist or x-ray technician is employed to provide client care services, to report to the department whenever such a radiological technologist or x-ray technician has been judged to have demonstrated his/her incompetency or negligence in the practice of radiological technology, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled radiological technologist. These requirements do not supersede any federal or state law.

[Statutory Authority: RCW 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-080, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-070, filed 6/30/89.]

**WAC 246-926-090 Cooperation with investigation.** (1) A certificant 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, 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 18.84.040 and 18.130.070. 92-05-010 (Order 237), § 246-926-090, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-183-080, filed 6/30/89.]

**WAC 246-926-100 Definitions—Alternative training radiologic technologists.** (1) Definitions. For the purposes of certifying radiologic technologists by alternative training methods the following definitions shall apply:

(a) "One quarter credit hour" equals eleven "contact hours";

(b) "One semester credit hour" equals sixteen contact hours;

(c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;

(d) "One clinical year" is considered to be 1900 contact hours.

(e) "Immediate supervision" means the radiologist or nuclear medicine physician is in audible or visual range of the patient and the person treating the patient.

(f) "Direct supervision" means the supervisory clinical evaluator is on the premises, is quickly and easily available.

(g) "Indirect supervision" means the supervising radiologist or nuclear medicine physician is on site no less than half-time.

(h) "Allied health care profession" means an occupation for which programs are accredited by the American Medical Association Committee on Allied Health Education and Accreditation, Sixteenth Edition of the Allied Health Education Directory, 1988 or a previous edition.

(i) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be supervised and verified by the approved clinical evaluators who must be:

(a) A certified radiologic technologist designated in the specialty area the individual is requesting certification who provides direct supervision; and

(b) A radiologist for those individuals requesting certification in practice of diagnostic radiologic technology or therapeutic radiologic technology; or for those individuals requesting certification as a nuclear medicine technologist, a physician specialist in nuclear medicine who provides indirect supervision. The physician supervisor shall routinely critique the films and evaluate the quality of the trainees' work.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-090, filed 12/9/88.]

**WAC 246-926-110 Diagnostic radiologic technologist—Alternative training.** An individual must possess the following alternative training qualifications to be certified as a diagnostic radiologic technologist.

(1) Have obtained a high school diploma or GED equivalent, a minimum of four clinical years supervised practice experience in radiography, and completed the course content areas outlined in subsection (2) of this section; or have obtained an associate or higher degree in an allied health care profession or meets the requirements for certification as a therapeutic radiologic technologist or nuclear medicine technologist, have obtained a minimum of three clinical years supervised practice experience in radiography, and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained directly by supervised clinical practice experience: Introduction to radiography, medical ethics and law, medical terminology, methods of patient care, radiographic procedures, radiographic film processing, evaluation of radiographs, radiographic pathology, introduction to quality assurance, and introduction to computer literacy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; principles of radiographic exposure - 45 contact hours; imaging equipment - 40 contact hours; radiation physics, principles of radiation protection, and principles of radiation biology - 40 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a diagnostic radiologic technologist with the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-110, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-100, filed 12/9/88.]

**WAC 246-926-120 Therapeutic radiologic technologist—Alternative training.** An individual must possess the following alternative training qualifications to be certified as a therapeutic radiologic technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, or allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or nuclear medicine technologist; have obtained a minimum of five clinical years supervised practice experience in therapeutic radiologic technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Orientation to radiation therapy technology, medical ethics and law, methods of patient care, computer applications, and medical terminology. At least fifty percent of the clinical practice experience must have been in operating a linear accelerator. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Human anatomy and physiology - 100 contact hours; oncologic pathology - 22 contact hours; radiation oncology - 22 contact hours; radiobiology, radiation protection, and radiographic imaging - 73 contact hours; mathematics (college level algebra or above) - 55 contact hours; radiation physics - 66 contact hours; radiation oncology technique - 77 contact hours; clinical dosimetry - 150 contact hours; quality assurance - 12 contact hours; and hyperthermia - 4 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a therapeutic radiologic technologist by the American Registry of Radiologic Technologists shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-120, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-110, filed 12/9/88.]

**WAC 246-926-130 Nuclear medicine technologist—Alternative training.** An individual must possess the following alternative training qualifications to be certified as a nuclear medicine technologist.

(1) Have obtained a baccalaureate or associate degree in one of the physical, biological sciences, allied health care professions, or meets the requirements for certification as a diagnostic radiologic technologist or a therapeutic radiologic technologist; have obtained a minimum of four clinical years supervised practice experience in nuclear medicine technology; and completed course content areas outlined in subsection (2) of this section.

(2) The following course content areas of training may be obtained by supervised clinical practice experience: Methods of patient care, computer applications, department organization and function, nuclear medicine in-vivo and in-vitro procedures, and radionuclide therapy. Clinical practice experience must be verified by the approved clinical evaluators.

The following course content areas of training must be obtained through formal education: Radiation safety and protection - 10 contact hours; radiation biology - 10 contact hours; nuclear medicine physics and radiation physics - 80 contact hours; nuclear medicine instrumentation - 22 contact hours; statistics - 10 contact hours; radionuclide chemistry and radiopharmacology - 22 contact hours.

(3) Must satisfactorily pass an examination approved or administered by the secretary.

(4) Individuals who are registered as a nuclear medicine technologist with the American Registry of Radiologic Technologists or with the nuclear medicine technology certifying board shall be considered to have met the alternative education and training requirements.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-130, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-120, filed 12/9/88.]

**WAC 246-926-140 Approved schools.** Approved schools and standards of instruction for diagnostic radiologic technologist, therapeutic radiologic technologist, and nuclear medicine technologist are those recognized as radiography, radiation therapy technology, and nuclear medicine technology educational programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association as recognized in the publication Allied Health Education Directory, Sixteenth Edition, published by the American Medical Association, 1988 or any previous edition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-130, filed 12/9/88.]

**WAC 246-926-150 Certification designation.** A certificate shall be designated in a particular field of radiologic technology by:

(1) The educational program completed; diagnostic radiologic technologist - radiography program; therapeutic radiologic technologist - radiation therapy technology program; and nuclear medicine technologist - nuclear medicine technology program; or

(2) By meeting the alternative training requirements established in WAC 246-926-100, 246-926-110, 246-926-120, or 246-926-130.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-150, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-140, filed 12/9/88.]

**WAC 246-926-160 Renewals.** (1) Certification renewal.

(a) Individuals receiving initial certification will be issued a certificate to expire on their next birth anniversary date.

(b) Certifications shall be renewed upon a biennial basis on or before the birth anniversary date. Certifications not renewed on or before the expiration date shall expire immediately and are considered lapsed.



(c) Lapsed certificates may be renewed in accordance with WAC 246-926-170.

(d) Illegal practice - Any person practicing as a radiologic technologist during the time that such individual's certificate has lapsed shall be considered an illegal practitioner and may be subjected to the penalties provided for violators under the provisions of RCW 18.130.190, unless such practitioner maintains a current valid registration as an x-ray technician.

(2) Initial registration x-ray technician.

(a) All persons applying ionizing radiation on human beings as outlined in chapter 18.84 RCW must complete the application process by January 1, 1992.

(b) Individuals receiving initial registration will be issued a registration to expire on their next birth anniversary date.

(c) Applicants who are registered before January 1, 1992, will be selected randomly for either an annual or a biennial renewal. For those selected for annual renewal, consecutive renewals shall be upon a biennial basis. Registrations placed on the one time annual renewal will be charged one-half the biennial renewal fee.

(d) Individuals applying for registration after January 1, 1992, will be issued an initial registration to expire on the next birth anniversary date and consecutive registrations will be renewed on a biennial basis.

(3) Registration renewal.

(a) Registrations not renewed on or before the expiration date shall expire immediately and are considered lapsed.

(b) Upon payment of the renewal and late fee a lapsed registration may be renewed.

(c) Illegal practice - Any person practicing as an x-ray technician during the time that such registration has lapsed shall be considered an illegal practitioner and may be subjected to the penalties provided for violators under the provisions of RCW 18.130.190.

[Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-160, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-150, filed 12/9/88.]

**WAC 246-926-170 Reinstatement.** (1) A certificate which has lapsed for less than two years may be reinstated by submitting the renewal and late fee.

(2) A certificate which has lapsed for two years but not more than three years may be reinstated by submitting a reinstatement application, application fee and late renewal penalty fee.

(3) A certificate which has lapsed for three years or more may be reinstated by demonstrating competence to the standards established by the secretary, submitting a reinstatement application, renewal fee and late penalty.

[Statutory Authority: RCW 18.84.040 and 18.84.110. 92-05-010 (Order 237), § 246-926-170, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-160, filed 12/9/88.]

**WAC 246-926-180 Parenteral procedures.** (1) A certified radiologic technologist may administer diagnostic and therapeutic agents under the direction and immediate

supervision of a radiologist if the following guidelines are met:

(a) The radiologic technologist has had the prerequisite training and thorough knowledge of the particular procedure to be performed;

(b) Appropriate facilities are available for coping with any complication of the procedure as well as for emergency treatment of severe reactions to the diagnostic or therapeutic agent itself, including the ready availability of appropriate resuscitative drugs, equipment, and personnel; and

(c) After parenteral administration of a diagnostic or therapeutic agent, competent personnel and emergency facilities shall be available for at least thirty minutes in case of a delayed reaction.

(2) A certified radiologic technologist may perform venipuncture at the direction and immediate supervision of a radiologist.

[Statutory Authority: RCW 43.70.040. 92-19-060 (Order 302), § 246-926-180, filed 9/11/92, effective 10/12/92; 91-02-049 (Order 121), recodified as § 246-926-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-170, filed 12/9/88.]

**WAC 246-926-190 State examination/examination waiver/examination application deadline.** (1) The American Registry of Radiologic Technologists certification examinations for radiography, radiation therapy technology, and nuclear medicine technology shall be the state examinations for certification as a radiologic technologist.

(a) The examination for certification as a radiologic technologist shall be conducted three times a year in the state of Washington, in March, July, and October.

(b) The examination shall be conducted in accordance with the American Registry of Radiologic Technologists security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application, supporting documents, and fees to the department of health no later than the fifteenth day of December, for the March examination; the fifteenth day of April, for the July examination; and the fifteenth day of July, for the October examination.

(3) A scaled score of seventy-five is required to pass the examination.

[Statutory Authority: RCW 18.84.040 and 18.84.080. 92-05-010 (Order 237), § 246-926-190, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-190, filed 12/9/88.]

**WAC 246-926-200 AIDS prevention and information education requirements.** (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Persons applying for certification or registration 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) 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 18.84.040 and 70.24.270. 92-05-010 (Order 237), § 246-926-200, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 88-22-077 (Order PM 786), § 308-183-200, filed 11/2/88.]

**WAC 246-926-990 Certification and registration fees.**

The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application - certification	\$50.00
Exam fee - certification	30.00
Application - registration	35.00
Certification renewal	50.00
Registration renewal	35.00
Late renewal penalty	30.00
Verification	15.00
Duplicate	15.00

[Statutory Authority: RCW 18.84.040 and 18.84.100. 92-05-010 (Order 237), § 246-926-990, filed 2/7/92, effective 2/19/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-926-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.84.040. 89-01-015 (Order PM 802), § 308-183-180, filed 12/9/88.]

**Chapter 246-928 WAC**

**RESPIRATORY CARE PRACTITIONERS**

**WAC**

246-928-020	Recognized educational programs—Respiratory care practitioners.
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246-928-050	Definition of "commonly accepted standards for the profession."
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246-928-170	State and federal agencies.
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246-928-210	Definitions—Alternative training respiratory care practitioners.
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 246-928-020 Recognized educational programs—Respiratory care practitioners.** Approved courses of instruction for respiratory care practitioners are recognized as the respiratory therapy technician and respiratory therapy education programs that have obtained accreditation from the Committee on Allied Health Education and Accreditation of the American Medical Association in collaboration with the Joint Review Committee for Respiratory Therapy Education as recognized in the current publication *Respiratory Therapy Educational Programs* published by the Joint Review Committee for Respiratory Therapy Education.

[Statutory Authority: RCW 18.89.050. 92-15-032 (Order 285), § 246-928-020, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-020, filed 4/27/88.]

**WAC 246-928-030 State examination—Examination waiver—Examination application deadline.** (1) The entry level certification examination of the National Board of Respiratory Care, Inc. shall be the official examination for certification as a respiratory care practitioner.

(a) The examination for certification as a respiratory care practitioner shall be conducted three times a year in the state of Washington, in March, July, and November.

(b) The examination shall be conducted in accordance with the National Board of Respiratory Care, Inc.'s security measures and contract.

(c) Examination candidates shall be advised of the results of their examination in writing.

(2) Applicants taking the state examination must submit the application and supporting documents to the department of 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 246-928-040 Examination eligibility.** (1) Graduates of approved respiratory care technician and respiratory care therapy programs or those individuals that have met the criteria for alternate training may be eligible to take the state examination.

(2) Respiratory care technician or respiratory care therapy students in their last year may apply for certification by examination prior to graduation under the following circumstances:

(a) Receipt of a letter of verification from the program director indicating that the applicant is in good standing and verifying the probability of completion prior to the last day of the calendar month preceding the examination for which they are applying.

(b) Results of the examination will be withheld until official transcripts from the program, indicating degree or certificate of completion earned, is received by the department.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-040, filed 4/27/88.]

**WAC 246-928-050 Definition of "commonly accepted standards for the profession."** "Commonly accepted standards for the profession" as indicated in RCW 18.89.130 shall mean having completed training in an approved respiratory care technician or respiratory care therapy program or having completed sufficient on-the-job training and experience to have qualified the applicant to take the National Board of Respiratory Care examination prior to July 26, 1987, satisfactorily passed the certification or registry examination given by the National Board of Respiratory Care, Inc. with a minimum scaled score of 75, not having engaged in unprofessional conduct as established in RCW 18.130.180, and not been convicted of a crime of moral turpitude or felony which relates to the profession of respiratory care.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-050, filed 4/27/88.]

**WAC 246-928-060 Grandfather—Verification of practice.** Proof of practice. Applicants requesting certification as permitted in RCW 18.89.130 shall submit the following as proof of being in practice on July 26, 1987.

(1) Applicant's affidavit containing the following information:

(a) Location and date of employment on July 26, 1987;  
(b) Description of capacity in which applicant was employed, including job title and description of specific duties;

(c) Name and title of direct supervisor.

(2) Affidavit from direct supervisor containing the following information:

(a) Applicant's employment beginning and ending dates;  
(b) Statement confirming applicant's duties as described;  
(c) Supervisor's title.

After review of the documentation submitted in support of the application, additional information may be requested for the purpose of clarification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-060, filed 4/27/88.]

**WAC 246-928-080 Reciprocity—Requirements for certification.** Before reciprocity is extended to any individual licensed, certified or registered to practice respiratory care under the law of another state, territory, or District of Columbia, the applicant shall meet the qualifications established in this state for certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-080, filed 4/27/88.]

**WAC 246-928-085 Temporary permits—Issuance and duration.** (1) An applicant who is currently licensed in another state and is applying for certification in Washington state may request a temporary practice permit by submitting to the department:

(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 246-928-990; 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 department shall issue a one-time-only temporary practice permit unless the department 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 certificate by the department, initiation of an investigation of the applicant by the department, or three 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 18.130.050 and [18.130].075. 92-15-032 (Order 285), § 246-928-085, filed 7/7/92, effective 8/7/92.]

**WAC 246-928-090 Certification renewal registration date.** (1) Individuals receiving initial certification will

be issued a certificate to expire on their next birth anniversary date.

(2) Certifications shall be renewed at two year intervals on or before the individual's birth anniversary date. Certifications not renewed on or before the individual's biennial birth anniversary date shall expire immediately after the individual's birth anniversary date. Failure to renew shall invalidate the certificate and all privileges granted by the certification.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 88-10-015 (Order 724), § 308-195-090, filed 4/27/88.]

**WAC 246-928-110 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 246-928-120 Mandatory reporting.** (1) All reports required by this chapter shall be submitted to the department as soon as possible, but no later than twenty days after a determination is made.

(2) A report should contain the following information if known:

(a) The name, address, and telephone number of the person making the report.

(b) The name and address and telephone numbers of the respiratory care practitioner being reported.

(c) The case number of any patient whose treatment is a subject of the report.

(d) A brief description or summary of the facts which gave rise to the issuance of the report, including dates of occurrences.

(e) If court action is involved, the name of the court in which the action is filed along with the date of filing and docket number.

(f) Any further information which would aid in the evaluation of the report.

(3) Mandatory reports shall be exempt from public inspection and copying to the extent permitted under RCW 42.17.310 or to the extent that public inspection or copying of the report or any portion of the report would invade or violate a person's right to privacy as set forth in RCW 42.17.255.

(4) A person is immune from civil liability, whether direct or derivative, for providing information to the department pursuant to RCW 18.130.070.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-130, filed 6/30/89.]

**WAC 246-928-130 Health care institutions.** The chief administrator, executive officer, or their designee of any hospital or nursing home shall report to the department when any respiratory care practitioner's services are terminated or are restricted based on a determination that the respiratory care practitioner has either committed an act or acts which may constitute unprofessional conduct or that the respiratory care practitioner may be unable to practice with reasonable skill or safety to clients by reason of any mental or physical condition.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-140, filed 6/30/89.]

**WAC 246-928-140 Respiratory care practitioner associations or societies.** The president or chief executive officer of any respiratory care practitioner association or society within this state shall report to the department when the association or society determines that a respiratory care practitioner has committed unprofessional conduct or that a respiratory care practitioner may not be able to practice respiratory care with reasonable skill and safety to patients as the result of any mental or physical condition. The report required by this section shall be made without regard to whether the certificate holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-150, filed 6/30/89.]

**WAC 246-928-150 Professional liability carriers.** Every institution or organization providing professional liability insurance directly or indirectly to respiratory care practitioners shall send a complete report to the department of any malpractice settlement, award, or payment in excess of twenty thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured respiratory care practitioner's incompetency or negligence in the practice of respiratory care. Such institution or organization shall also report the award, settlement, or payment of three or more claims during a twelve-month period as a result of the respiratory care practitioner's alleged incompetence or negligence.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-160, filed 6/30/89.]

**WAC 246-928-160 Courts.** The department requests the assistance of the clerk of trial courts within the state to report all professional malpractice judgments and all convictions of certified respiratory care practitioners, other than minor traffic violations.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-170, filed 6/30/89.]

**WAC 246-928-170 State and federal agencies.** The department requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a respiratory care practitioner is employed to provide patient care services, to report to the department whenever such a respiratory care practitioner has been judged to have demonstrated his/her incompetency or negligence in the practice of respiratory care, or has otherwise committed unprofessional conduct, or is a mentally or physically disabled respiratory care practitioner. These requirements do not supersede any state or federal law.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-195-180, filed 6/30/89.]

**WAC 246-928-180 Cooperation with investigation.**

(1) A certificant must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the 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 246-928-200 Temporary practice.** An applicant may practice under supervision of a certified respiratory care practitioner while waiting to complete the examination requirement. The applicant must take the first available examination administered following determination of their eligibility, except in the case of a bona fide emergency. An applicant may engage in temporary practice only prior to taking their first examination.

An individual shall cease practice immediately upon receipt of notice of failure to pass the examination. Resumption of practice may only occur after successfully passing the examination and issuance of a certificate.

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-210, filed 4/7/89.]

**WAC 246-928-210 Definitions—Alternative training respiratory care practitioners.** (1) For the purposes of certifying respiratory care practitioners by alternative training methods the following definitions shall apply:

- (a) "One credit hour" equals "one contact hour";
- (b) "One semester hour" equals sixteen contact hours;
- (c) "One contact hour" is considered to be fifty minutes lecture time or one hundred minutes laboratory time;
- (d) "Direct supervision" shall mean the clinical evaluator is on the premises, quickly and easily available, and has provided sufficient supervision during the practical clinical experience to assure acceptable skills in the course content areas being verified;
- (e) "Formal education" shall be obtained in postsecondary vocational/technical schools and institutions, community or junior colleges, and senior colleges and universities accredited by regional accrediting associations or by other recognized accrediting agencies or programs approved by the Committee on Allied Health Education and Accreditation of the American Medical Association.

(2) Clinical practice experience shall be verified by a certified respiratory care practitioner certified in the state of Washington, or certified or registered by the National Board of Respiratory Care, Inc. who has provided "direct supervision."

[Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.89.050. 89-09-006 (Order PM 832), § 308-195-220, filed 4/7/89.]

**WAC 246-928-220 Alternative training requirements.** An individual must possess the following alternative training qualifications to be certified as a respiratory care practitioner:

- (1) Completed a program recognized by the Canadian Society of Respiratory Therapists in their current list, or any previous lists and are eligible to sit for the Canadian Society of Respiratory Therapists registry examination; or
- (2) Been registered by the Canadian Society of Respiratory Therapists; or
- (3) Obtained a minimum of three thousand hours supervised practical clinical experience within the past five years and meet the following criteria:

(a) The following course content areas of training may be obtained directly by supervised clinical practical experience:

- (i) Physical assessment;
- (ii) Chest percussion/postural drainage;
- (iii) Oxygen administration;
- (iv) Incentive spirometry;
- (v) Aerosol administration via:
  - (A) Pneumatic nebulization;
  - (B) Ultrasonic nebulization.
- (vi) Clearance of secretions via oro- and nasopharyngeal suction devices;
- (vii) Gas metering and analyzing devices;
- (viii) Ventilator care including CMV, IMV, SIMV, and PEEP;

(ix) Artificial airways including oro- and nasopharyngeal airways, oral and nasal endotracheal tubes, tracheostomy tubes and buttons, esophageal obturator airways and intubation equipment;

- (x) IPPB;
- (xi) CPAP;
- (xii) Interpretation of blood gases;
- (xiii) Fundamentals of patient care.
- (b) The following course content areas of training must be obtained through formal education:
  - (i) Anatomy and physiology - Ten quarter or six semester credit hours;
  - (ii) Microbiology - Five quarter or three semester credit hours;
  - (iii) Math (college level algebra or higher) - Five quarter or three semester credit hours;
  - (iv) Chemistry - Five quarter or three semester credit hours;
  - (v) Biology - Five quarter or three semester credit hours;
  - (vi) Physics - Five quarter or three semester credit hours;
  - (vii) Medical terminology - Three quarter or two semester credit hours;
  - (viii) CPR certification - Basic life support; and
- (4) Satisfactorily pass an examination approved or administered by the 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
Temporary practice permit	50.00
Examination application	110.00
Examination retake	25.00
Duplicate license	15.00
Verification/certification	25.00
Renewal	100.00
Late renewal penalty	50.00

[Statutory Authority: RCW 43.70.250. 92-15-032 (Order 285), § 246-928-990, filed 7/7/92, effective 8/7/92. 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**

WAC	
246-930-010	General definitions.
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246-930-030	Education requirement for full certification applicants.



246-930-040	Professional experience requirement for full certification applicants.
246-930-050	Education requirement for affiliate certification applicants.
246-930-060	Professional experience requirement for affiliate certification applicants.
246-930-070	Training for applicants for full or affiliate certification.
246-930-075	Supervision of affiliates.
246-930-200	Application and examination.
246-930-210	Examination appeal procedures.
246-930-220	Reexamination.
246-930-300	Mandatory reporting.
246-930-301	Purpose—Professional standards and ethics.
246-930-310	Standards for professional conduct and client relationships.
246-930-320	Standards for SSOSA and SSODA assessment and evaluation reports.
246-930-330	Standards for treatment.
246-930-340	Standards for communication with other professionals.
246-930-400	Issuance and renewal of certification.
246-930-410	Continuing educational requirements.
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 fully 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 evaluation shall have had direct relevance to a client's offending behavior. Such services shall have resulted in preparation of a formal written report. To qualify, the individual shall have had primary responsibility for interviewing the offender and shall 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 shall have had formal responsibility for provision of primary treatment services, and such services shall 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 has 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" means 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" means 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, 92-12-027 (Order 275), § 246-930-010, filed 5/28/92, effective 6/28/92; 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.]

**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 shall 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; and

(C) Be prepared to validate, through submission of these records, that attendance has taken place.

(3) Underlying registration, certification, or licensure shall 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 shall be immediately revoked.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-020, filed 5/28/92, effective 6/28/92; 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) An applicant for full certification shall 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 shall be submitted directly to the department from the college or university where earned.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-030, filed 5/28/92, effective 6/28/92; 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, the applicant shall have at least two thousand hours of direct treatment and evaluation experience, as defined in WAC 246-930-010. These two thousand hours shall include at least two hundred fifty hours of evaluation experience and at least five hundred hours of treatment experience.

(2) All of the prerequisite experience shall have been within the seven-year period preceding application for certification as a provider.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-040, filed 5/28/92, effective 6/28/92; 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) An applicant for affiliate certification shall 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, master's, or doctorate 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 shall be submitted directly to the department from the college or university where earned.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-050, filed 5/28/92, effective 6/28/92; 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) An applicant meeting only the minimal academic requirements for affiliate status (bachelor's degree), shall 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 an affiliate applicant.

(2) All of the prerequisite experience shall 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, 92-12-027 (Order 275), § 246-930-060, filed 5/28/92, effective 6/28/92; 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; consultants do 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 shall 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 may 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; and

(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 may 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 himself or herself as an affiliate only when doing clinical work supervised by the 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 shall 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, shall be the responsibility of the supervisor. The supervisor shall have full authority over the practice of the affiliate involving SSOSA and SSODA clients.

(13) Supervision shall 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; and
- (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 remedy 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 the supervisee's skills and professional development; and
- (c) Consultation in all areas of professional practice appropriate to the supervisee's 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, 92-12-027 (Order 275), § 246-930-075, filed 5/28/92, effective 6/28/92; 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 shall pass an examination approved by the secretary.

(2) An applicant shall meet all education, experience, and training requirements and be a health care provider before being allowed to sit for the examination.

(3) Examinations shall be given twice annually at a time and place determined by the secretary.

(4) A completed application with the appropriate fee for certification shall be received in the office of the department, no later than sixty days prior to the examination administration. All supporting documentation shall 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 shall 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 shall 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, 92-12-027 (Order 275), § 246-930-200, filed 5/28/92, effective 6/28/92; 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 shall 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 shall 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 shall be in writing and shall 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 shall schedule a closed session meeting to review the failed examination questions and forms completed by the candidate. The candidate shall be notified in writing of the decision.

(a) The candidate shall be identified only by candidate number for the purpose of this review.

(b) Letters of referral or requests for special consideration shall 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 shall complete the informal review process before requesting a formal hearing.

(b) The request for formal hearing shall 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 shall specifically identify the challenged portion(s) of the examination and shall 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 shall receive at least twenty days' notice of the time and place of the formal hearing.

(8) The hearing shall be restricted to the specific portion(s) of the examination the candidate had identified in the request for formal hearing.

(9) The formal hearing shall be conducted pursuant to the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-210, filed 5/28/92, effective 6/28/92; 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.

(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, 92-12-027 (Order 275), § 246-930-220, filed 5/28/92, effective 6/28/92; 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; and

(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 shall 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, 92-12-027 (Order 275), § 246-930-300, filed 5/28/92, effective 6/28/92; 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 standards set forth in WAC 246-930-301 through 246-930-340 apply to sex offender treatment providers (SOTP) while evaluating or treating SSOSA or SSODA clients.

(2) Sex offender treatment providers shall 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. Failure to comply with these standards in providing evaluation and/or treatment to clients sentenced under SSOSA or SSODA may constitute unprofessional conduct pursuant to RCW 18.130.-180(7).

(5) When there is a conflict between the terms or conditions of a court order in a specific case and these standards, the provider shall comply with the court order.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-301, filed 5/28/92, effective 6/28/92; 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 shall:

(a) Report to the department any unethical or incompetent practices by other sex offender treatment providers that jeopardize public safety or cause a risk of harm to clients;

(b) Not discriminate against clients with regard to race, religion, gender or disability; and

(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 health professionals 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 statutory requirements for assessments, treatment plans and reports for the court for SSOSA and 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; and

(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 made by the client and to whom disclosures are made, before evaluation and treatment commence;

(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 shall evaluate the impact of authorizations for release of information upon their clients; and

(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); and

(c) Have no 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; and

(c) Neither offer nor accept payment for referral.

(6) Termination or alteration of therapist/client relationship. Providers shall:

(a) Not unreasonably withdraw services to clients, 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; and

(c) Refrain from knowingly providing treatment services to a client who is in mental health treatment with another professional without consultation with the current provider.

(7) The department neither requires nor prohibits the use of plethysmographs or polygraphs. The use 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: 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 plethysmography and shall recognize that plethysmographic 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.

(b) Use of 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. Sex offender treatment providers shall not base decisions solely on the results of the polygraph examination.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-310, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-310, filed 11/19/91, effective 12/20/91.]

**WAC 246-930-320 Standards for SSOSA and SSODA assessment and evaluation reports.** (1) General considerations in evaluating clients. Providers shall:

- (a) Be knowledgeable of assessment procedures utilized;
  - (b) Be aware of the strengths and limitations of self-report and make reasonable efforts to verify information provided by the offender;
  - (c) Be knowledgeable of the client's legal status. Have a full understanding of the SSOSA and SSODA process and be knowledgeable of relevant criminal and legal considerations;
  - (d) Be impartial; provide an objective and accurate base of data;
  - (e) Avoid addressing or responding to referral questions which exceed the present level of knowledge in the field or the expertise of the evaluator;
  - (f) Assure that their written reports are accurate, comprehensive and address all of the issues necessary for court disposition;
  - (g) Assure that their written reports present all knowledge relevant to the matters at hand in a clear and organized manner;
  - (h) Assure that their written reports include the referral sources, the conditions surrounding the referral and the referral questions addressed; and
  - (i) 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, appropriate, and available. These sources may include:
    - (i) Collateral information (i.e. police reports, CPS information, criminal correctional history and victim statements);
    - (ii) Psychological testing information;
    - (iii) Physiological testing information;
    - (iv) Interviews with the offender;
    - (v) Previous assessments conducted (i.e. medical, substance abuse, psychological, sexual deviancy); and
    - (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 personal attributes; and
- (x) The overall findings of psychological/physiological/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, including 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) Proposed 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, and 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 behavioral 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; and
  - (e) If the evaluator will not be providing the ensuing treatment, a specific certified provider should be identified to the court. Such provider shall adopt the proposed treatment plan or submit an alternative treatment plan for approval by the court, to include each of the foregoing elements.

(f) Such provider shall submit to the court and the parties a statement that the provider is either adopting the proposed treatment plan or submitting an alternate plan. The

plan and the statement shall be provided to the court before sentencing.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-320, filed 5/28/92, effective 6/28/92; 91-23-076 (Order 212), § 246-930-320, filed 11/19/91, effective 12/20/91.]

### WAC 246-930-330 Standards for treatment.

**Introduction-SSOSA/SSODA offender treatment:** It is recognized that effective sexual deviancy treatment will involve a broad set of planned therapeutic experiences and interventions designed to ultimately 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 forty-five minutes by a certified or affiliate sex offender treatment provider.

(b) Circumstances may make a temporary 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 contacts which constitutes a change in the treatment plan shall be reported to the supervising officer, the prosecutor, and the court.

(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; and

(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; and

(d) Take reasonable care to not cause victims to have unsafe, or unwanted contact with their offenders.

(3) **Provider-client contract.** The provider-client contract shall:

(a) Include treatment requirements and rules that are directly related to community safety;

(b) Be signed by the client and acknowledge the contract, treatment requirements, and rules; and

(c) Be provided to the supervising officer after sentencing and within ninety days of the start of treatment.

(4) **Treatment methods.** The methods used by the provider shall:

(a) Address clients' deviant sexual urges and recurrent deviant sexual fantasies;

(b) Attempt to educate clients and the individuals who are part of their support systems about the potential for reoffense, and risk factors;

(c) Attempt to teach clients to utilize self control methods to avoid sexual reoffense;

(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;

(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 clients' families, guardians, and residential program staff into the therapy process when appropriate; and

(m) Attempt to maintain communication with other significant persons in the client's support system, when deemed appropriate by the provider 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; and

(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; and

(iv) Living, work and social environments to insure that these environments have sufficient protection against the client's reoffense potential.

(6) **Contacts with victims/vulnerable children.** When sex offender clients have any contact with the victims or children, the provider shall 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. Providers 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) Include educational experiences for chaperones/supervisors of SSOSA/SSODA clients; and

(f) Establish plans/protocols for reuniting or returning SSOSA/SSODA clients to homes where children reside that emphasizes child safety.

(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; and

(c) Safeguard the confidentiality of client files in recognition of the sensitive nature of the contents.

(8) **Completion of court ordered treatment.** The sex offender treatment provider 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;

(d) Seek input from others knowledgeable about a client's progress as part of the treatment completion/termination decision process;

(e) Report to the court regarding the client's compliance with treatment and monitoring requirements and make a recommendation regarding modification of conditions of community supervision, and either termination of treatment or extension of treatment for up to the remaining period of community supervision.

(f) When appropriate, inform the client regarding the end of court ordered treatment recommendation.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-330, filed 5/28/92, effective 6/28/92; 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 court and parties. Providers shall provide additional information regarding treatment progress when requested by the court or a party, to include:

(i) Changes in treatment plan;

(ii) Dates of attendance;

(iii) Client compliance with requirements;

(iv) Treatment activities;

(v) Client's relative progress in treatment; and

(vi) Any other material as specified by the court at sentencing.

(d) Specific plans for any and all contact with the victim, potential victims and plans for family reunification or return (where appropriate) should be reviewed with the supervising officer.

(e) The provider shall communicate 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 or other agencies responsible for the care or supervision of the client. When appropriate, the provider shall seek an authorization for release of information from the client to communicate with such agencies for treatment or monitoring purposes.

(3) Communication with others. Where appropriate and consistent with the offender's informed consent, the provider shall communicate with the victim's therapist, guardian ad litem, custodial parent, guardian, caseworker, or other involved professional in making decisions regarding family reunification or return, 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, 92-12-027 (Order 275), § 246-930-340, filed 5/28/92, effective 6/28/92; 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 shall 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 shall 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, 92-12-027 (Order 275), § 246-930-400, filed 5/28/92, effective 6/28/92; 91-11-063 (Order 168), § 246-930-400, filed 5/16/91, effective 6/16/91.]

**WAC 246-930-410 Continuing education requirements.** (1) **Purpose and scope.** The aim of continuing education for sex offender treatment providers is to ensure that professionals practicing in this specialty field are knowledgeable of current scientific and practice principles that affect the supervision and treatment of sex offenders in community-based treatment. Since the treatment of sex offenders in communities raises significant public safety concerns, continuing education is required to help sex offender treatment providers deliver the highest quality of professional service by being familiar with current developments in a rapidly changing profession. Certified sex offender treatment providers, regardless of certification status (e.g., full, affiliate, or provisional), shall meet the continuing education requirements set forth in this section as a prerequisite to license renewal.

(2) **General requirements.** Certified sex offender treatment providers shall complete forty credit hours of continuing sexual deviancy education (hereafter referred to as CSDE) every two years. One clock hour of acceptable CSDE activity equals one credit hour. The number of creditable hours will be determined by counting the actual contact hours of instruction or, in the case of workshops or conferences, the formal hours of the workshop or conference. All certified sex offender treatment providers will have two years in which to accrue the required CSDE credit, and renewals of sex offender treatment provider certificates on alternate years will require documentation of forty credit hours of CSDE. This requirement will be implemented with the 1993 renewal year.

(3) **Specific requirements.**

(a) A minimum of thirty hours of the CSDE shall be earned through attendance at courses, workshops, institutes, and/or formal conference presentations with direct, specific relevance to the assessment and treatment of sex offenders.

(i) Consultative or supervisory training obtained from other certified sex offender treatment providers is not creditable under this CSDE definition.

(ii) Independent study of audio or video tapes of seminar presentations not actually attended are creditable under this definition, up to a maximum of ten hours in any two-year period. Credit for independent study will only be granted if accompanied by documentation of the learning activity, such as a written summary of the independent study activity.

(iii) CSDE credit for sexual deviancy training courses presented to other professionals may be claimed by the certified provider who provides the training one time only (usually the first time it is taught, unless there is substantial revision), up to a maximum of ten hours in any two-year period.

(iv) Courses specifically oriented toward assessment or treatment of sex offenders may be claimed as CSDE. The following are examples of subjects that qualify under this definition:

- (A) Ethics and professional standards;
- (B) Relapse prevention with sex offenders;
- (C) Plethysmographic assessment;

- (D) Sexual arousal assessment and reconditioning;
- (E) Risk assessment with sex offenders;
- (F) Psychopharmacological therapy with sex offenders;
- (G) Family therapy with sex offenders;
- (H) Research concerning sexual deviancy;
- (I) Sexual addiction; and
- (J) Therapy/clinical methods specific to sex offenders.

(b) In addition to the thirty hours of CSDE with direct, specific relevance to the assessment and treatment of sex offenders, ten hours of the total requirement may be earned through participation in training courses with indirect relevance to the assessment and treatment of sex offenders. The following subjects qualify under this definition:

- (i) Victimology/victim therapy;
- (ii) General counseling methods;
- (iii) Psychological test interpretation;
- (iv) Addiction/substance abuse;
- (v) Family therapy;
- (vi) Group therapy; and
- (vii) Legal issues.

(4) **Program or course approval.** The department shall accept any CSDE that reasonably falls within the above categories and requirements. The department relies upon each individual provider's integrity with the intent and spirit of the CSDE requirements.

(5) **Enforcement.** Failure to meet the CSDE requirements within each two-year time period will result in nonrenewal of the certificate.

(6) **Exemptions.** In the event a provider fails to meet requirements because of illness, retirement (with no further provision of sex offender treatment provider services to clients), failure to renew, or other extenuating circumstances, the department may grant a time extension. The department shall review each case on an individual basis.

(7) **Proof of compliance.** Every two years the sex offender treatment provider shall submit an affidavit and proof of compliance with the CSDE requirement with the annual renewal application. Documentation to prove compliance includes, but is not limited to, course or program certificates of training, transcripts, course or workshop brochure descriptions. It is the responsibility of the sex offender treatment provider to maintain such documentation. Year of collection is determined by year of birth, i.e., a provider born in an odd-numbered year shall submit proof of compliance each odd-numbered year; a provider born in an even-numbered year shall submit proof of compliance each even-numbered year.

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-410, filed 5/28/92, effective 6/28/92.]

**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 shall 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 shall be issued temporary full certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary full certification shall expire on issuance of an initial certificate, or on June 30, 1992, whichever comes first. Temporary full certification shall 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 shall be issued temporary affiliate certification in order to allow practice to continue pending satisfactory passage of the examination. The temporary affiliate certification shall expire on issuance of an initial affiliate or full certificate, or on June 30, 1992, whichever comes first. Temporary affiliate certification shall not be renewed.

(3) Provisional 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 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 shall 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 for full certification no later than June 30, 1993. If the plan is approved by the department, the applicant shall 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 certification shall 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 (a) and (b) of this subsection or subsection (4) of this section 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 shall 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 shall be granted provisional affiliate certification. Provisional affiliate certification shall expire on issuance of an initial full or affiliate certificate, or June 30, 1992, whichever comes first. Provisional affiliate certification shall not be renewed.

(5) The temporary and provisional certification system shall 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 shall be issued, except that the approved provisional certificate may be extended to no later than June 30, 1993, in accordance with subsection (3)(e) 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, 92-12-027 (Order 275), § 246-930-499, filed 5/28/92, effective 6/28/92; 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 services division of the department of health:

Title of Fee	Fee
<b>Sex offender treatment provider:</b>	
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	1,475.00
<b>Affiliate treatment provider:</b>	
Application and examination	300.00
Reexamination	150.00
Initial certification	50.00
Renewal	600.00
Late renewal penalty	200.00
Duplicate certificate	15.00
Extension fee	850.00

[Statutory Authority: RCW 18.155.040, 92-12-027 (Order 275), § 246-930-990, filed 5/28/92, effective 6/28/92; 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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246-933-120	Nonnarcotic Schedule II controlled substances—Prohibited. [Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-120, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-050, filed 11/27/74.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.
246-933-240	Practical examination requirement. [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.] Repealed by 92-17-076 (Order 299B), filed 8/19/92, effective 9/19/92. Statutory Authority: RCW 18.92.030.

#### PROFESSIONAL CONDUCT/ETHICS

**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 246-933-040 Exercise of professional judgment and skills.** The veterinarian shall not accept employment under terms and conditions that interfere with the free exercise of the veterinarian's professional judgment or infringe upon the utilization of his or her professional skills.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-040, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-008, filed 7/23/80.]

**WAC 246-933-050 Emergency care of animals of unknown ownership.** The veterinarian shall endeavor to



provide at least minimal treatment to alleviate the suffering of an animal presented in the absence of the owner or 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 246-933-060 Patient abandonment.** The veterinarian shall always be free to accept or reject a particular patient, but once care is undertaken, the veterinarian shall not neglect the patient, as long as the person presenting the patient requests and authorizes the veterinarian's services for the particular problem. Emergency treatment not authorized by the owner shall not constitute acceptance of a patient.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-060, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-011, filed 7/23/80.]

**WAC 246-933-070 Emergency services.** (1) Emergency services shall mean the delivery of veterinary care by a licensed veterinarian during the hours when the majority of regional, daytime veterinary practices have no regularly scheduled office hours (are closed).

(2) Emergency service shall be provided at all times. This requirement does not mean that a veterinary medical facility 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 246-933-110 Drugs and controlled substances.** It is unethical to violate any laws or regulations of either the state of Washington or the United States relating to prescription drugs or controlled substances.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-110, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-045, filed 11/27/74.]

**WAC 246-933-130 Minimum sanitary conditions.** It is unethical for a veterinarian to own or operate a clinic, office, hospital, mobile veterinary clinic, or other animal facility contrary to the health and sanitary standards as established by the rules and regulations as adopted by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-130, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-150-055, filed 11/27/74.]

**WAC 246-933-140 Prohibited publicity and advertising.** A veterinarian shall not, on behalf of himself or herself, 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 246-933-160 Prohibited transactions.** A veterinarian shall not compensate or give anything of value to representatives of the press, radio, television or other communication media in anticipation of or in return for professional publicity of any individual veterinarian in a news item.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-160, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-062, filed 7/23/80.]

**WAC 246-933-170 Cooperation with the board.** (1) The veterinarian shall endeavor to cooperate with the veterinary board of governors in the investigation of alleged violations of the laws and regulations governing the practice of veterinary medicine, surgery and dentistry.

(2) A veterinarian must comply with a request for records, documents, or explanation from an investigator who is acting on behalf of the board by submitting the requested items within fourteen calendar days of receipt of the request by the veterinarian or the veterinarian's attorney, whichever

is first. If the veterinarian fails to comply with the request within fourteen calendar days, the investigator shall contact the veterinarian or the veterinarian's attorney by telephone or letter as a reminder.

(3) Investigators may extend the time for response if the veterinarian requests an extension for a period not to exceed seven calendar days. Other requests for extension may be granted only by the board designated case manager.

(4) If the veterinarian fails to comply with the request within three business days after the receipt of the reminder, then a subpoena shall be served upon the veterinarian to obtain the requested items.

(5) If the veterinarian fails to comply with the subpoena, a statement of charges shall be issued pursuant to RCW 18.130.180(8) and, if there is sufficient evidence to support additional charges, then those charges may be included in the statement of charges.

(6) If the veterinarian complies with the request after the issuance of the statement of charges, the board's assistant attorney general-prosecutor shall decide whether the charges based on RCW 18.130.180(8) will be prosecuted or settled. If the charges based on RCW 18.130.180(8) are to be settled, the settlement proposal shall be presented to the board or a duly constituted panel of the board for a decision on ratification and until ratified, the settlement is not final.

(7) Notwithstanding subsections (2) through (6) of this section, a veterinarian may be required to comply immediately with a request for records, documents, or explanation from an investigator who is acting on behalf of the board when a complaint or other information reasonably indicates:

- (a) That protection of the public health, safety, and welfare may require emergency action; or
- (b) That adherence to subsections (2) through (6) of this section may result in the destruction or alteration of records or documents relevant to an investigation.

[Statutory Authority: RCW 18.92.030. 92-17-076 (Order 299B), § 246-933-170, filed 8/19/92, effective 9/19/92; 91-02-060 (Order 108B), recodified as § 246-933-170, filed 12/28/90, effective 1/31/91; 80-09-106 (Order PL 351), § 308-150-070, filed 7/23/80.]

## VETERINARIAN EDUCATION AND EXAMINATION REQUIREMENTS

**WAC 246-933-220 Approval of courses.** A course of instruction conducted by a school, that has obtained accreditation of the course of instruction in the care and treatment of animals from the American Veterinary Medical Association, is an approved course within the meaning of section 1, chapter 44, Laws of 1974 1st ex. sess., RCW 18.92.015.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-220, filed 12/28/90, effective 1/31/91; Order PL 179, § 308-151-050, filed 11/27/74.]

**WAC 246-933-230 Foreign trained veterinarians.** A person who is a graduate of a college of veterinary medicine not accredited by the American Veterinary Medical Association shall be eligible to take the regularly scheduled licensing examination given by the board upon furnishing the certificate of the American Veterinary Medical Association Education Commission for Foreign Veterinary Graduates

(ECFVG). Applications and instructions for certification are obtained from:

**ECFVG**

American Veterinary Medical Association  
930 North Meacham Road  
Schaumburg, Illinois 60172.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-933-230, filed 12/28/90, effective 1/31/91; Order PL 232, § 308-151-060, filed 11/17/75.]

**WAC 246-933-250 Examination requirement and procedures.** (1) In order to be licensed, any applicant for licensure must successfully complete the National Board Examination for Veterinary Medical Licensing (NBE), the Clinical Competency Test (CCT), and the Washington state examination. The Washington state examination shall consist of questions pertaining to laws regulating the practice of veterinary medicine in the state. These examinations may not be taken prior to six months preceding graduation of the applicant from a course of instruction as described in WAC 246-933-220.

(2) 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 disqualification from the examination.

(3) Applicants shall be required to refrain from talking to other examinees during the examination unless specifically directed or permitted to do so by a 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 18.92.030, 92-17-076 (Order 299B), § 246-933-250, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-250, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-250, filed 12/28/90, effective 1/31/91; 88-08-033 (Order PM 719), § 308-151-080, filed 4/1/88; 85-03-085 (Order PL 509), § 308-151-080, filed 1/18/85. Statutory Authority: RCW 18.92.030 and 18.92.070, 83-07-050 (Order PL 429), § 308-151-080, filed 3/18/83. Statutory Authority: RCW 18.92.030, 80-05-032 (Order 340), § 308-151-080, filed 4/15/80.]

**WAC 246-933-260 Frequency and location of examinations.** (1) The examination for veterinarians shall be scheduled at such times and places as the 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 grade that meets or exceeds the criterion-referenced passing point scaled score established by

the National Board Examination Committee of the American Veterinary Medical Association for the National Board Examination and the Clinical Competency Test. Additionally, the applicant must attain a minimum grade of ninety percent 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. Only the most recently obtained NBE, CCT, and state examination scores will be considered in an application.

(3) An applicant who was administered the NBE or CCT prior to December 1, 1992, must have attained a minimum score of 1.5 standard deviations below the national mean of the criterion population on the respective examinations. Applicants who were administered the Washington state examination prior to December 1, 1992, must have attained a minimum score of seventy percent.

[Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-270, filed 8/19/92, effective 9/19/92; 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 246-933-280 Examination review procedures.**

(1) Each individual who takes the Washington state examination for licensure as a veterinarian and does not pass the Washington state examination section may request review of the examination results by the board. This request shall be in writing and shall be postmarked to 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 license. 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 and postmarked within twenty days of the receipt 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 license.

[Statutory Authority: RCW 18.92.030, 92-03-074 (Order 235B), § 246-933-280, filed 1/14/92, effective 2/14/92; 91-02-060 (Order 108B), recodified as § 246-933-280, filed 12/28/90, effective 1/31/91; 86-08-068 (Order PL 584), § 308-151-110, filed 4/1/86.]

**WAC 246-933-300 Veterinary specialty licensure.**

(1) A person may be licensed to practice only specialized veterinary medicine in Washington state. Application for specialty licensure shall be made on forms provided by the secretary and include:

(a) Official transcript or other evidence of graduation from an American Veterinary Medical Association approved or accredited college or university; or

(b) Certification from the Educational Commission for Foreign Veterinary Graduates; and

(c) Documented licensure, in good standing, to practice veterinary medicine in any state, United States territory, or province of Canada; and

(d) Certification as a diplomate of a national board or college recognized in the specialty area for which application is submitted.

(2) Applicants must pass a written examination approved by the board pertaining to laws regulating the practice of veterinary medicine in the state of Washington. Examination grades will be based on a possible score of one hundred percent with a minimum passing score of ninety percent.

(3) At the time of license renewal, licensees must present evidence of continued certification by the veterinary specialty board authority.

(4) The veterinary board of governors recognizes all veterinary medicine specialties recognized by the American Veterinary Medical Association. The practice of a veterinarian licensed as a specialized practitioner is limited to the specific specialty for which licensed.

(5) Individuals licensed as a veterinary specialist are subject to chapter 18.130 RCW.

(6) Veterinary specialty licensees shall be charged the impaired veterinarian assessment on each license issuance or renewal: *Provided however*, That no licensee shall pay more than one impaired veterinarian assessment per year.

[Statutory Authority: RCW 18.92.030, 92-17-076 (Order 299B), § 246-933-300, filed 8/19/92, effective 9/19/92; 92-03-074 (Order 235B), § 246-933-300, filed 1/14/92, effective 2/14/92.]

**WAC 246-933-305 Veterinary retired active license.**

(1) RCW 18.130.250 provides for a retired active license status for individuals already licensed who wish to practice only in emergent or intermittent circumstances. For the purposes of implementing RCW 18.130.250, "emergent or intermittent circumstances" is defined as follows:

(a) The licensee resides and practices in another state, and practices no more than thirty days each year in Washington state;

(b) The licensee resides and practices in this state, but practices no more than thirty days each year.

(c) The licensee does not normally practice or meet the criteria of (a) or (b) of this subsection, but is available to practice for an extended period of time for the purposes of providing veterinary care in emergency circumstances such as earthquakes, floods, times of declared war, or other declared states of emergency.

(2) Individuals requesting a retired active license status must submit a letter to the department with their renewal declaring their intent to practice only on an intermittent or emergent basis. Veterinary retired active licenses will not be

retroactively issued for prior years. Subsequent to being issued a retired active license, the licensee must report with the renewal payments the dates and circumstances under which they practiced during the previous year. If the licensee wishes to practice on an active basis, the licensee must notify the department five days in advance of the change to reinstate the license to an active license status.

(3) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

(4) Retired active licensees must meet the continuing education requirement established in WAC 246-933-420 and submit an affidavit of compliance at the end of each three-year period as prescribed in WAC 246-933-470.

[Statutory Authority: RCW 18.92.030, 92-03-074 (Order 235B), § 246-933-305, filed 1/14/92, effective 2/14/92.]

**FACILITIES AND PRACTICE MANAGEMENT STANDARDS**

**WAC 246-933-310 Definitions.** (1) **Veterinary medical facility:** Any premise, unit, structure or vehicle where any animal is received and/or confined to be examined, diagnosed or treated medically, surgically or prophylactically, as defined in RCW 18.92.010.

(2) **Mobile clinic:** A vehicle, including a camper, motor home, trailer or mobile home, used as a veterinary medical facility. A mobile clinic is not required for house calls or farm calls.

(3) **Aseptic surgery:** Aseptic surgical technique exists when everything that comes in contact with the wound is sterile and precautions are taken to ensure such sterility during the procedure. These precautions include, but are not limited to, such things as the surgery room itself, sterilization procedures, scrubbing hands and arms, sterile gloves, caps and masks, sterile long-sleeved gowns, and sterile draping and operative techniques.

(4) **Antiseptic surgery:** Antiseptic surgical technique exists when care is taken to avoid bacterial contamination but the precautions are not as thorough and extensive as in aseptic surgery. Surgeons and surgical assistants 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:**

(a) Every veterinarian shall keep daily written reports of the animals he or she treats. Separate records for companion animals shall be kept for each animal. Records for food and fibre producing animals and animals kept in herds or flocks, etc., 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:

- (i) Name, address and telephone number of the owner.
- (ii) Name, number or other identification of the animal or group.
- (iii) Species, breed, age, sex and color of the animal.
- (iv) Immunization record.
- (v) Beginning and ending dates of custody of the animal.
- (vi) A short history of the animal's condition as it pertains to its medical status.
- (vii) Physical examination findings and any laboratory data.
- (viii) Provisional or final diagnosis.
- (ix) Treatment and medication administered, prescribed or dispensed.
- (x) Surgery and anesthesia.
- (xi) Progress of the case.

(b) Veterinary medical records and radiographs are the property of the veterinarian or the veterinary facility which originally ordered their preparation. When requested by the client, copies of records will be made available as promptly as required under the circumstances, but no later than fifteen working days upon the client's request. The veterinarian may charge a reasonable copying fee, not to exceed the actual cost for providing the veterinary care information. A radiograph shall be released upon the request of another veterinarian who has the authorization of the owner of the animal to which it pertains. Such radiograph shall be returned to the originating veterinarian or veterinary facility within fifteen working days of receipt of a written request.

(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, 92-17-076 (Order 299B), § 246-933-320, filed 8/19/92, effective 9/19/92; 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 (2) 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.]

## CONTINUING EDUCATION REQUIREMENTS

**WAC 246-933-401 Citation and purpose.** These rules may be cited and referred to as the "Veterinary continuing education rules." The purpose of these rules is to require licensed veterinarians to continue their professional educations as a condition of maintaining a license to practice veterinary medicine in this state.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-401, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-010, filed 2/16/77.]

**WAC 246-933-420 Basic requirement—Amount.** In the three-year period immediately preceding the annual renewal of the license to practice veterinary medicine, the applicant 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 246-933-460 Programs approved by the veterinary board.** Completion of the following are deemed to qualify an individual for continuing education credit: Attendance at a recognized local, state, national, or international continuing education program having a featured speaker.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-460, filed 12/28/90, effective 1/31/91; Order 233, § 308-154-060, filed 2/16/77.]

**WAC 246-933-470 Continuing education—Certification of compliance.** (1) In conjunction with the application for renewal of licensure at the end of each three-year period as provided for in WAC 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.]

## SUBSTANCE ABUSE MONITORING

**WAC 246-933-601 Intent.** It is the intent of the legislature that the veterinary board of governors seek ways to identify and support the rehabilitation of veterinarians where practice or competency may be impaired due to the abuse of drugs or alcohol. The legislature intends that these veterinarians be treated so that they can return to or continue to practice veterinary medicine in a way which safeguards the public. The legislature specifically intends that the veterinary board of governors establish an alternate program to the traditional administrative proceedings against such veterinarians.

In lieu of disciplinary action under RCW 18.130.160 and if the veterinary board of governors determines that the unprofessional conduct may be the result of substance abuse, the veterinary board of governors may refer the license holder to a voluntary substance abuse monitoring program approved by the veterinary board of governors.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-601, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-010, filed 10/9/90, effective 11/10/90.]

**WAC 246-933-610 Definitions.** As used in this chapter:

(1) "Approved substance abuse monitoring program" or "approved monitoring program" is a program, complying with applicable state law and approved by the board, which oversees a veterinarian's compliance with a contractually prescribed substance abuse recovery program. Substance abuse monitoring programs may provide evaluation and/or treatment to participating veterinarians.

(2) "Contract" is a comprehensive, structured agreement between the recovering veterinarian and the approved monitoring program wherein the veterinarian consents to comply with the monitoring program and the required components for the veterinarian's recovery activity.

(3) "Approved treatment facility" is a facility recognized as such according to RCW 18.130.175(1).

(4) "Substance abuse" means the impairment, as determined by the board, of a veterinarian's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, controlled substances, or other addictive drugs.

(5) "Aftercare" is that period of time after intensive treatment that provides the veterinarian or the veterinarian's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

(6) "Veterinarian support group" is a group of veterinarians and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

(7) "Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, peer group association, and self-help.

(8) "Random drug screens" are the observed collection of specified bodily fluids together with laboratory tests to detect the presence of drugs of abuse in bodily fluids. Collection must occur at irregular intervals not known in advance by the person to be tested.

(9) "Veterinarian" means an impaired practitioner.

[Statutory Authority: RCW 18.92.030. 91-02-060 (Order 108B), recodified as § 246-933-610, file 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.130.175. 90-21-029 (Order 93), § 308-158-020, filed 10/9/90, effective 11/10/90.]

**WAC 246-933-620 Approval of substance abuse monitoring programs.** The board 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, filed 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.]

**FEES**

**WAC 246-933-980 Renewal of licenses.** (1) A veterinarian's license shall be renewed annually on the veterinarian's birth anniversary date. A veterinarian shall apply for renewal by submitting to the department:

- (a) The renewal fee specified in WAC 246-933-990; and
- (b) Evidence of the completion of continuing education if required by WAC 246-933-420.

(2) Failure to renew annually shall invalidate the license.

(a) A veterinarian may reinstate a license that has been expired less than three years by submitting to the department:

- (i) A renewal application provided by the department;
- (ii) The current renewal fee, a renewal fee for each year in which the license was expired, and the late renewal fee as specified in WAC 246-933-990; and

(iii) Evidence of compliance with the continuing education requirements of WAC 246-933-420.

(b) A veterinarian may request the reinstatement of a license that has been expired three or more years by submitting to the department:

- (i) A reinstatement application for licensure, including an explanation for the license lapse and a chronology of the applicant's professional activities since the last renewal; and
- (ii) The items specified in (a) (ii) and (iii) of this subsection. The board may require an applicant who has been out of active practice for a period of three or more

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years to pass the licensing examination to practice veterinary medicine.

[Statutory Authority: RCW 43.70.040 and 18.92.140, 92-07-036 (Order 252), § 246-933-980, filed 3/10/92, effective 4/10/92; 91-02-049 (Order 121), recodified as § 246-933-980, filed 12/27/90, effective 1/31/91; Order PL 262, § 308-152-020, filed 1/13/77.]

**WAC 246-933-990 Fees.** The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
<b>Veterinarian:</b>	
National board examination (NBE) (initial/retake)	\$150.00
Clinical competency test (CCT) (initial/retake)	130.00
State examination (initial exam/initial license)	225.00
State examination (retake)	150.00
Specialty licensure (initial exam/initial license)	225.00
Impaired veterinarian assessment	25.00
Temporary permit	100.00
State or specialty license renewal	115.00
Retired active and renewal	60.00
Impaired veterinarian assessment	25.00
Late renewal penalty (state and specialty license)	35.00
Late renewal penalty (retired active license)	20.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250, 92-07-036 (Order 252), § 246-933-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040, 91-02-050 (Order 122), § 246-933-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-935 WAC  
VETERINARY ANIMAL TECHNICIANS**

**WAC**

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246-935-990	Fees.

**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 supervi-

sion 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 246-935-050 Animal health care tasks. (1) Animal technicians.**

(a) Immediate supervision. An animal technician may perform the following tasks only under the immediate supervision of a veterinarian:

- (i) Assist veterinarian in surgery by tissue handling;
- (ii) Assist veterinarian in surgery by instrument handling.

(b) Direct supervision. An animal technician may perform the following tasks only under the direct supervision of a veterinarian:

- (i) Endotracheal intubation;
- (ii) Blood administration;
- (iii) Fluid aspiration;
- (iv) Intraperitoneal injections;
- (v) Monitoring of vital signs of anesthetized patient;
- (vi) Application of splints;
- (vii) Induce anesthesia by intravenous, intramuscular, or subcutaneous injection or by inhalation;

(viii) When the animal is anesthetized, those tasks listed under subsection (c) "indirect supervision" of this section;

- (ix) Administration of immunological agents.

(c) Indirect supervision. An animal technician may perform the following tasks only under the indirect supervision of a veterinarian. (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):

- (i) Teeth cleaning;
- (ii) Enema;
- (iii) Electrocardiography;
- (iv) Application of bandages;
- (v) Catheterization of the unobstructed bladder;
- (vi) Gavage;
- (vii) Ear flush;
- (viii) Radiology;
- (A) Patient positioning
- (B) Operation of X-ray machines
- (C) Oral and rectal administration of radio-opaque materials

(ix) Injections of medications not otherwise prohibited:

- (A) Intramuscular
- (B) Subcutaneous
- (C) Intravenous

(x) Oral medications;

(xi) Topical medications;

(xii) Laboratory (specimen collections):

(A) Collection of tissue during or after a veterinarian has performed necropsy

(B) Urine (except cystocentesis)

(C) Hematology

(D) Parasitology

(E) Exfoliative cytology

(F) Microbiology

(xiii) Administration of preanesthetic drugs;

(xiv) Oxygen therapy;

(xv) Removal of partially exposed foxtails from skin and feet;

(xvi) Euthanasia (all circumstances) as otherwise allowed by law;

(xvii) Removal of sutures.

(2) **Unregistered assistants.**

(a) Immediate supervision by veterinarian. An unregistered assistant may perform the following tasks only under the immediate supervision of a veterinarian:

- (i) Assist veterinarian in surgery by tissue handling;
- (ii) Assist veterinarian in surgery by instrument handling;

(iii) Endotracheal intubation;

(iv) Fluid aspiration;

(v) Intraperitoneal injections.

(b) Immediate supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under the immediate supervision of either a veterinarian or animal technician:

(i) Blood administration;

(ii) Catheterization of unobstructed bladder;

(iii) Gavage;

(iv) Radiology:

(A) Patient positioning

(B) Film exposure

(C) Rectal and oral administration of radio-opaque materials

(v) Intravenous injections of medications not otherwise prohibited;

(vi) Laboratory (specimen collections):

(A) Hematology

(B) Exfoliative cytology

(C) Microbiology

(c) Direct supervision by veterinarian. An unregistered assistant may perform the following tasks only under the direct supervision of a veterinarian:

(i) Monitor vital signs of anesthetized patient;

(ii) When the animal is anesthetized, those tasks listed under subsection (e) "indirect supervision" of this section.

(iii) Laboratory (specimen collection):

(A) Collection of tissues during or after a veterinarian has performed necropsy

(iv) Euthanasia (all circumstances) as otherwise allowed by law;

(v) Removal of sutures.

(d) Direct supervision by veterinarian or animal technician. An unregistered assistant may perform the following tasks only under supervision of either a veterinarian or an animal technician:

(i) Application of bandages;

(ii) Ear flush;

(iii) Electrocardiography.

(e) Indirect supervision. An unregistered assistant may perform the following tasks only under the indirect supervi-



sion of a veterinarian (If the animal is anesthetized, these tasks require the direct supervision of a veterinarian.):

- (i) Teeth cleaning (without anesthetic);
  - (ii) Enema;
  - (iii) Injections of medications not otherwise prohibited;
    - (A) Intramuscular
    - (B) Subcutaneous
  - (iv) Oral medications;
  - (v) Topical medications;
  - (vi) Administering medication through an established intravenous catheter;
  - (vii) Laboratory (specimen collection):
    - (A) Collecting of voided urine and fecal material
    - (B) Parasitology (except skin scraping)
  - (viii) Oxygen therapy;
  - (ix) Removal of partially exposed foxtails.
- (3) Emergency animal care.**
- (a) Under conditions of an emergency, an animal technician may render the following life saving aid to an animal:
- (i) Application of tourniquets and/or pressure bandages to control hemorrhage;
  - (ii) Administration of pharmacologic agents to prevent or control shock, including parenteral fluids, shall only be performed after direct communication with a veterinarian, and only if such veterinarian is either present or immediately enroute to the location of the distressed animal;
  - (iii) Resuscitative oxygen procedures;
  - (iv) Establishing open airways including intubation appliances but excluding surgery;
  - (v) External cardiac resuscitation;
  - (vi) Application of temporary splints or bandages to prevent further injury to bones or soft tissues;
  - (vii) Application of appropriate wound dressings and external supportive treatment in severe burn cases;
  - (viii) External supportive treatment in heat prostration cases.
- (b) Under conditions of an emergency, an unregistered assistant may render the following life saving aid to an animal:
- (i) Application of tourniquets and/or pressure bandages to control hemorrhage;
  - (ii) Resuscitative oxygen procedures;
  - (iii) Establishing open airways including intubation appliances but excluding surgery.

[Statutory Authority: RCW 18.92.030, 91-02-060 (Order 108B), recodified as § 246-935-050, filed 12/28/90, effective 1/31/91. Statutory Authority: RCW 18.92.015 and 18.92.030, 83-19-055 (Order PL 445), § 308-156-050, filed 9/19/83.]

**WAC 246-935-060 Approval of post high school courses.** The board, pursuant to RCW 18.92.030, 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

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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 246-935-125 Renewal of registrations.** Effective with the renewal period beginning July 1, 1992, the annual registration renewal date for animal technicians will be changed to coincide with the registrant's birthdate. A registrant's annual renewal fee shall be prorated during the transition period while renewal dates are changed to coincide with the registrant's birthdate. After this conversion to a staggered renewal system, registrants may renew their registration at the annual fee rate for one year from birth anniversary date to birth anniversary date. However, registrants who fail to pay the registration renewal fee on or before the registration expiration date will be subject to the late payment penalty fee as set forth in WAC 246-935-990.

[Statutory Authority: RCW 43.70.040 and 18.92.140. 92-07-036 (Order 252), § 246-935-125, filed 3/10/92, effective 4/10/92.]

**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.]

**WAC 246-935-990 Fees.** The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
Animal technician:	
National examination (initial/retake)	\$ 95.00
State examination (initial/retake)	100.00
Initial registration	60.00
Renewal	60.00
Late renewal penalty	20.00
Duplicate registration	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250. 92-07-036 (Order 252), § 246-935-990, filed 3/10/92, effective 4/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-935-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-976 WAC  
EMERGENCY MEDICAL SERVICES AND  
TRAUMA CARE SYSTEMS**

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**WAC 246-976-001 Declaration of purpose.** The purpose of these rules is to implement RCW 18.71.200 through 18.71.215, and chapters 18.73 and 70.168 RCW; and those sections of chapter 70.24 RCW relating to EMS/TC personnel and services.

(1) This chapter sets forth standards governing the state-wide emergency medical services and trauma care (EMS/TC) system in order to:

- (a) Prevent unnecessary death and disability from trauma and emergency illness;
- (b) Provide optimal care for the trauma patient;
- (c) Contain costs of EMS/TC, and EMS/TC system implementation; and
- (d) Pursue trauma prevention activities to decrease the incidence of trauma.

- (2) This chapter establishes criteria for:
- (a) Basic life support training and certification;
  - (b) Advanced life support training and certification;
  - (c) Ambulance licensing and inspection;
  - (d) The verification process for prehospital services/agencies providing EMS/TC;
  - (e) The development and operation of a state-wide trauma registry;
  - (f) The designation process of health care facilities to provide trauma care services;
  - (g) Operation requirements for all levels of trauma care facilities;
  - (h) A state-wide emergency medical communication system;
  - (i) State-wide EMS/TC system administration.

(3) This chapter is not intended to constitute detailed procedures for implementation of the state EMS/TC system. Procedures and guidelines are available on request from the

Office of EMS and Trauma Systems, Department of Health, Olympia, WA 98504.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-001, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-010 Definitions.** Unless a different meaning is plainly required by the context, the following words and phrases used in this chapter shall have the meanings indicated:

"ACLS" means advanced cardiac life support, a course developed by the American Heart Association.

"Activation of the trauma system" means a process whereby a prehospital provider identifies the major trauma patient by using the prehospital trauma triage procedures, and notifies from the field both dispatch and medical control, who mobilize resources to care for the patient in accordance with regional patient care procedures.

"Advanced life support" means invasive emergency medical services requiring advanced medical treatment skills as defined in chapter 18.71 RCW.

"Agency response time" means the time from agency notification to arrival on the scene. It is the same as the combination of activation and enroute times defined under system response times in this section.

"Aid service" means an agency, public or private, that operates one or more aid vehicles.

"Aid vehicle" means a vehicle used to carry aid equipment and individuals trained in first aid or emergency medical procedure.

"Air ambulance" means a fixed or rotary-winged aircraft that is configured to accommodate a minimum of one litter and two medical attendants with sufficient space to provide intensive life-saving care without interfering with the performance of the flight crew, and has been inspected and licensed by the department as an air ambulance.

"Airway technician" means a person certified to provide mobile airway management as defined in RCW 18.71.200(2).

"Ambulance" means a ground or air vehicle designed and used to transport the ill and injured and to provide personnel, facilities, and equipment to treat patients before and during transportation.

"Ambulance service" means an agency, public or private, that operates one or more ground or air ambulances.

"Approved" means approved by the department of health.

"ATLS" means advanced trauma life support, a course developed by the American College of Surgeons.

"Attending surgeon" means a physician who is board-certified or board-eligible in general surgery, and who has surgical privileges delineated by the facility's medical staff. The attending surgeon is responsible for care of the trauma patient, participates in all major therapeutic decisions, and is present during operative procedures.

"Basic life support" means noninvasive emergency medical services requiring basic medical treatment skills as defined in chapter 18.73 RCW.

"BP" means blood pressure.

"Certification" means recognition by the department of the competence of an individual who has met predetermined qualifications, and the authorization of the individual to

perform certain procedures for which they have been trained or are otherwise qualified.

"CME" means continuing medical education.

"Communications system" means a radio and landline network which provides rapid public access, coordinated central dispatching of services, and coordination of personnel, equipment, and facilities in an EMS/TC system.

"Consumer" means an individual who is not associated with the EMS/TC system, either for pay or as a volunteer, except for service on the steering committee, licensing and certification committee, or regional or local EMS/TC councils.

"Continuing medical education (CME)" means ongoing education after initial certification for the purpose of maintaining and enhancing skill and knowledge.

"Council" means the local or regional EMS/TC council as authorized under chapter 70.168 RCW.

"Course coordinator" means an individual who has overall administrative responsibility for coordinating an EMS/TC course or program of continuing education.

"CPR" means cardiopulmonary resuscitation.

"Department" means the department of health.

"Designated trauma care service" means a level I, II, III, IV, or V trauma care service, or level I, II, or III pediatric trauma care service, or level I, I-pediatric, II, or III trauma-related rehabilitative service.

"Designation" means a formal determination by the department that a hospital or health care facility is capable of providing designated trauma care services as authorized in RCW 70.168.070.

"Dispatch" means to designate and direct an emergency response unit to a service location.

"E-code" means external cause code, an etiology included in the International Classification of Diseases (ICD).

"ED" means emergency department.

"Emergency medical dispatch (EMD)" means provision of special procedures and trained personnel to ensure the efficient handling of medical emergencies and dispatch of aid. It includes prearrival instructions for CPR and other verbal aid to callers.

"Emergency medical service (EMS)" means medical treatment and care which may be rendered at the scene of any medical emergency or while transporting any patient in an ambulance to an appropriate medical facility, including ambulance transportation between medical facilities.

"Emergency medical services and trauma care (EMS/TC) planning and services regions" means geographic areas established by the department in accordance with RCW 70.168.110.

"Emergency medical services and trauma care (EMS/TC) system" means an organized approach to providing personnel, facilities, and equipment for effective and coordinated medical treatment of patients with a medical emergency or injury requiring immediate medical or surgical intervention to prevent death or disability. The emergency medical service and trauma care system includes prevention activities, prehospital care, hospital care, and rehabilitation. The components of an EMS and trauma care system include:

- Provision of manpower;
- Training of personnel;
- Communications;

Transportation;  
 Facilities;  
 Critical care units;  
 Use of public safety agencies;  
 Use of private agencies;  
 Consumer participation;  
 Accessibility to care;  
 Transfer of patients;  
 Standard medical recordkeeping and reporting;  
 Consumer information and education;  
 Independent review and evaluation, including formal quality assurance programs;  
 Disaster linkage; and  
 Mutual aid agreements.

"Emergency medical services and trauma care system plan (EMS/TC plan)" means a plan that identifies state-wide EMS/TC objectives and priorities and identifies equipment, facility, personnel, training, and other needs required to create and maintain a state-wide EMS/TC.

"Emergency medical technician (EMT)" means a person who is authorized by the secretary to render emergency medical care pursuant to RCW 18.73.081.

"EMS/TC" means emergency medical services and trauma care.

"EMT" means emergency medical technician.

"Facility patient care protocols" means the written procedures adopted by the medical staff that direct the care of the patient. These procedures shall be based upon the assessment of the patient's medical needs. The procedures shall follow minimum state-wide standards for trauma care service.

"First responder" means a person who is authorized by the secretary to render emergency medical care as defined by RCW 18.73.081.

"HIV/AIDS" means human immunodeficiency virus/acquired immunodeficiency syndrome.

"Hospital" means a facility licensed under chapter 70.41 RCW, or comparable health care facility operated by the federal government or located and licensed in another state.

"Hospital trauma service" means a service designed by the hospital within state guidelines for the treatment of trauma patients, including a formal commitment by the hospital and medical staff to an organized trauma care system and to participation in the regional/state system.

"ICD" means the international classification of diseases, a coding system developed by the World Health Organization.

"ICU" means intensive care unit.

"Indicator" means a quality improvement tool or performance measure used to monitor the quality of important governance, management, clinical, and support processes and outcomes.

"Indicator monitoring system" means a method in which indicators are used to monitor important processes or outcomes of care or service, and indicator data are used to evaluate that care.

"Injury prevention" means any combination of educational, legislative, enforcement, engineering and emergency response initiatives used to reduce the number and severity of injuries.

"IV technician" means a person certified to provide mobile intravenous therapy as defined in RCW 18.71.200(1).

"L&C" means licensing and certification.

"Legend drug" means any drug which is required by state law or regulation by the state board of pharmacy to be dispensed on prescription only, or is restricted to use by practitioners only.

"Level I pediatric rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level I pediatric rehabilitative services provide the same services as facilities authorized to provide level I rehabilitative services, except these services are exclusively for children under the age of fifteen years.

"Level I pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level I services shall provide definitive, comprehensive, specialized care for pediatric trauma patients and shall also provide ongoing research and health care professional education in pediatric trauma care.

"Level II pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level II services shall provide initial stabilization and evaluation of pediatric trauma patients and provide comprehensive general medical and surgical care to pediatric patients who can be maintained in a stable or improving condition without the specialized care available in the level I hospital. Complex surgeries and research and health care professional education in pediatric trauma care activities are not required.

"Level III pediatric trauma care services" means pediatric trauma care services as defined by RCW 70.168.015. Hospitals providing level III services shall provide initial evaluation and stabilization of patients. The range of pediatric trauma care services provided in level III hospitals is not as comprehensive as level I and II hospitals.

"Level I rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level I rehabilitative services provide rehabilitative treatment to patients with traumatic brain injuries, spinal cord injuries, complicated amputations, and other diagnoses resulting in functional impairment, with moderate to severe impairment or complexity. These facilities serve as referral facilities for facilities authorized to provide level II and III rehabilitative services.

"Level II rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level II rehabilitative services treat individuals with musculoskeletal trauma, peripheral nerve lesions, lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area, with moderate to severe impairment or complexity.

"Level III rehabilitative services" means rehabilitative services as defined by RCW 70.168.015. Facilities providing level III rehabilitative services provide treatment to individuals with musculoskeletal injuries, peripheral nerve injuries, uncomplicated lower extremity amputations, and other diagnoses resulting in functional impairment in more than one functional area but with minimal to moderate impairment or complexity.

"Level I trauma care services" means trauma care services as defined by RCW 70.168.015. Hospitals providing level I services shall have specialized trauma care teams and provide ongoing research and health care professional education in trauma care.



"Level II trauma care services" means trauma care services as defined by RCW 70.168.015. Hospitals providing level II services shall be similar to those provided by level I hospitals, although complex surgeries and research and health care professional education activities are not required to be provided. This does not exclude education or training of prehospital providers.

"Level III trauma care services" means trauma care services as defined by RCW 70.168.015. The range of trauma care services provided by level III hospitals are not as comprehensive as level I and II hospitals.

"Level IV trauma care services" means trauma care services as defined by RCW 70.168.015.

"Level V trauma care services" means trauma care services as defined by RCW 70.168.015. Facilities providing level V services shall provide stabilization and transfer of all patients with potentially life-threatening injuries.

"Licensing and certification committee (L&C committee)" means the emergency medical services licensing and certification advisory committee created by RCW 18.73.040.

"Local council" means a local EMS/TC council authorized by RCW 70.168.120(1).

"Local medical community" means the organized local medical society existing in a county or counties; or in the absence of an organized medical society, majority physician consensus in the county or counties.

"Medical control" means MPD authority to direct the medical care provided by all certified EMS personnel involved in patient care in the prehospital EMS system.

"Medical control agreement" means a written agreement between two or more MPDs, consistent with regional plans, to assure continuity of patient care between counties, and to facilitate assistance.

"Medical program director (MPD)" means an approved emergency medical services medical program director as defined by RCW 18.71.205(4).

"MPD" means medical program director.

"Name code" means the first four letters of the last name, followed by the first and middle initials.

"National uniform data set" means a coding system which describes the functional abilities and disabilities of the disabled person, published by the State University of New York, Buffalo, NY.

"Ongoing training and evaluation" means a course of education as authorized in RCW 18.73.081 (3)(b).

"PALS" means pediatric advanced life support, a course developed by the American Heart Association.

"Paramedic" means a person certified to provide mobile intensive care paramedic services as defined in RCW 18.71.200(3).

"Patient care procedures" means written operating guidelines adopted by the regional EMS/TC council, in consultation with local EMS/TC councils, emergency communications centers and the MPDs, in accordance with state-wide minimum standards. The patient care procedures identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be

consistent with the transfer procedures in chapter 70.170 RCW.

"Pediatric trauma patient" means trauma patients known or estimated to be less than fifteen years of age.

"Physician" means an individual licensed under the provisions of chapter 18.71 RCW, Physicians, or under the provisions of chapter 18.57 RCW, Osteopathy—Osteopathic medicine and surgery.

"Practical examination" means a test which is conducted in the initial course, or a test or series of evaluations during a recertification period, wherein the competency of a person is determined on each of the practical skills specified by the department.

"Prehospital" means emergency medical care or transportation rendered to patients prior to hospital admission or during interfacility transfer by licensed ambulance or aid service under chapter 18.73 RCW, by personnel certified to provide emergency medical care under chapters 18.71 and 18.73 RCW, or by facilities providing level V trauma care services as provided for in chapter 18.71 RCW.

"Prehospital agencies" means both public and private providers of prehospital care or interfacility transport.

"Prehospital index" means a scoring system for hospital trauma team activation, incorporating assessment of systolic blood pressure, pulse, respiratory status, and level of consciousness, as described in "Prehospital Index: A scoring system for field triage of trauma victims," Koehler, John J., M.D. et al. *Annals of Emergency Medicine* 1986; 15:178-182.

"Prehospital patient care protocols" means the written procedures adopted by the MPD which direct the out-of-hospital emergency care of the emergency patient which includes the trauma care patient.

"Prehospital trauma care services" means both public and private agencies that are verified to provide prehospital trauma care.

"Public education" means the use of preventive measures, involving the education of the population at large, targeted groups or individuals, and efforts to alter specific injury-related behaviors.

"Quality assurance (QA)" means an organized method of auditing and evaluating care provided within EMS/TC systems.

"Reciprocity" means the process by which an individual certified in another state, or certified by the University of Washington's school of medicine as authorized by RCW 18.71.200, is certified by the department.

"Region" means a geographic area used for EMS/TC planning, designated by the department in accordance with RCW 70.168.110.

"Regional council" means the regional EMS/TC council established by RCW 70.168.100.

"Regional plan" means the approved plan that identifies region-wide EMS/TC objectives and prioritizes and identifies equipment, facilities, personnel, training, and other needs required to create and maintain a region-wide EMS/TC system. The plan includes a strategy of implementation that identifies regional and local activities to create, operate, maintain, and enhance the system.

"Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW.

"Rehabilitative services" means a formal program of multidisciplinary, coordinated, and integrated services for evaluation, treatment, education, and training to help individuals with disabling impairments achieve and maintain optimal functional independence in physical, psychosocial, social, vocational, and avocational realms.

"Reinstatement" means the process by which an individual whose EMS certification has expired can be recertified.

"Response area" means a service coverage zone identified in an approved regional plan.

"Rural" means unincorporated or incorporated areas with total populations less than ten thousand people, or with a population density of less than one thousand people per square mile.

"Senior EMT instructor" means an individual approved to be responsible for the quality of instruction of an initial EMS training course.

"Specialized training" means approved training of certified EMS personnel to use a skill, technique, or equipment that is not included in the standard course curriculum.

"State trauma registry" means data collected for examining the entire spectrum of trauma patients and their care, regardless of injury, hospital, or outcome.

"Steering committee" means the EMS/TC steering committee created by RCW 70.168.020.

"Suburban" means an incorporated or unincorporated area with a population of ten thousand to twenty-nine thousand nine hundred ninety nine or any area with a population density of one thousand to two thousand people per square mile.

"System response time" for trauma means the time from an injury until the patient arrives at a designated trauma facility. It includes:

"System access time": The time from discovery to call received;

"911 time": The time it takes the call answerer to:

Process the call, including citizen interview; and

Give the information to the dispatcher;

"Dispatch time": The time from call received by the dispatcher to the time the agency is notified;

"Activation time": The time from agency notification to start of response;

"Enroute time": The time from the end of activation time to the beginning of on-scene time;

"On scene time": The time the unit is on the scene with the patient. This includes extrication, resuscitation, treatment, and loading;

"Transport time": The time from leaving the scene to arrival at a health care facility;

"Training agency" means an organization or individual, which may include local or regional EMS/TC councils, that is approved to train EMS personnel for initial certification.

"Training physician" means a physician delegated by the MPD and approved by the department to be responsible for specified aspects of training of EMS personnel.

"Trauma" means a major single or multisystem injury requiring immediate medical or surgical intervention or treatment to prevent death or permanent disability.

"Trauma care system" means an organized approach to providing care to trauma patients that provides personnel, equipment, and facilities for effective and coordinated trauma care. The trauma care system includes: Prevention,

prehospital care, triage of trauma victims from the scene to designated trauma services, facilities with specific capabilities to provide trauma care, acute hospital care, and rehabilitation services.

"Trauma rehabilitation coordinator" means a person designated to facilitate early rehabilitation interventions and the trauma patient's access to a designated rehabilitation center.

"Trauma surgeon" means a physician who is board certified or board eligible in general surgery, and who has trauma surgery privileges delineated by the facility's medical staff.

"Triage" means the sorting of patients in terms of disposition, destination, or priority. Triage of prehospital trauma victims requires identifying injury severity so that the appropriate care level can be readily assessed according to patient care guidelines.

"Unit of learning" means a method of meeting the CME requirements of this chapter, which includes:

Approved learning objectives that reflect a complete patient care approach and to a topic or group of related topics; and

Measures a student's comprehension of the subject matter by written testing and demonstration of skills.

"Urban" means:

An incorporated area over thirty thousand; or

An incorporated or unincorporated area of at least ten thousand people and a population density over two thousand people per square mile.

"Verification" means the identification of prehospital providers capable of providing verified trauma care services, and is part of the licensure process described in chapter 18.73 RCW.

"Verified trauma care service" means prehospital services as provided for in RCW 70.168.080, and identified in the regional EMS/TC plan as required by RCW 70.168.100, whose capabilities have been verified by the department.

"Wilderness" means any rural area not readily accessible by public or private maintained road.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-010, filed 12/23/92, effective 1/23/93.]

## TRAINING

### WAC 246-976-020 First responder training— Course contents, registration, instructor qualifications.

(1) For initial first responder training, the department shall recognize:

(a) The United States Department of Transportation First Responder Training Course, as amended by the department; and

(b) Four hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, as required by chapter 70.24 RCW. Training shall be consistent with the curriculum manual KNOW - HIV/AIDS Prevention Education - an HIV/HSV Curriculum Manual for Emergency Medical Service Workers, published June 15, 1989, by the department, or as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting first responder training courses, including:

- (a) The registration process;
- (b) MPD responsibilities, including approval of course content and instructional personnel;
- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel, including at least:

- (i) A senior EMT instructor; or for first responder courses sponsored by fire service training, a fire service training endorsed first responder instructor; and

- (ii) A course coordinator;

- (iii) The senior EMT instructor and the course coordinator may be the same person;

- (d) Necessary administrative forms and information to conduct the course;

- (e) Local EMS/TC council endorsement.

(3) Training agencies shall:

- (a) Obtain written approval from the department to conduct each course;

- (b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils. Age of the applicant shall be at least eighteen years (or sixteen years with written recommendation from the MPD) at the beginning of the course.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-020, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-025 First responder—Continuing medical education.** (1) During each certification period a first responder shall complete a minimum of fifteen hours of MPD-approved CME, including:

- (a) Annually:

- (i) Two hours of CPR and airway management, including pediatrics;

- (ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

- (iii) One hour of patient assessment, including pediatric assessment;

- (b) During the current certification period:

- (i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

- (ii) One additional hour of CME on topics approved by the MPD.

(2) For one certification period only, the first responder may substitute hour-for-hour an approved trauma training course for any CME requirement, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the first responder may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040, chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-025, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-030 Emergency medical technician training—Course content, registration, and instructor qualifications.** (1) For initial EMT training, the department shall recognize:

- (a) The United States Department of Transportation Emergency Medical Technician training course as amended by the department; and

- (b) Four hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual KNOW - HIV/AIDS Prevention Education - an HIV/HSV Curriculum Manual for Emergency Medical Service Workers, published June 15, 1989 by the department, or as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting EMT training courses, including:

- (a) The registration process;

- (b) MPD responsibilities, including approval of course content and instructional personnel;

- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel that include at least a course coordinator and senior EMT instructor. The senior EMT instructor and the course coordinator may be the same person;

- (d) Necessary administrative forms and information to conduct the course; and

- (e) Local EMS/TC council endorsement.

(3) Training agencies shall:

- (a) Obtain written approval from the department to conduct each course;

- (b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

- (i) Age of the applicant at least eighteen years at the beginning of the course;

- (ii) High school diploma or GED.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize any county agency established by ordinance to coordinate the EMS training responsibilities with local MPD approval. Such agency shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-030, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-035 Emergency medical technician—Continuing medical education.** (1) During each certification period, an EMT shall complete a minimum of thirty hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Fourteen additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the EMT may substitute hour-for-hour an approved trauma training course for the CME requirements above, except for the CPR and HIV/AIDS requirements.

(3) With MPD approval, the EMT may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirement.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-035, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-040 Specialized training.** (1) The department shall establish and publish procedures for agencies conducting specialized training courses, including:

(a) The registration process;

(b) MPD and department approval of course curriculum and lesson plans, which shall be consistent with local patient care protocols;

(c) MPD and department approval of instructional personnel who are experienced and qualified in the area of training;

(d) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(e) Necessary administrative forms and information to conduct the course.

(2) Agencies conducting specialized training shall:

(a) Obtain written approval from the MPD and the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils;

(c) Have a written agreement with the clinical facility, if it is required for the course and is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(3) Training agencies or local councils may give fire department, prehospital agency and law enforcement personnel priority for admittance to the course.

(4) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-040, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-050 Intravenous therapy technician training—Course content, registration, instructor qualifications.** (1) For initial IV technician training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to intravenous therapy, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting IV technician training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of applicant at least eighteen years at the beginning of the course;

(ii) The applicant for training as an IV technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-050, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-055 Intravenous therapy technicians—Continuing medical education.** (1) During each certification an IV technician shall complete a minimum of forty-five hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Twenty-nine additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the IV technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the IV technician may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-055, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-060 Airway technician training—Course content, registration, instructor qualifications.** (1) For initial airway technician training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to airway management, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting airway technician training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Training agencies shall:

(a) Obtain written approval from the department to conduct each course;

(b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of the local EMS councils, including:

(i) Age of applicant at least eighteen years at beginning of course;

(ii) The applicant for initial training as an airway technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-060, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-065 Airway technician—Continuing medical education.** (1) During each certification period the airway technician shall complete of a minimum of forty-five hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Twenty-nine additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the airway technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except the CPR and HIV/AIDS requirements.

(3) With MPD approval, the airway technician may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-065, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-070 Combined intravenous therapy and airway technician training—Course content, registration, instructor qualifications.** (1) For initial airway and IV therapy training, the department shall recognize those sections of the United States Department of Transportation Emergency Medical Technician - Intermediate course which relate to airway management and IV therapy, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting IV therapy and airway technician training courses, including:

- (a) The registration process;
- (b) MPD responsibilities, including approval of course content and instructional personnel;
- (c) Requirements, functions, and responsibilities of course instructional and administrative personnel;
- (d) Necessary administrative forms and information to conduct the course;
- (e) Local EMS/TC council endorsement.

(3) Training agencies shall:

- (a) Obtain written approval from the department to conduct each course;
- (b) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of applicant at least eighteen years at the beginning of the course;

(ii) The applicant for initial training as a combined IV therapy technician and airway technician shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(c) Have a written agreement with the clinical facility if it is separate from the academic facility;

(d) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to

coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-070, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-075 IV therapy/airway technician—Continuing medical education.** (1) During each certification period, an individual holding dual certification as both an IV technician and an airway technician shall complete a minimum of sixty hours of MPD-approved CME, including:

(a) Annually:

(i) Two hours of CPR and airway management, including pediatrics;

(ii) One hour of patient medical extrication, including pediatric extrication and immobilization;

(iii) One hour of patient assessment, including pediatric assessment;

(b) During the current certification period:

(i) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(ii) Two hours of pediatrics;

(iii) Forty-four additional hours of CME on topics approved by the MPD.

(2) For one certification period only, the combined IV and airway technician may substitute hour-for-hour an approved trauma training course for the CME requirements above, except for the CPR and HIV/AIDS requirements.

(3) With MPD approval, the combined IV and airway technician may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except for the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-075, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-080 Paramedic training—Course content.** (1) For initial paramedic training, the department shall recognize the current United States Department of Transportation Emergency Medical Technician - Paramedic National Standard Course, as amended by the department.

(2) The department shall establish and publish procedures for agencies conducting paramedic training courses, including:

(a) The registration process;

(b) MPD responsibilities, including approval of course content and instructional personnel;

(c) Requirements, functions, and responsibilities of course instructional and administrative personnel;

(d) Necessary administrative forms and information to conduct the course;

(e) Local EMS/TC council endorsement.

(3) Paramedic training agencies shall:



(a) By July 1, 1995, be accredited by the committee on allied health education and accreditation;

(b) Obtain written approval from the department to conduct each course;

(c) Approve or deny applicants for training consistent with requirements for certification, the regional plan, and recommendations of local EMS councils, including:

(i) Age of the applicant at least eighteen years at the beginning of the course;

(ii) The applicant for training as a paramedic shall have a minimum of one year current experience as a certified EMT, unless a waiver is recommended in writing by the MPD;

(d) Have a written agreement with the clinical facility if it is separate from the academic facility;

(e) Ensure that clinical facilities provide departments or sections, personnel, and policies, including:

(i) Written program approval from the administrator and chief of staff;

(ii) A written agreement to participate in continuing education;

(iii) Supervised clinical experience for students during the clinical portion of the program;

(iv) An orientation program.

(4) Training agencies or local councils may give fire department, prehospital, and law enforcement personnel priority for admittance to the course.

(5) The department shall recognize county agencies established by ordinance and approved by the MPD to coordinate EMS training. Such agencies shall have the same responsibilities for selection of students and training as described in this section for the local EMS/TC councils.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-080, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-085 Paramedic—Continuing medical education.** (1) During each certification period, a paramedic shall document completion of a minimum of one hundred fifty hours of MPD-approved CME, including:

(a) Two hours of approved training in infectious disease prevention with special emphasis on HIV/AIDS and Hepatitis B, to meet the requirements of chapter 70.24 RCW. Training shall be consistent with the curriculum manual Infectious Disease Prevention for EMS Providers - CME Disease Prevention Manual for Emergency Medical Service Personnel, published May 1991 by the department, or as amended by the department;

(b) Six hours of pediatrics;

(c) One hundred forty-two additional hours of CME on topics approved by the MPD.

(2) With MPD approval, the paramedic may substitute one approved unit of learning, as described in WAC 246-976-090, for two hours of required CME, except for the HIV/AIDS requirements.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-085, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-090 Continuing medical education—Units of learning.** (1) The department shall approve units of learning which:

(a) Have defined objectives reflecting minimum knowledge and performance requirements appropriate to the category and subject, including at least:

(i) Medical;

(ii) Trauma;

(iii) CPR/airway management;

(iv) Other;

(b) Include evaluation of knowledge and skill performance identified in the learning objectives, through both written assessment and practical application.

(2) Training agencies offering units of learning for CME shall:

(a) Have MPD approval of lesson plans and evaluation tools;

(b) Require students to demonstrate knowledge and skill performance to meet the approved objectives, without specific hour requirements. If demonstration of knowledge and skills is unsatisfactory, remedial training shall be completed before additional attempts are allowed.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-090, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-110 Senior EMT instructor—Qualifications and responsibilities.** (1) The department shall establish and publish procedures for the recognition and renewal of recognition for senior EMT instructors and course coordinators.

(2) For initial recognition by the department as a senior EMT instructor, an applicant shall submit to the department proof of:

(a) High school graduation or GED;

(b) Current EMS certification with a minimum of three years experience at the EMT level or above. The department may waive this requirement if the applicant has:

(i) A minimum of three years prehospital EMS experience; and

(ii) Recommendation for waiver from the MPD;

(c) Certification as a CPR instructor by the American Heart Association or American Red Cross;

(d) Successful completion of an approved instructor workshop;

(e) Experience assisting with two EMT courses, performing a minimum of three hours of lectures and six hours of practical skills in each course;

(f) Recommendation from:

(i) An MPD; and

(ii) A fire chief, another senior EMT instructor, or EMS faculty person;

(g) The recommendation of the local EMS/TC council.

(3) To maintain recognition, a senior EMT instructor shall renew written approval from the MPD and the local EMS/TC council every three years.

(4) The senior EMT instructor shall:

(a) Be responsible for the overall instructional quality of the course;

(b) Counsel students as needed.

(5) The senior EMT instructor and the course coordinator may be the same person.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-110, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-115 Course coordinator—Responsibilities.** (1) The course coordinator shall:

- (a) Submit the course application to the department for approval;
  - (b) Schedule course times, locations, and instructors;
  - (c) Schedule approved written, oral, or practical certification examinations;
  - (d) Submit all required documentation to the department.
- (2) A course coordinator who is also the lead instructor for a course shall meet all senior EMT instructor requirements described in this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-115, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-120 Disciplinary action—Training personnel.** (1) The department may take disciplinary action against senior EMT instructors and course coordinators, for reasons which include but are not limited to:

- (a) Falsification of any documents associated with the course of instruction, evaluation, or examination;
  - (b) Compromise of the department's examination process;
  - (c) Failure to provide required information to the department, the MPD, or other training and testing personnel as appropriate; or
  - (d) Failure to properly complete departmental forms and procedures.
- (2) Disciplinary action may include but is not limited to:
- (a) Withdrawal of authority to participate in EMS/TC training and/or testing;
  - (b) Revocation, modification, or suspension of certification, if the individual holds EMS certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-120, filed 12/23/92, effective 1/23/93.]

## CERTIFICATION

**WAC 246-976-140 Certification and recertification—General requirements.** (1) The department shall establish and publish procedures for initial certification which include:

- (a) Written and practical examinations for:
    - (i) First responders;
    - (ii) EMTs;
    - (iii) IV technicians;
    - (iv) Airway technicians;
    - (v) Paramedics;
  - (b) The process for administration of written and practical examinations;
  - (c) Administrative requirements and the necessary forms.
- (2) The department shall establish and publish procedures for renewal of certification for:

(a) The process for ongoing training and evaluation of skills for first responders and EMTs;

(b) Written and practical examinations for renewal of certification.

(3) Applicants for initial certification shall submit to the department:

- (a) An application for certification of forms provided by the department;
- (b) Proof of identity: A valid driver's license or other photo identification;
- (c) Proof of age;
- (d) Proof of completion of an approved course or courses of instruction for the level of certification sought, as described in this chapter;

(e) Proof of completion of four hours of initial HIV/AIDS training, as described in this chapter;

(f) Proof of successful completion of approved written and practical examinations within the six months prior to application. Applicants shall be allowed no more than three attempts to successfully complete the written and practical examinations;

(g) Proof of active membership, paid or volunteer, in one of the following EMS/TC organizations:

- (i) Licensed provider of aid or ambulance services, including fire department or district;
  - (ii) Law enforcement agency; or
  - (iii) Other affiliated EMS/TC service;
- (h) Recommendation by the MPD for certification;
- (i) Other information required by this chapter.

(4) Certification shall be effective on the date the department issues the certificate, and shall be valid for a period of three years. The expiration date shall be indicated on the certification card.

(5) Applicants for renewal of certification shall submit to the department on approved forms:

(a) All the information identified in subsection (3) of this section; except, current certification shall be deemed proof of course completion, age, and initial HIV/AIDS training;

(b) Proof of completion of CME required for the level of certification sought, as defined in this chapter;

(c) Proof of maintenance of skills required for the level of recertification sought, as defined in this chapter;

(d) For first responders and EMTs, proof of successful demonstration of skills, by:

(i) Successful completion of an approved program of ongoing training and evaluation. An applicant changing from the practical examination program to the ongoing training and evaluation program shall do so before a second attempt at the practical examination; or

(ii) Passing an approved practical examination within the six months prior to application. An applicant changing from the ongoing training and evaluation program to the practical examination program shall do so by taking the practical examination prior to the end of the certification period;

(e) For IV technicians, airway technicians, or paramedics, proof that proficiency of skills has been demonstrated to the satisfaction of the MPD.

(6) Certification of IV technicians, airway technicians, and paramedics under this chapter shall be valid only:

(a) In the county or counties where approved by an MPD, as indicated on the certification card;

(b) In other counties where formal EMS/TC medical control agreements are in place; or

(c) In other counties when accompanying a patient in transit from a county meeting the criteria in (a) or (b) of this subsection.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-140, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-150 Certification and recertification—First responder.** (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as a first responder shall submit documentation to the department of:

(a) Successful completion of a first responder course as described in WAC 246-976-020(1);

(b) Age, which shall be at least eighteen years, or at least sixteen years of age with written recommendation of the MPD.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified first responder applying for recertification shall document completion during the current certification period of CME requirements described in WAC 246-976-025.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-150, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-160 Certification and recertification—Emergency medical technician.** (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an EMT shall submit documentation to the department of:

(a) Successful completion of an EMT course as described in WAC 246-976-030(1);

(b) Age, which shall be at least eighteen years;

(c) High school graduation or GED.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified EMT applying for recertification shall document completion during the current certification period of the CME requirements described in WAC 246-976-035.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-160, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-170 Certification and recertification—Intravenous therapy technicians.** (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an IV technician shall submit documentation to the department of:

(a) Successful completion of an IV technician course as described in WAC 246-976-050(1);

(b) Current certification as an EMT, with a minimum of one year of active affiliation as an EMT with an EMS/TC provider.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified IV technician applying

for recertification shall submit to the department documentation of:

(a) Completion of the CME requirements described in WAC 246-976-055;

(b) Skills that have been maintained as follows:

(i) Annually, during the initial certification period:

(A) A minimum of thirty-six catheter-around-needle insertions performed on sick, injured, or preoperative adult and pediatric patients, or on artificial training aids with approval of the MPD;

(B) Proficiency in intraosseous line placement in pediatric patients, demonstrated to the satisfaction of the MPD;

(ii) In subsequent certification periods, proficiency in intravenous and intraosseous line placement, demonstrated to the satisfaction of the MPD.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-170, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-180 Certification and recertification—Airway technicians.** (1) In addition to meeting the requirements of WAC 246-976-140(3), the applicant for initial certification as an airway technician shall submit to the department documentation of:

(a) Successful completion of an airway management course as described in WAC 246-976-060(1);

(b) Current certification as an EMT or above, with a minimum of one year of active affiliation as an EMT with an EMS/TC provider.

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified airway technician applying for recertification shall submit to the department documentation of:

(a) Completion of the CME requirements described in WAC 246-976-065;

(b) Skills that have been maintained as follows:

(i) Annually, during the initial certification period, a minimum of twelve endotracheal intubations, at least six of which must be performed on human subjects; with written authorization of the MPD, no more than six of the intubations may be performed on artificial training aids;

(ii) In subsequent certification periods:

(A) Annually, a minimum of four endotracheal intubations, at least two of which must be performed on human subjects; with written authorization of the MPD, no more than two of the intubations may be performed on artificial training aids; and

(B) Proficiency in pediatric airway management, demonstrated to the satisfaction of the MPD.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-180, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-190 Recertification—IV and airway technicians.** In addition to meeting the requirements of WAC 246-976-140(5), an individual currently certified as both an IV and an airway technician, who is applying for recertification in both skills, shall submit to the department documentation of:

(1) Completion of the skills maintenance requirements for IV technicians described in WAC 246-976-170 (2)(b);

(2) Completion of the skills maintenance requirements for airway technicians described in WAC 246-976-180 (2)(b);

(3) Completion during the current certification period of the CME requirements described in WAC 246-976-075.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-190, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-200 Certification and recertification—Paramedics.** (1) In addition to meeting the requirements of WAC 246-976-140(3), an applicant for initial certification as a paramedic shall submit to the department documentation of successful completion of a paramedic course as described in WAC 246-976-800(1).

(2) In addition to meeting the requirements of WAC 246-976-140(5), a currently certified paramedic applying for recertification shall submit to the department documentation of:

(a) Completion of the skills maintenance requirements for IV technicians described in WAC 246-976-170 (2)(b);

(b) Completion of the skills maintenance requirements for airway technicians described in WAC 246-976-180 (2)(b); and

(c) Completion of continuing medical education as defined in this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-200, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-210 Certification—Reciprocity, challenges, and reinstatement.** (1) The department shall establish and publish procedures for:

(a) Reciprocal certification of individuals with current EMS certification in another state, and who are recognized by the National Registry;

(b) Reinstatement of individuals whose EMS/TC certification has expired;

(c) Challenge of prerequisites for certification examinations by individuals who have not completed the course work and practical training required by this chapter, but who document equivalent EMS training and/or experience.

(2) Before granting reciprocity, reinstatement, or challenge, the department shall insure that HIV/AIDS training required for EMS/TC personnel by chapter 70.24 RCW has been accomplished.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-210, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-220 EMS personnel—Scope of care authorized, prohibited.** (1) Certified EMS/TC personnel are authorized to provide only:

(a) Patient care within the scope of training as contained in the approved course curriculum for the level of certification; and

(b) Patient care within the scope of approved specialized training as described WAC 246-976-040.

(2) Certified EMS/TC personnel are authorized to provide treatment for patients in prehospital emergency situations and during patient transport, following MPD-approved patient care protocols.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-220, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-230 Certification—Reversion, revocation, suspension, modification, or denial.** (1) The department shall establish and publish procedures:

(a) To allow an individual to revert from a level of certification to a lower level of certification;

(b) To investigate complaints and allegations against certified personnel;

(c) For corrective action by MPDs regarding certified individuals.

(2) The Uniform Disciplinary Act, chapter 18.130 RCW, governs uncertified practice, the issuance and denial of certificates, and the disciplining of certificate holders under this chapter. The secretary is authorized by RCW 18.130.040 to be the disciplining authority under this chapter. Disciplinary action shall be initiated against a person credentialed under this chapter in a manner consistent with the responsibilities and duties of the MPD under whom such person is responsible.

(3) The department may revoke, suspend, or modify certificates of, or deny certificates to, individuals who have:

(a) Provided false information to obtain the certificate;

(b) Performed duties or skills outside of the scope of practice;

(c) Misrepresented their level of certification;

(d) Falsified records of patient care;

(e) Demonstrated incompetence, negligence, malpractice, or otherwise an inability or unwillingness to provide adequate service;

(f) Violated provisions of chapters 18.71, 18.73, or 70.168 RCW, or of this chapter;

(g) Had a professional license revoked, suspended, or denied under Washington state professional licensing statutes;

(h) Demonstrated unprofessional conduct in the course of providing services, including:

(i) The possession, use, prescription for use, or distribution of controlled substances or legend drugs in any way other than for legitimate or therapeutic purposes;

(ii) Diversion of controlled substances or legend drugs;

(iii) The violation of any drug law;

(iv) Prescribing controlled substances for oneself;

(v) Current misuse of:

(A) Alcohol;

(B) Controlled substances; or

(C) Legend drugs;

(vi) Abuse of a client or patient; or

(vii) Sexual contact with a client or patient;

(i) Violated written patient care protocols which the certified individual has acknowledged in writing;

(j) Failed to maintain skills or continuing education according to standards set forth in this chapter;

(k) Failed to demonstrate to the MPD or the department continuing knowledge and overall ability to successfully manage patients with medical or traumatic emergencies;

(l) Failed to cooperate or interfered with the MPD or the department in any investigation regarding medical performance or professional conduct;

(m) Failed to cooperate with the MPD or the department in the attempt to initiate corrective action pursuant to this chapter, which may include counseling;

(n) Been convicted of a felony;

(o) Been decertified for cause by out-of-state authorities;

(p) Not successfully completed the ongoing training and evaluation program;

(q) Failed the written or practical examination.

(4) Before recommending revocation, suspension, modification, or denial of a certificate, the MPD shall initiate corrective action with the certified individual, consistent with department procedures.

(5) The MPD may request the department to summarily suspend certification of an individual if the MPD believes that continued certification will be detrimental to patient care.

(6) In cases where the MPD recommends denial of recertification, the department:

(a) Shall investigate the individual;

(b) May revoke the certification.

(7) Except in the case of summary action as provided in subsection (5) of this section, any action by the department shall be in accordance with WAC 246-976-240.

(8) If an employing or sponsoring agency disciplines a certified individual for conduct as described in this section, the agency shall report the cause and the action taken to the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-230, filed 12/23/92, effective 1/23/93.]

#### **WAC 246-976-240 Notice of decision and hearing.**

The department shall establish and publish procedures for the conduct of modification, suspension, revocation, or denial of certification, which shall be consistent with the requirements of the Administrative Procedure Act (chapter 34.05 RCW), the Uniform Disciplinary Act (chapter 18.130 RCW), and Practice and procedure (chapter 246-08 WAC).

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-240, filed 12/23/92, effective 1/23/93.]

### **LICENSURE**

**WAC 246-976-260 Licenses required.** (1) The department shall:

(a) Establish and publish procedures for licensure of ambulance and aid services and ambulance and aid vehicles, consistent with the state plan and approved regional plans;

(b) Not allow the transfer of licenses issued under this chapter.

(2) Applicants for licensure as ambulance or aid services shall submit application to the department following department procedures, including:

(a) Evidence of ability to comply with standards, rules, and regulations of this chapter;

(b) Evidence of operation that is consistent with the state-wide and regional EMS/TC plans and prehospital patient care procedures;

(c) Evidence of liability insurance coverage;

(d) Description of the general area to be served and the number of vehicles to be used.

(3) Licensees shall submit application for renewal of licensure to the department at least thirty days before the expiration of the current license.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-260, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-270 Denial, suspension, revocation of license—Notice, hearing.** (1) Under the provisions of the Administrative Procedure Act, chapter 34.05 RCW, and chapter 246-08 WAC, the department may suspend, modify, or revoke any ambulance or aid vehicle license issued under this chapter, or deny licensure to an applicant, when it finds failure to comply with the requirements of chapter 18.73 RCW, or other applicable laws or rules, or with this chapter.

(2) The Uniform Disciplinary Act, chapter 18.130 RCW, governs the unlicensed practice, the issuance and denial of licenses, and the disciplining of persons who hold licenses to operate ambulance or aid services under this chapter. The secretary is authorized by RCW 18.130.040 to be the disciplining authority under this chapter. The department may suspend, modify, or revoke any ambulance or aid service license issued under this chapter, or deny licensure to an applicant when it finds:

(a) Failure to comply with the requirements of chapters 18.71, 18.73, or 70.168 RCW, or other applicable laws or rules, or with this chapter;

(b) False, fraudulent, or misleading advertising, or any public claim of authorization to provide a level of service for which the licensee is not authorized or licensed;

(c) Failure to comply with approved patient care protocols or procedures;

(d) Failure to cooperate with the department in inspections or investigations;

(e) Failure to supply data as required in chapter 70.168 RCW and this chapter.

(3) Licensees or applicants may request a hearing to contest department decisions on license denial, suspension, modification, or revocation by filing a written application in accordance with WAC 246-08-020.

(4) Under the provisions of the Administrative Procedure Act, and the Uniform Disciplinary Act, the department may impose sanctions against a licensed service which has not been verified under this chapter, but which routinely responds to trauma incidents and/or renders care to patients of trauma in a manner that is not consistent with the approved regional plan. Such sanctions may include but are not limited to action under RCW 18.73.190 and this chapter which may lead to revocation of the service's license, assessment of fines, and/or filing of misdemeanor charges.

(a) The department shall not take action against a licensed, nonverified service under this section for providing emergency trauma care when the wait for the arrival of a

verified service would place the life of the patient in jeopardy.

(b) This section shall not restrict the authority of a provider licensed under chapter 18.73 RCW to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW and specified in the approved regional plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-270, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-280 Ground ambulance and aid services—Personnel requirements.** (1) Aid services shall provide each aid vehicle with at least one person currently trained in advanced first aid or certified as a first responder.

(2) Ground ambulance services shall provide each ambulance with a minimum of one EMT and one person with advanced first aid training or first responder certification.

(a) The person with the highest level of EMS certification shall be in charge of patient care;

(b) The driver of the ambulance shall have a minimum of advanced first aid training or first responder certification; except, if there are at least two certified EMTs in attendance of the patient the driver shall not be required to have advanced first aid training or first responder certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-280, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-290 Ground ambulance vehicle standards.** (1) All ambulance vehicles shall be clearly identified by appropriate emblems and markings on the front, side, and rear of the vehicle.

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

(a) Tires shall be in good condition with not less than two-thirty-seconds inch useable tread, appropriately sized to support the weight of the vehicle when loaded;

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

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

(3) The electrical system shall meet the following requirements:

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

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

(c) Exterior lights shall comply with the appropriate sections of Federal Motor Vehicle Safety Standards, and

include body-mounted flood lights over the rear door which provide adequate loading visibility;

(d) Emergency warning lights shall be provided in accordance with RCW 46.37.380, as administered by the state commission on equipment.

(5) Windshield wipers and washers shall be dual, electric, multispeed, and maintained in good condition.

(5) Battery and generator system:

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

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

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

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

(8) One ABC two and one-half pound fire extinguisher shall be provided.

(9) Ambulance body:

(a) The length of the patient compartment shall be at least one hundred twelve inches in length, measured from the partition to the inside edge of the rear loading doors. This length shall provide at least twenty inches, and not more than thirty inches, of unobstructed space at the head of the primary patient, measured from the technician's seat back rest to the forward edge of the cot;

(b) The width of the patient compartment, after cabinet and cot installation, shall provide at least nine inches of clear walkway between cots or the squad bench. The department recommends at least twenty-five inches width of kneeling space alongside the primary cot be provided, measured at the floor for a height of nine inches, from the forward leading edge, half of the length back of the primary cot;

(c) The height of the patient compartment shall be at least fifty-three inches at the center of the patient area, measured from floor to ceiling, exclusive of cabinets or equipment;

(d) There shall be secondary egress from the curb side of the patient compartment;

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

(f) Steps may be provided at door openings if the floor is more than eighteen inches above the ground. Steps shall be of a design to prevent the accumulation of mud, ice, or snow, and shall have a nonskid surface;

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

(h) Floor covering shall be applied to the top side of the floor surface. It shall withstand washing with soap and



water or disinfectant without damage to the surface. All joints in the floor covering shall have minimal void between matching edges and shall be cemented with a suitable water-proof and chemical-proof cement to eliminate the possibility of joints loosening or lifting;

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

(j) Exterior surfaces shall be smooth, with appurtenances kept to a minimum;

(k) Restraints shall be provided for all litters. If the litter is floor supported on its own support wheels, a means shall be provided to secure it in position. These restraints shall permit quick attachment and detachment for quick transfer of patient.

(10) Vehicle brakes, tires, regular and special electrical equipment, windshield wipers, heating and cooling units, safety belts, and window glass, shall be in good working order.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-290, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-300 Ground ambulance and aid vehicles—Equipment.** Ground ambulance and aid services shall provide minimum equipment on each licensed vehicle, including:

	AMBULANCE	AID VEHICLE
<b>AIRWAY MANAGEMENT</b>		
Airway Adjuncts		
Oral airway (adult: sm, med, lg)	1ea	1ea
Oral airway (pediatric: 00,0, 1,2,3,4)	1ea	1ea
Suction		
Portable, manual	1	1
Vehicle mounted and powered, providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	0
Tubing, suction	1	1
Bulb syringe, pediatric	1	1
Catheter		
Adult (14 Fr x 22")	4	2
Pediatric (6, 8, 10 Fr)	1ea	1ea
Rigid suction tips	2	1
Water, rinsing	Yes	0
Oxygen delivery		
Oxygen delivery system built in	1	0
3000L Oxygen cylinder, 500Lbs PSI minimum	1	0
300L Oxygen cylinder, 500Lbs PSI minimum	2	1
Regulator, oxygen (0-15+ Liter)	1	1
Cannula, nasal, adult	4	2
O <sub>2</sub> mask, adult	4	2
O <sub>2</sub> mask, pediatric	2	1
O <sub>2</sub> mask, nonrebreather, adult	4	2
O <sub>2</sub> mask, nonrebreather, pediatric	2	1

BVM, with O <sub>2</sub> reservoir		
Adult	1	0
Pediatric (w/sizes neonatal to adult)	1	0
Pocket mask or equivalent	0	1
<b>PATIENT ASSESSMENT AND CARE</b>		
Assessment		
Sphygmomanometer		
Adult, large	1	0
Adult, regular	1	1
Pediatric	1	0
Infant	1	0
Stethoscope		
Adult	1	1
Pediatric	1	0
Thermometer, oral, hypothermia	1ea	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1
Personal infection control		
Gloves, exam, nonsterile (box)	1	1
Other equipment per WISHA requirements	Yes	Yes
<b>MEDICAL EMERGENCIES</b>		
Wound care		
Dressing, sterile	asst	asst
Dressing, sterile, trauma	4	4
Roller gauze bandage	asst	asst
Triangular bandage	4	4
Medical tape	asst	asst
Self adhesive bandage strips	asst	asst
Cold packs	4	2
Occlusive dressings	2	2
Burn sheets	2	2
Scissors, bandage	1	1
Irrigation solution	2	1
Splinting		
Backboard, plywood or equiv with straps	2	1
Backboard head immobilizer	1	1
Immobilizer board, pediatric capable	1	0
Extrication collars, rigid		
Adult (small, medium, large)	2ea	1ea
Pediatric	asst	asst
Immobilizer, cervical/thoracic, adult	1	0
Splint, traction, adult w/straps	1	0
Splint, traction, pediatric, w/straps	1	0
Splint, adult (arm and leg)	2ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea
General		
Litter, wheeled, collapsible	1	0
Pillows, plastic covered or disposable	2	0
Pillow case	4	0
Sheets	4	0
Blankets	4	2
Towels, cloth	4	0
Emesis collection device	1	1
Urinal	1	0
Bed pan	1	0
OB kit	1	1
Extrication		
Shovel	1	1
Hammer	1	1
Adjustable wrench, 8"	1	1
Hack saw, with blades	1	1
Crowbar, pinch point, 40" minimum	1	1
Screwdriver, straight tip, 10" minimum	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1
Wrecking bar, 3' minimum	1	1
Locking pliers	1	1
Bolt cutters, 1/2" min. jaw spread	1	1
Rope, utility, 50' x 3/8"	1	1

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-300, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-310 Ground ambulance and aid vehicles—Communications equipment.** (1) Ground ambulance and aid services shall provide each licensed vehicle with communication equipment which:

- (a) Is consistent with state and approved regional plans;
- (b) Is in good working order;
- (c) Allows direct two-way communication between the vehicle and its system control point;
- (d) Uses cellular phones only as a secondary means of communications; and
- (e) Allows communication with the medical control system established in the state communication plan.

(2) In addition to subsection (1) of this section, services shall provide each licensed ambulance with communication equipment which:

- (a) Allows direct two-way communication, from both the driver's and patient's compartments, with all hospitals in the service area of the vehicle;
- (b) Incorporates appropriate encoding and selective signaling devices; and
- (c) When transporting patients, allows communications with designated EMS/TC receiving facilities state-wide.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-310, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-320 Air ambulance services.** (1) The department shall:

(a) Issue licenses to air ambulance services and aircraft which meet standards described in this section;

(b) Exclude from licensure requirements those services operating aircraft for primary purposes other than civilian air medical transport, but which may be called into service to initiate an emergency air medical transport of a patient to the nearest available treatment facility or rendezvous point with other means of transportation. Examples of services fitting this description include, but are not limited to: United States Army Military Assistance to Safety and Traffic, United States Navy, United States Coast Guard, Search and Rescue, and the United States Department of Transportation.

(c) Establish and publish minimum standards for air ambulance services, medical transport aircraft, and medical equipment required for licensure. Standards for aircraft shall be consistent with federal aviation administration regulations.

(2) Air ambulance services shall:

(a) Comply with all regulations in this chapter pertaining to ambulance services and vehicles, except that WAC 246-976-280, 246-976-290, and 246-976-300 are replaced for air ambulance services by subsection (3)(b) and (c) of this section;

(b) Comply with the standards in this section for all types of transports, including inter-facility and prehospital transports;

(c) Be currently certified as an air taxi under federal aviation regulations Part 135, Air Taxi Operators and Commercial Operators of Small Aircraft. Air ambulance services shall comply with applicable federal aviation regulations contained in Parts 91 and 135, and conduct all

maintenance activities in accordance with Part 43. Air ambulance services shall comply with any additional federal aviation administration regulations specifically dealing with air ambulance services.

(3) Air ambulance services shall provide:

(a) A physician director who is:

- (i) Trained and experienced in emergency, trauma, and critical care;
- (ii) Knowledgeable of the operation of air medical services; and
- (iii) Responsible for supervising and evaluating the quality of patient care provided by the air medical flight personnel;

(b) Sufficient air medical personnel on each response to provide adequate patient care, specific to the mission, including:

(i) One specially trained, experienced registered nurse or paramedic; and

(ii) One other person who may be a physician, nurse, physician's assistant, respiratory therapist, paramedic, EMT, or other appropriate specialist appointed by the physician director.

If an air ambulance responds directly to the scene of an incident, at least one of the air medical personnel shall be trained in prehospital emergency care;

(c) Aircraft that, when operated as air ambulances:

(i) Are configured in such a way that the medical attendants have access to the patient in order to begin and maintain advanced life support and other treatment modalities;

(ii) Allow loading and unloading the patient without excessive maneuvering or tilting of the stretcher;

(iii) Have appropriate communication equipment to insure internal crew and air-to-ground exchange of information between flight personnel and hospitals, medical control, the flight operations center, and air traffic control facilities;

(iv) Are equipped with:

(A) Appropriate navigational aids;

(B) Airway management equipment, including:

(I) Oxygen;

(II) Suction;

(III) Ventilation and intubation equipment, adult and pediatric;

(C) Cardiac monitor/defibrillator;

(D) Supplies, equipment, and medication as required by the program physician director, for emergency, cardiac, trauma, pediatric care, and other missions; and

(v) Have adequate interior lighting for patient care arranged so as not to interfere with the pilot's vision;

(d) If using fixed-wing aircraft, pressurized, multi-engine aircraft when appropriate to the mission;

(e) If using helicopter aircraft:

(i) A protective barrier sufficiently isolating the cockpit, in order to minimize in-flight distraction or interference;

(ii) Appropriate communication equipment to communicate with ground EMS/TC services and public safety vehicles, in addition to the communication equipment specified in (c)(iii) of this subsection.

(4) All air medical personnel shall:

(a) Be certified in ACLS;

(b) Be trained in:

(i) Emergency, trauma, and critical care;

- (ii) Altitude physiology;
- (iii) EMS communications;
- (iv) Aircraft and flight safety; and
- (v) The use of all patient care equipment on board the aircraft;

(c) Be familiar with survival techniques appropriate to the terrain;

(d) Perform under protocols.

(5) In instances where aeromedical evacuation of a patient is necessary because of a life threatening condition and a licensed air ambulance is not available, patient transportation may be accomplished by the nearest available aircraft that can accommodate the patient. The physician ordering the transport shall justify the need for air transport of the patient in writing to the department within thirty days after the incident.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-320, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-330 Ambulance and aid services—Record requirements.** (1) Each ambulance and aid vehicle service shall maintain a record of:

- (a) Current certification levels of all personnel;
- (b) Make, model, and license number of all vehicles; and

(c) Each patient contact with at least the following information:

- (i) Names and certification levels of all personnel;
- (ii) Date and time of medical emergency;
- (iii) Age of patient;
- (iv) Applicable components of system response time as defined in this chapter;
- (v) Patient vital signs;
- (vi) Procedures performed on the patient;
- (vii) Mechanism of injury or type of illness;
- (viii) Patient destination;
- (ix) Other data points identified in this chapter for the trauma registry.

(2) Transporting agencies shall leave a copy of the patient care record at the receiving facility.

(3) Patient records are confidential. Disclosure of patient information shall be governed by applicable state and federal regulations on confidentiality.

(4) Licensed services shall make all records available for inspection and duplication upon request of the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-330, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-340 Ambulance and aid services—Inspections and investigations.** (1) The department shall conduct periodic, unannounced inspections of licensed ambulances and aid vehicles services.

(2) If the service is also verified in accordance with WAC 246-976-390, the department shall include a review for compliance with verification standards as part of the inspections described in this section.

(3) Licensed services shall make available to the department copies of any printed or written materials

relevant to the inspection, verification review, or investigative process.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-340, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-350 Ambulance and aid services—Variances from requirements.** (1) The department may grant a variance from ambulance and aid vehicle licensing requirements if:

(a) No detriment to health and safety would result from the variance; and

(b) Compliance is expected to cause reduction or loss of existing emergency medical services.

(2) Consistent with state and regional plans, the department may grant variances for a period of no more than one year. A variance may be renewed by the department upon approval of the L&C committee.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-350, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-370 Ambulance and aid services—Prehospital trauma triage procedures.** (1) Licensed ambulance and aid services shall comply with the state of Washington Prehospital Trauma Triage Procedures, March 11, 1992, or as subsequently revised by the department.

(2) The EMS provider shall make assessments to determine whether an injury is classified as a major trauma, including:

(a) Vital signs and level of consciousness;

(b) Anatomy of injury;

(c) Biomechanics of the injury; and

(d) Comorbid and associated risk factors.

(3) The prehospital provider shall activate the trauma system immediately for patients who meet the criteria for vital signs, level of consciousness, and anatomy of injury listed in the trauma triage procedures, steps one and two.

(4) The prehospital provider shall consult with medical control before activating the trauma system for patients who meet the criteria listed in the trauma triage procedures for biomechanics of injury and comorbid and associated risk factors, steps three and four, but not for vital signs, level of consciousness, or anatomy of injury.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-370, filed 12/23/92, effective 1/23/93.]

## VERIFICATION

**WAC 246-976-390 Verification of trauma care services.** (1) The department shall:

(a) Develop and provide procedures and application forms for verification;

(b) Establish and publish standards for verification of prehospital trauma care services in the following categories:

(i) Aid service, basic life support;

(ii) Ambulance service, basic life support;

(iii) Aid service, intermediate life support;

(iv) Ambulance service, intermediate life support;

(v) Aid service, paramedic;

- (vi) Ambulance service, paramedic;
  - (c) Review the minimum response times for verified prehospital trauma services at least biennially, considering data available from the trauma registry and with the advice of the steering committee;
  - (d) Approve an applicant to provide verified prehospital trauma care, based on satisfactory evaluations as described in this section;
  - (e) Notify the regional council and the MPD in writing of the name, location, and level of verified services;
  - (f) Renew approval of a verified service upon reapplication, if the service continues to meet standards established in this chapter and the needs identified in the regional EMS/TC plan.
- (2) For licensed aid services, the department shall:
- (a) Establish and review biennially the minimum number of aid services needed to provide verified nontransport trauma care services based upon distribution and level of service identified for each response area in the approved regional plan;
  - (b) Evaluate applicants for aid service trauma verification based upon demonstrated ability of the provider to meet standards defined in this section.
- (3) For licensed ambulance services, the department shall:
- (a) Establish and review biennially the minimum and maximum number of verified ambulance services needed in the state and within each region to assure adequate availability and avoid inefficient duplication and lack of coordination of verified transport trauma care service based upon distribution and level of service identified for each response area identified in the approved regional plan;
  - (b) Evaluate applicants for ambulance trauma service verification based upon:
    - (i) Demonstrated ability of the provider to meet standards defined in this section;
    - (ii) The maximum number of ambulance services for each response area identified in the approved regional plans;
    - (iii) Preference for verification of existing licensed EMS/TC agencies, until January 1, 1995;
    - (iv) Recommendations from:
      - (A) EMS systems established by ordinance, resolution, interlocal agreement, or contract;
      - (B) Local government; and
      - (C) Local and regional EMS/TC councils;
    - (v) Verification shall be renewed upon reapplication, if the service continues to meet standards established in this chapter, and the needs identified in the regional plan.
  - (4) The regional councils shall:
    - (a) Identify the need for and distribution of verified aid services needed to assure adequate availability of prehospital aid service within the region for each response area, based upon agency response time standards, geography, topography, and population density for:
      - (i) Aid service, basic life support;
      - (ii) Aid service, intermediate basic life support;
      - (iii) Aid service, advanced life support;
    - (b) Identify the need for and distribution of verified ambulance services needed to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital ambulance service within the region for each

- response area based upon agency response time standards, geography, topography, and population density for:
  - (i) Ambulance, basic life support;
  - (ii) Ambulance, intermediate life support;
  - (iii) Ambulance, advanced life support.
- (5) Licensed ambulance and aid services applying to become verified prehospital trauma care services shall submit application on forms provided by the department, including:
  - (a) Documentation required for licensure specified by WAC 246-976-260(2);
  - (b) By July 1, 1995, a policy that a trauma training program is required for all personnel responding to trauma incidents. The program shall meet learning objectives established by the department and be approved by the MPD;
  - (c) Documentation that the provider has the ability to deliver personnel and equipment required for verification to the scene of a trauma injury within the agency response times identified in this section; and
  - (d) By July 1, 1995, documentation that the provider is participating in an approved regional quality assurance program.
  - (6) Verified aid services shall provide personnel on each trauma response including:
    - (a) Aid service, basic life support: At least one individual, first responder or above;
    - (b) Aid service, intermediate life support: At least one IV/airway technician; or two individuals, one IV technician and one airway technician;
    - (c) Aid service, advanced life support: At least one paramedic.
  - (7) Verified ambulance services shall provide personnel on each trauma response including:
    - (a) Ambulance, basic life support: At least two certified individuals — one EMT plus one first responder;
    - (b) Ambulance, intermediate life support:
      - (i) One IV/airway technician, plus one EMT; or
      - (ii) One IV technician and one airway technician, both of whom shall be in attendance in the patient compartment, plus a driver;
    - (c) Ambulance, paramedic: At least two certified individuals — one paramedic and one EMT.
  - (8) Minimum equipment standards for licensure of basic life support (BLS) units as identified in WAC 246-976-300 shall be the minimum standards for verified BLS units.
  - (9) Verified aid and ground ambulance services shall provide equipment on each vehicle, including for intermediate life support (ILS) and paramedic (PAR) level of service:

	AMBULANCE		AID VEHICLE	
	PAR	ILS	PAR	ILS
<b>AIRWAY MANAGEMENT</b>				
<b>Airway Adjuncts</b>				
Oral airway (adult: sm, med, lg)	1ea	1ea	1ea	1ea
Oral airway (pediatric: 00,0,1,2,3,4)	1ea	1ea	1ea	1ea
Adjunctive airways, per protocol	0	1	0	1
Laryngoscope handle, spare batteries	1	1	1	1
Adult blades, set	1	1	1	1
Pediatric blades, straight (0,1,2)	1ea	1ea	1ea	1ea
Pediatric blades, curved (2)	1ea	1ea	1ea	1ea
McGill forceps, adult & pediatric	1	1	1	1
ET tubes, adult (±1/2 mm)	1ea	1ea	1ea	1ea
ET tubes, pediatric, with stylet				
Uncuffed (2.5 - 5.0 mm)	1ea	1ea	1ea	1ea
Cuffed or uncuffed (6.0 mm)	1ea	1ea	1ea	1ea

Emergency and Trauma Services

246-976-390

Suction				
Portable, manual and powered	1	1	1	1
Vehicle mounted and powered; providing: Minimum of 30 L/min. & vacuum > 300 mm Hg	1	1	0	0
Tubing, suction	1	1	1	1
Bulb syringe, pediatric	1	1	1	1
Catheters, suction				
Adult (14 Fr x 22")	4	4	2	2
Pediatric (6,8,10 Fr)	1ea	1ea	1ea	1ea
Rigid suction tips	2	2	1	1
Water, rinsing	Yes	Yes	0	0
Oxygen delivery				
Oxygen delivery system, built in	1	1	0	0
3000L Oxygen cylinder, 500Lbs PSI minimum	1	1	0	0
300L Oxygen cylinder, 500Lbs PSI minimum	2	2	1	1
Regulator, oxygen (0-15+ Liter)	1	1	1	1
Cannula, nasal, adult	4	4	2	2
O <sub>2</sub> mask, adult	4	4	2	2
O <sub>2</sub> mask, pediatric	2	2	1	1
O <sub>2</sub> mask, nonbreather, adult	4	4	2	2
O <sub>2</sub> mask, nonbreather, pediatric	2	2	1	1
BVM, w/O <sub>2</sub> reservoir				
Adult	1	1	1	1
Pediatric, (w/sizes neonatal to adult)	1	1	1	1
<b>PATIENT ASSESSMENT AND CARE</b>				
<b>Assessment</b>				
Sphygmomanometer				
Adult, large	1	1	1	1
Adult, regular	1	1	1	1
Pediatric	1	1	1	1
Infant	1	1	1	1
Stethoscope				
Adult	1	1	1	1
Pediatric	1	1	1	1
Thermometer, oral and hypothermia	1ea	1ea	0	0
Flashlight, w/spare or rechargeable batteries & bulb	1	1	1	1
Personal infection control				
Gloves, exam, nonsterile (box)	1	1	1	1
Other equipment per WISHA requirements	Yes	Yes	Yes	Yes
<b>MEDICAL EMERGENCIES</b>				
<b>Wound care</b>				
Dressing, sterile	asst	asst	asst	asst
Dressing, sterile, trauma	4	4	4	4
Roller gauze bandage	asst	asst	asst	asst
Triangular bandage	4	4	4	4
Medical tape	asst	asst	asst	asst
Self adhesive bandage strips	asst	asst	asst	asst
Cold packs	4	4	2	2
Occlusive dressings	2	2	2	2
Burn sheets	2	2	2	2
Scissors, bandage	1	1	1	1
Irrigation solution	2	2	1	1
<b>Splinting</b>				
Backboard, plywood or equiv with straps	2	2	1	1
Backboard head immobilizer	1	1	1	1
Immobilizer board, pediatric capable	1	1	1	1
Extrication collars, rigid				
Adult (small, medium, large)	2ea	2ea	1ea	1ea
Pediatric	asst	asst	asst	asst
Extrication device (immobilizer) adult	1	1	1	1
Splint, traction, adult with straps	1	1	1	1
Splint, traction, pediatric, w/straps	1	1	1	1
Splint, adult (arm and leg)	2ea	2ea	1ea	1ea
Splint, pediatric (arm and leg)	1ea	1ea	1ea	1ea
<b>IV access</b>				
Isotonic solution	4L	4L	2L	2L
Administration sets				
Adult	1	1	1	1
Pediatric, w/volume control	4	4	2	2

Catheters, intravenous (14-24 ga)	asst	asst	asst	asst
Needles				
Hypodermic	asst	asst	asst	asst
Intraosseous, per protocol	2	2	1	1
Sharps container	1	1	1	1
Syringes	asst	asst	asst	asst
Glucose measuring supplies	Yes	0	Yes	0
Pressure infusion device	1	1	1	1
Cardiac care				
Monitor/defibrillator (manual capable) with necessary supplies	1	0	1	0
General				
Litter, wheeled, collapsible, w/straps	1	1	0	0
Pillows (plastic cover or disposable)	2	2	0	0
Pillow case	4	4	0	0
Sheets	4	4	0	0
Blankets	4	4	2	2
Towels, cloth	4	4	0	0
Emesis collection device	1	1	1	1
Urinal	1	1	0	0
Bed pan	1	1	0	0
OB kit	1	1	1	1
Extrication				
Shovel	1	1	1	1
Hammer	1	1	1	1
Adjustable wrench, 8"	1	1	1	1
Hack saw, with blades	1	1	1	1
Crowbar, pinch point, 40" minimum	1	1	1	1
Screwdriver, straight tip, 10" minimum	1	1	1	1
Screwdriver, 3 Phillips, 10" minimum	1	1	1	1
Wrecking bar, 3' minimum	1	1	1	1
Locking pliers	1	1	1	1
Bolt cutters, 1/2" min. jaw spread	1	1	1	1
Rope, utility, 50' x 3/8"	1	1	1	1

(9) Verified air ambulance services shall meet equipment requirements described in WAC 246-976-320.

(10) By January 1994, all verified trauma services shall participate in the regional quality assurance program established by RCW 70.168.090(2).

(11) Verified aid services shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

(a) To urban response areas: Eight minutes or less, eighty percent of the time;

(b) To suburban response areas: Fifteen minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(12) Verified ground ambulance services shall meet the following minimum agency response times for response areas as defined by the department and identified in the approved regional plan:

(a) To urban response areas: Ten minutes or less, eighty percent of the time;

(b) To suburban response areas: Twenty minutes or less, eighty percent of the time;

(c) To rural response areas: Forty-five minutes or less, eighty percent of the time;

(d) To wilderness response areas: As soon as possible.

(13) A verified prehospital trauma care service, or an applicant for verification, may request a variance from the requirements of this section.

(14) The department may:

(a) Grant a variance from ambulance and aid service verification requirements for a period not to exceed one year if the department determines:

(i) No detriment to public health and safety will result from the variance; and

(ii) Compliance with the provisions of this section will cause a reduction or loss of existing prehospital services;

(b) Renew a variance. If a renewal is granted, the verified service shall prepare a plan to bring the provider or region into compliance and the expected date of compliance, consistent with the regional EMS/TC plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-390, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-400 Verification—Noncompliance with standards.** If the department finds that a verified prehospital trauma care service is out of compliance with verification standards:

(1) The department shall promptly notify in writing: The service, the MPD, the local and regional EMS/TC councils.

(2) The service shall, within thirty days of notification by the department, submit a corrective plan to the MPD and the regional council outlining proposed action to bring the service into compliance.

(3) The MPD and the regional council shall, within thirty days of receipt of the service's corrective plan, forward their recommendations on the plan to the department.

(4) The department shall, within thirty days, review the plan and recommendations of the regional council and MPD, and notify the service of acceptance or rejection.

(5) The regional council may:

(a) Seek assistance and funding from the department and others to provide training or grants necessary to bring the verified prehospital trauma service into compliance; and/or

(b) Appeal to the department for modification of the regional plan if it is unable to assure continued compliance with the regional plan.

(6) The department shall monitor the service's progress in fulfilling the terms of the approved plan.

(7) If the service is either unable or unwilling to comply with the verification standards, under the provisions of chapter 34.05 RCW, the department may suspend or revoke the verification. The department shall promptly notify the regional council and the MPD of any revocation or suspension of verification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-400, filed 12/23/92, effective 1/23/93.]

### TRAUMA REGISTRY

**WAC 246-976-420 Trauma registry—Department responsibilities.** The department shall:

(1) Establish a state-wide data registry to collect and analyze data on the incidence, severity, and causes of trauma, including traumatic brain injury for the purposes of:

(a) Monitoring and providing information necessary to evaluate major trauma patient care and outcome;

(b) Assessing compliance of prehospital providers, health care facilities, hospitals, and rehabilitation services with the standards of state trauma system operation and designation;

(c) Providing information necessary for resource planning and management;

(d) Providing data for injury surveillance, analysis, and prevention programs; and

(e) Providing a resource for research and education.

(2) Establish criteria to identify patients to be included in the state trauma registry by:

(a) All licensed prehospital providers;

(b) Health care facilities, both designated (all levels) and nondesignated;

(c) Designated trauma rehabilitation services;

(d) Medical examiner reports;

(e) Other sources outside of the EMS/TC system which may include but not be limited to:

(i) Death certificates;

(ii) Washington Fire Incident Report System;

(iii) Commission's Hospital Abstract Reporting System (CHARS); and

(iv) Law enforcement agency records.

(3) Establish, publish, and periodically review the required data elements to be submitted to provide information regarding injury, trauma care, and system operation, in the following categories:

(a) Demographic;

(b) Anatomic;

(c) Physiologic;

(d) Severity;

(e) Epidemiologic;

(f) Resource utilization;

(g) Quality assurance;

(h) Outcome; and

(i) Financial.

(4) Require a case specific patient identifier common to all data sources used in the registry;

(5) Provide procedures for electronic submission of data, including specifications for necessary software; or provide paper forms for manual submission of data;

(6) For data quality assurance:

(a) Develop detailed protocols for quality control, consistent with the department's most current data quality guidelines;

(b) Perform validity studies to assess the completeness and accuracy of case identification and data collection;

(c) Provide a report on completeness and accuracy of data submitted for each provider submitting data to the registry.

(7) Conclude a pilot of the trauma registry by July 1993, which assesses the impact of data reporting on hospital and prehospital participants, and evaluates the appropriateness of the inclusion criteria and required data elements; and

(8) Evaluate requests from regional EMS/TC councils for collection of voluntarily submitted additional data elements from agencies and facilities in that region.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-420, filed 12/23/92, effective 1/23/93.]



**WAC 246-976-430 Trauma registry—Provider responsibilities.** (1) All licensed prehospital services shall:

(a) Use the following criteria for inclusion of patient data in the trauma registry:

- (i) Trauma victims dead at scene; and
- (ii) All patients meeting trauma triage criteria who are transported to a health care facility;

(b) Submit required registry data via electronic transfer; or, if authorized in writing by the department, on approved paper forms.

(2) The first licensed service on the scene shall be responsible for submitting the following data on all patients identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

- (a) Run sheet number;
- (b) Name or name code, when available;
- (c) Date of birth when available;
- (d) Age;
- (e) Sex;
- (f) Agency incident number;
- (g) Patient's trauma identification number;
- (h) Agency identification number;
- (i) First agency on scene (yes/no);
- (j) Transporting agency identification;
- (k) Level of transporting agency (BLS/ALS);
- (l) Incident county code;
- (m) Response area code of incident (urban, suburban, rural, wilderness);
- (n) Date of incident;
- (o) Time:
  - (i) Call received;
  - (ii) Dispatched;
  - (iii) Arrived at scene;
- (p) First scene:
  - (i) Systolic blood pressure;
  - (ii) Respiratory rate;
  - (iii) Pulse;
  - (q) Glasgow coma score - eye, verbal, and motor;
  - (r) Systolic blood pressure less than ninety mm Hg in field (yes/no);
  - (s) Mechanism of injury;
  - (t) Prehospital trauma system activation (yes/no);
  - (u) Extrication required;
  - (v) Patient entrapped (yes/no);
  - (w) Safety restraint or device used;
  - (x) Field interventions done; and
  - (y) Additional information if patient died at scene:
    - (i) Patient home zip code;
    - (ii) Patient race and ethnicity when available.

(3) The transporting service shall be responsible for submitting the following data on all patients identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

- (a) Run sheet number or file number;
- (b) Name or name code;
- (c) Date of birth, when available;
- (d) Age;
- (e) Sex;
- (f) Agency incident number;

- (g) Patient's trauma identification number;
- (h) Agency identification number;
- (i) First agency on scene identification number;
- (j) Transporting agency identification;
- (k) Level of transporting agency (BLS/ALS);
- (l) Intra-facility transport;
- (m) Incident county code;
- (n) Response area code of incident (urban, suburban, rural, wilderness);
- (o) Date of incident;
- (p) First hospital transported to (code);
- (q) Second hospital transported to (code);
- (r) Intra-field rendezvous transport agency identification number;
- (s) Time of:
  - (i) Call received;
  - (ii) Dispatch;
  - (iii) Arrival at scene;
  - (iv) Departure from scene;
  - (v) Arrival at intra-field destination or rendezvous;
  - (vi) Arrival at first hospital;
  - (vii) Departure from first hospital;
  - (viii) Arrival at second hospital;
- (t) First:
  - (i) Systolic blood pressure;
  - (ii) Respiratory rate;
  - (iii) Pulse;
  - (iv) Glasgow coma score - eye, verbal, and motor;
  - (u) Systolic blood pressure less than ninety mm Hg in field;
  - (v) Mechanism of injury;
  - (w) Trauma triage criteria met;
  - (x) Prehospital trauma system activation (yes/no);
  - (y) Extrication required;
  - (z) Patient entrapped (yes/no);
  - (aa) Safety restraint/device used;
  - (bb) Field interventions done;
  - (cc) Receiving hospital contacted (code);
  - (dd) Diverted;
  - (ee) Mode of transport; and
  - (ff) Additional information if patient dies in route:
    - (i) Patient home zip code;
    - (ii) Patient race and/or ethnicity, when available.

(4) Licensed ambulance services transporting patients between facilities shall be responsible for submitting the following data on all patients identified in subsection (1) of this section, treated during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

- (a) Run sheet number;
- (b) Patient's trauma identification number;
- (c) Agency identification number;
- (d) Inter-facility transfer (yes/no);
- (e) Mode of transport;
- (f) Level of transport (BLS/ALS);
- (g) Time:
  - (i) Call received;
  - (ii) Arrived at hospital;
  - (h) Originating facility (code);
  - (i) Destination facility (code).
- (5) Designated trauma care facilities at all levels shall:

(a) Use the following criteria for inclusion of patient data in the trauma registry:

(i) All trauma patients dead on arrival at health care facility;

(ii) All trauma patients discharged deceased from health care facility;

(iii) All trauma patients transferred to another facility;

(iv) Other patients with all three of the following:

(A) Emergency admit, UB-82; and

(B) Length of stay greater than two days or forty-eight hours; and

(C) Discharge diagnosis ICD-9-CM codes of 800 - 904.99 or 910 - 959.9;

(b) Submit required registry data via electronic transfer; or, if authorized in writing by the department, on approved paper forms;

(c) Submit the following data for patients identified in (a) of this subsection, who were discharged during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(i) Identification of facility;

(ii) Unique patient identification number assigned to the patient by the facility;

(iii) Arrival via EMS system;

(iv) Prehospital run sheet number, when available;

(v) Date of ED arrival;

(vi) Time of ED arrival;

(vii) Date of incident;

(viii) Initial hospital;

(ix) Facility patient was transferred from;

(x) Patient information:

(A) Name or name code;

(B) Date of birth;

(C) Sex;

(D) Race and ethnicity;

(E) Patient's trauma identification number;

(F) Social Security number;

(G) Home zip code number;

(H) Organ donor;

(xi) Mechanism of injury;

(xii) Safety restraint/device used;

(xiii) Prehospital index score on admission;

(xiv) Time of first contact with ED physician;

(xv) Trauma team activated (yes/no);

(xvi) Time of call to surgeon;

(xvii) Time of arrival of surgeon in ED;

(xviii) First systolic blood pressure in ED;

(xix) First temperature in ED;

(xx) First pulse rate in ED;

(xxi) First spontaneous respiration rate in ED;

(xxii) Lowest systolic blood pressure in ED;

(xxiii) Glasgow coma score in ED - eye, verbal, and motor;

(xxiv) Patient intubated at first GCS;

(xxv) Patient pharmacologically paralyzed at first GCS;

(xxvi) ED procedures performed;

(xxvii) Time of ED discharge;

(xxviii) ED discharge disposition;

(xxix) Admitting service;

(xxx) CT scan of head done (yes/no);

(xxxi) Date of head CT scan;

(xxxii) Time of head CT scan;

(xxxiii) For each operation:

(A) Date and time patient arrived in operating room;

(B) Date and time operation started;

(C) Most recent ICD codes;

(xxxiv) Length of primary stay in intensive care unit;

(xxxv) Length of readmission stay in intensive care unit;

(xxxvi) Co-morbidity complications;

(xxxvii) Physical therapy consult;

(xxxviii) Date of physical therapy consult;

(xxxix) Rehabilitation consult;

(xl) Date of rehabilitation consult;

(xli) Disability at acute care discharge:

(A) Feeding;

(B) Locomotion;

(C) Expression;

(xlii) Glasgow outcome score at discharge;

(xliii) Date of facility discharge;

(xliv) Time of facility discharge;

(xlv) Discharge disposition;

(xlvi) Rehabilitation facility identification number;

(xlvii) Autopsy done (yes/no);

(xlviii) Date of death;

(li) Time of death;

(I) Most recent ICD diagnosis codes/discharge codes;

(li) E-code;

(lii) Occupational injury;

(liii) Safety restraint/device used; and

(liv) Payer source;

(d) Submit reimbursement information on trauma registry patients annually, including:

(i) Total billed charges;

(ii) Remitted reimbursement by each payer category;

and

(iii) Ratio of cost to charges, by department.

(6) Designated rehabilitation facilities shall:

(a) Inclusion patient data for the trauma registry on all patients whose primary admission diagnosis is trauma, including ICD diagnosis codes of 800 - 904.99 or 910 - 959.9;

(b) Submit the following data for patients identified in (a) of this subsection, who were discharged during each calendar quarter. Data shall arrive at the registry in an approved format no later than ninety days after the end of the quarter:

(i) Rehabilitation facility identification number;

(ii) Trauma tag/identification number;

(iii) Name or name code;

(iv) Social Security number;

(v) Sex;

(vi) Date of birth;

(vii) Date of admission to rehabilitation;

(viii) First admit (yes/no);

(ix) Continuing admit (yes/no);

(x) Impairment code, from the national uniform data set;

(xi) Source of admission;

(xii) Level of cognitive function on admission (Rancho scale);

(xiii) Tracheostomy;

(xiv) Ventilator dependent;

(xv) Feeding tube;

- (xvi) Admission functional independence measure, from the national uniform data set (FIM or WEE FIM);
- (xvii) Complications;
- (xviii) Premorbid physiological, cognitive, and mental conditions;
- (xix) Highest grade completed;
- (xx) Level of cognitive function on discharge (Rancho scale);
- (xxi) Functional independence measure on discharge, from the national uniform data set (FIM or WEE FIM score);
- (xxii) Discharged with tracheostomy;
- (xxiii) Discharged ventilator dependent;
- (xxiv) Discharged with feeding tube;
- (xxv) Discharge due to medical problem (yes/no);
- (xxvi) Date of discharge due to medical problem;
- (xxvii) Readmitted after medically required interruption;
- (xxviii) Date of readmission after interruption;
- (xxix) Patient did not return after interruption;
- (xxx) Discharged to;
- (xxxi) Social support system;
- (xxxii) Discharge date from rehabilitation;
- (xxxiii) Rehabilitation services ordered at discharge;
- (xxxiv) Community support system; and
- (xxxv) Payer source - primary and secondary;
- (c) Submit reimbursement information on trauma registry patients annually, including:
  - (i) Total billed charges;
  - (ii) Remitted reimbursement by each payer category;
 and
  - (iii) Ratio of cost to charges, by department.
- (7) Medical examiners and coroners may:
  - (a) Submit data to the registry on all patients with injury listed as an underlying cause or contributing factor to death on the death certificate;
  - (b) Submit the following data for all patients meeting the inclusion criteria identified in (a) of this subsection:
    - (i) Patient:
      - (A) Name or name code;
      - (B) Date of birth;
      - (C) Social Security number;
      - (D) Patient's trauma identification number;
      - (E) Gender;
      - (F) Race and/or ethnicity;
      - (G) Date of incident;
      - (H) Date of death; and
      - (I) Home zip code;
    - (ii) Medical examiner number/coroner identification number;
    - (iii) Medical examiner/coroner facility identification number;
    - (iv) Autopsy done;
    - (v) Mechanism of injury;
    - (vi) Organ donor;
    - (vii) Cause of death; and
    - (viii) Most recent ICD diagnosis code or equivalent description.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-430, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-440 Trauma registry—Reports.** (1) Within three months after the reporting period, the department shall report:

- (a) Semiannually and annually on all patient data entered into the trauma registry during the reporting period;
  - (b) Semiannually on trends, patient care outcomes, and other data, for each EMS/TC region and for the state, for the purpose of regional evaluation;
  - (c) Periodically on report financial data.
- (2) The department shall provide:
- (a) Registry reports to all providers that have submitted data;
  - (b) For the generation of quarterly reports to all providers submitting data to the registry, for the purpose of planning, management, and quality assurance;
  - (c) Provider-specific raw data to the provider that originally submitted it;
  - (d) Aggregate regional data semiannually to the regional EMS/TC council, excluding any confidential or identifying data.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-440, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-450 Access and release of trauma registry information.** (1) Data elements related to the identification of individual patient's, provider's, and facility's care outcomes 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.

(2) Persons with access to information collected under this chapter shall use the information for only those purposes stipulated in the chapter.

(3) The department may approve requests for data and other information from the registry for special studies and analyses, consistent with requirements for confidentiality of patient and quality assurance records. The release of confidential information shall be governed by the provisions of current laws regarding disclosure of personal records. In accordance with those provisions, confidential information shall not be disclosed, except:

(a) On request, to an approved regional quality assurance program which is bound by the same confidentiality guidelines as the department;

(b) On request, to a scientific research professional associated with a bona fide scientific research organization, providing:

(i) The research professional's written research proposal has been reviewed and approved by the DSHS/DOH human research review board with respect to the scientific merit and confidentiality safeguards; and

(ii) The department has given administrative approval for the proposal.

(c) The department may require requestors to pay any or all of the reasonable costs associated with such requests that might be approved.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-450, filed 12/23/92, effective 1/23/93.]

**DESIGNATION OF TRAUMA CARE FACILITIES**

**WAC 246-976-470 Trauma care facilities—**  
**Designation process.** (1) The department shall develop a request for proposal (RFP) for facilities seeking designation or renewal of designation as trauma care services. The RFP shall include:

(a) System standards for facility level and category of designation sought;

(b) Application requirements;

(c) Evaluation criteria;

(d) Goals and objectives of the facility;

(e) Capability to provide trauma care;

(f) Commitment to serve the trauma care needs of the state-wide system;

(g) Compliance with goals of the regional EMS/TC plan; and

(h) Geographic coverage.

(2) The applicant for designation as a trauma care service shall submit to the department within ninety days of receipt of the RFP:

(a) A completed proposal packet; and

(b) Fees as required by WAC 246-976-990.

(3) The department may:

(a) Consider and approve requests for designation for more than one level or category of trauma service from a single facility at one time;

(b) Consider and approve single proposals from two or more facilities for joint provision of a single level or category of trauma service. If the department grants joint designation, it shall resurvey the facilities at the end of twelve months of operation, to confirm compliance with the provisions of this chapter; and/or

(c) In order to ensure adequate trauma care, grant provisional designation, for a period not exceeding one year, to facilities that are currently unable to fully meet the standards of this chapter.

(4) The department shall:

(a) Conduct on-site review of applicant's facilities in accordance with WAC 246-976-475;

(b) Consider proposals from facilities located and licensed in adjacent states in the same manner as proposals received from facilities located and licensed in Washington; and

(c) Evaluate applications for joint designation following the same criteria as for a single-facility application.

(5) After an evaluation to determine the current capability of each applicant to meet or exceed the requirements of this chapter, the department shall designate the health care facilities it deems most qualified to provide trauma care services, based on:

(a) Evaluation of the proposals submitted;

(b) Recommendations from the on-site review team;

(c) Trauma patient outcomes during the previous designation period;

(d) The best interests of the patients of the area;

(e) Expected patient volume of the area;

(f) The number and levels of designated health care facilities established by the state and regional EMS/TC plans;

(g) Ability of each applicant to comply with goals of the state and regional EMS/TC plans; and

(h) Compliance with contractual obligations to the department during the previous designation period.

(6) The department shall:

(a) Notify the applicant in writing of designation or denial of designation. Notification shall include a written report of the on-site review; and

(b) Notify regional EMS/TC councils of the name, location, level, and category of service of facilities that have been designated in their regions.

(7) The department and the designated facility shall enter into a contractual agreement. The contract shall:

(a) Authorize the facility to provide trauma care service for a three-year period;

(b) Identify the contractual and financial requirements and responsibilities of both the facility and the department;

(c) Allow the department to monitor compliance with regulations and standards during the contract period, including access to:

(i) Patient discharge summaries;

(ii) Patient care logs;

(iii) Patient care records;

(iv) Hospital trauma care quality assurance program records, including minutes; and

(v) Other relevant documents; and

(d) Require confidentiality of information relating to individual patient's, provider's, and facility's care outcomes.

(8) The department shall issue a new RFP as described in this section, for all interested health care facilities, including those currently designated, no later than one hundred fifty days prior to the expiration of each service's current designation.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-470, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-475 On-site review for designation.**

The department shall require an on-site review of an applicant facility for levels I, II, and III trauma care services, and for levels I, II, and III pediatric trauma care services, prior to designation.

(1) The department shall establish multidisciplinary review teams composed of individuals knowledgeable in EMS/TC, appropriate to the level of designation requested, which may include:

(a) Trauma surgeons;

(b) Emergency physicians;

(c) Trauma nurse coordinators;

(d) Physicians knowledgeable in pediatric trauma care;

(e) Hospital or other medical administrators;

(f) EMS personnel;

(g) Department personnel; and/or

(h) Other specialists as needed for the level and category applied for.

(2) The department shall conduct on-site review using teams whose members do not live or work:

(a) In the same state as the applicant, for designation of levels I and II trauma services, and for levels I and II pediatric trauma services; or

(b) In the same county as the applicant, for designation of level III trauma care services, and for level III pediatric trauma services;

(3) The department may conduct on-site review of applicants for levels IV or V trauma care services.

(4) The on-site review team shall evaluate the appropriateness and capabilities of the applicant to provide high-quality trauma care services, and validate its ability to meet the responsibilities, equipment, and performance standards for the level of designation sought, by:

(a) Inspecting the facility;

(b) Examining hospital records, including patient care records;

(c) Interviewing appropriate individuals;

(5) The on-site review team shall:

(a) Make a verbal report of findings to the applicant prior to leaving the facility; and

(b) Make written recommendations to the department.

(6) The department shall require and maintain confidentiality of information, records, and reports developed pursuant to on-site reviews. Such reports shall be exempt from public disclosure under the provisions of RCW 70.168.070, and not subject to discovery by subpoena or admissible as evidence. Members of the on-site review team shall not divulge, and cannot be subpoenaed to divulge, any information obtained or included in reports submitted to the department relating to the on-site review, including in any civil action resulting from the department's designation process.

(7) The applicant may submit to the department written objections or concerns of conflict of interest regarding any member of the on-site review team.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-475, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-480 Denial, revocation, or suspension of designation.** (1) The department shall deny the application for designation if it finds, in the course of the designation process, that the facility:

(a) Is not the most qualified applicant, when the number of applicants exceeds the number of facilities identified in the state plan;

(b) Is unable to meet the requirements of this chapter for the level of designation sought;

(c) Makes a false statement of a material fact in its application for designation;

(d) Refuses to allow representatives of the department to inspect any part of the facility, records, documentation, or files; or

(e) Is unable to meet or comply with the requirements of the approved regional plan.

(2) The department shall revoke or suspend designation of a health care facility if any owner, officer, director, or managing employee:

(a) Fails or refuses to comply with the provisions of this chapter or chapter 70.168 RCW;

(b) Fails to provide data to the registry;

(c) Makes a false statement of a material fact in the application for designation, or in any record required by this chapter, or in a matter under investigation;

(d) Prevents, interferes with, or attempts to impede in any way, the work of a representative of the department in the lawful enforcement of this chapter or chapter 70.168 RCW;

(e) Uses false, fraudulent, or misleading advertising, or makes any public claims regarding the facility's ability to care for nontrauma patients based on its trauma care designation status;

(f) Misrepresents or is fraudulent in any aspect of conducting business;

(g) Is substantially out of compliance with the requirements of this chapter and chapter 70.168 RCW, and has been unable or refused to comply as required by the department; or

(h) Fails to comply with the terms of its contract, as documented, reviewed, and confirmed by the department.

(3) The following process shall be used when designation is denied, revoked, or suspended:

(a) The department shall notify a facility in writing of denial, revocation, or suspension of designation. Such notice shall include:

(i) The reasons for the action; and

(ii) Rights of the facility, which include a right to hearing, and may also include the opportunity to submit a plan of correction according to (c) through (e) of this subsection.

(b) The department shall notify the regional EMS/TC council of the action taken.

(c) A designated facility found to be out of compliance with chapter 70.168 RCW and this chapter may, within thirty working days, submit a plan of correction to the department. The plan shall include steps the facility is to take to correct deficiencies.

(d) The department shall approve or disapprove the plan within thirty working days.

(e) Upon notification that the plan of correction is approved by the department, the facility shall implement that plan within thirty working days, and notify the department upon completion.

(f) Upon satisfactory evidence of compliance with chapter 70.168 RCW and this chapter, which may include an on-site review, the department shall reinstate designation status.

(g) The facility may appeal decisions of denial, suspension, or revocation of designation in accordance with the provisions of chapter 34.05 RCW and chapter 246-08 WAC. Appeals should be addressed to the office of EMS and trauma systems, Department of Health, Olympia, WA 98504.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-480, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-500 Designation standards for level I trauma care hospital—Administration and organization.**

(1) For the purpose of administering trauma care, a designated level I hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

- (i) An emergency physician;
- (ii) An ED registered nurse;
- (iii) A trauma surgeon;
- (iv) A neurosurgeon;
- (v) An orthopaedic surgeon;
- (vi) A pediatrician;
- (vii) An anesthesiologist;
- (viii) Director of intensive care unit;
- (ix) An intensive care registered nurse; and
- (x) The trauma rehabilitation coordinator;

(d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a general surgeon who is expert in and committed to care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient. The surgeon shall be at least a post-graduate year four resident;

(ii) All members of the team, including the surgeon, shall be in-house and available within five minutes;

(iii) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(iv) Other members of the team shall be as specified in the hospital's application for designation;

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level I trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level I trauma care hospital shall have a surgery department, including:

(a) General surgery, including an attending surgeon, in-house and available on patient's arrival in the ED, assuming five minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a board certified neurosurgeon, or by a surgeon who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a board-certified neurosurgeon on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

(i) Gynecologic surgery;

(ii) Hand surgery;

(iii) Microsurgery;

(iv) Obstetric surgery;

(v) Orthopaedic surgery;

(vi) Otorhinolaryngologic/maxillofacial surgery capable of managing upper airway trauma;

(vii) Plastic surgery;

(viii) Thoracic surgery; and

(ix) Urologic surgery.

(4) A level I trauma care hospital shall have nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained;

(ii) Is in-house and available within five minutes;

(b) A radiologist on-call and available within twenty minutes;

(c) The following services on-call and available within thirty minutes:

(i) Cardiology;

(ii) Gastroenterology;

(iii) Hematology;

(iv) Infectious disease specialists;

(v) Internal medicine;

(vi) Nephrology;

(vii) Pathology;

(viii) Pediatrics;

(ix) Pulmonology; and

(d) Psychiatry.

(5) A level I trauma care hospital shall have a pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation of pediatric trauma patients, including ED and surgical interventions; and

(b) If it is not a level I pediatric hospital, includes written provision to transfer the patient to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.

(6) A level I trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(7) A level I trauma care hospital shall:

(a) Have a quality assurance program in accordance with WAC 246-976-880; and

(b) Cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-500, filed 12/23/92, effective 1/23/93.]

#### **WAC 246-976-510 Designation standards for level I trauma care hospitals—Basic resources and capabilities.**

(1) A level I trauma care hospital shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine;

(ii) ATLS trained; and

(iii) ACLS trained;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or who are practicing emergency medicine as their primary practice with special competency in care of trauma patients;

(ii) In-house and available within five minutes to patient on arrival to ED;

(iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved equivalent trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Are PALS or approved equivalent trained;



- (iii) Have taken a trauma life support course; and
- (iv) Are in the ED and available to the patient within five minutes; with at least two RNs on duty per shift;
- (d) Equipment for resuscitation and life support of pediatric and adult trauma patients, including:
  - (i) Airway control and ventilation equipment including:
    - (A) Airways;
    - (B) Laryngoscopes, including curved and straight;
    - (C) Endotracheal tubes of all sizes;
    - (D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;
    - (E) Sources of oxygen; and
    - (F) Mechanical ventilation;
  - (ii) Suction devices, including:
    - (A) Back-up suction source;
    - (B) Pediatric and adult suction catheters; and
    - (C) Tonsil suction tip;
  - (iii) Electrocardiograph;
  - (iv) Cardiac monitor;
  - (v) Defibrillator, including pediatric paddles;
  - (vi) All standard apparatus to establish central venous pressure monitoring;
    - (vii) All standard intravenous fluids and administering devices for adult and pediatric patients, including intravenous and intraosseous needles;
    - (viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including adult and pediatric sets;
    - (ix) Gastric lavage equipment;
    - (x) Drugs and supplies necessary for emergency care, including pediatric emergency care;
    - (xi) Capability for rapid infusion of fluids;
    - (xii) Capability for rapid fluid recovery and transfusion;
    - (xiii) X-ray capability with twenty-four hour coverage by in-house technician;
    - (xiv) Thermal control equipment for:
      - (A) Patient;
      - (B) Blood;
    - (xv) Two-way radio linked with EMS/TC vehicles;
    - (xvi) Pneumatic anti-shock garments, all sizes; except, pediatric are sizes optional depending on local protocol;
    - (xvii) Cervical injury immobilization device;
    - (xviii) Long-bone stabilization device;
    - (xix) Equipment specific to pediatric trauma care, including:
      - (A) Traction splint;
      - (B) Blood pressure cuffs in infant, child sizes;
      - (C) Foley catheters;
      - (D) Rigid cervical collars;
      - (E) Doppler;
      - (F) Infant scale for accurate weight measurement under twenty-five pounds;
      - (G) Backboard;
      - (H) Temperature controlled heating units, with/without open crib;
      - (I) Heating/cooling blankets;
      - (J) Heat lamp;
      - (K) Hypothermia thermometers;
      - (L) Expanded scale electronic thermometers;
      - (M) Device for assuring maintenance of infant warmth during evaluation and transport;
      - (N) Nasogastric/feeding tubes;
  - (O) Noninvasive BP monitor; and
  - (P) Pulse oximetry.

(2) A level I trauma care hospital shall have a general surgery department including:

  - (a) An attending surgeon who is in-house and available upon the patient's arrival in the ED, assuming five minute notification. The attending surgeon shall:
    - (i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;
    - (ii) Have general surgery privileges;
    - (b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The resident shall have PALS or approved equivalent training.
    - (c) All trauma surgeons certified in ACLS;
    - (d) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons; and
    - (e) All trauma surgeons trained in PALS or equivalent.

(3) A level I trauma care hospital shall have an operating suite with:

  - (a) An operating room adequately staffed and available within five minutes after notification;
  - (b) Essential personnel, including at least one OR nurse, readily available twenty-four hours a day;
  - (c) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and
  - (d) Equipment or capabilities including:
    - (i) Cardiopulmonary bypass capability;
    - (ii) Operating microscope;
    - (iii) Thermal control equipment for patients;
    - (iv) Thermal control equipment for blood;
    - (v) Rapid infusion capability;
    - (vi) Rapid fluid recovery capability;
    - (vii) X-ray capability;
    - (viii) Bronchoscope in operating room;
    - (ix) Endoscopes available from elsewhere in the facility;
    - (x) Craniotome;
    - (xi) Monitoring equipment; and
    - (xii) Instruments and equipment appropriate to pediatric trauma care.

(4) A level I trauma care hospital shall have a post anesthetic recovery unit with:

  - (a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, readily available twenty-four hours a day;
  - (b) All nurses ACLS trained; and
  - (c) Appropriate monitoring and resuscitation equipment.

(5) A level I trauma care hospital shall have an intensive care unit with:

  - (a) A medical director who is:
    - (i) Board certified or eligible in critical care, pulmonary medicine, cardiology, or surgery;
    - (ii) ACLS trained; and
    - (iii) ATLS trained.
  - (b) A physician on duty in the ICU twenty-four hours a day, or who is in-house and available within five minutes;
  - (c) A physician directed code team;
  - (d) ICU registered nurses who:
    - (i) Are ACLS trained; and

- (ii) Have taken a trauma life support course;
- (e) Immediate access to clinical laboratory services;
- (f) Equipment appropriate for adult and pediatric patients, including:
  - (i) Airway control and ventilation devices;
  - (ii) Oxygen source with concentration controls;
  - (iii) Cardiac emergency cart;
  - (iv) Temporary transvenous pacemaker;
  - (v) Electrocardiograph-cardiac monitor-defibrillator;
  - (vi) Cardiac output monitoring;
  - (vii) Electronic pressure monitoring;
  - (viii) Mechanical ventilator-respirators;
  - (ix) Patient weighing devices;
  - (x) Pulmonary function measuring devices;
  - (xi) Temperature control devices;
  - (xii) Drugs, intravenous fluids, and supplies; and
  - (xiii) Intracranial pressure monitoring devices.
- (6) A level I trauma care hospital shall have a clinical laboratory available within five minutes, including:
  - (a) Standard analysis of blood, urine, and other body fluids;
    - (b) Coagulation studies;
    - (c) Blood gases and Ph determination;
    - (d) Serum and urine osmolality;
    - (e) Microbiology;
    - (f) Serum alcohol determination;
    - (g) Drug screening; and
    - (h) Microtechnique.
  - (7) A level I trauma care hospital shall have transfusion services including:
    - (a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;
    - (b) Noncrossmatched blood available on patient arrival in ED;
    - (c) Massive transfusion protocols in place;
    - (d) Ability to perform massive transfusions and autotransfusion; and
    - (e) Blood storage capability.
  - (8) A level I trauma care hospital shall have radiological services, including:
    - (a) The following services in-house and available within five minutes:
      - (i) Computerized tomography; and
      - (ii) X-ray capability;
    - (b) The following services on-call and available within twenty minutes:
      - (i) Angiography;
      - (ii) Sonography; and
      - (iii) Nuclear scanning.
  - (9) A level I trauma care hospital shall have acute hemodialysis capability, or a written transfer agreement.
  - (10) A level I trauma care hospital shall have:
    - (a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for extensively burned patients; or
    - (b) Written transfer agreement with a burn center or hospital with burn unit.
  - (11) A level I trauma care hospital shall be able to manage acute head and/or spinal cord injury; or have written transfer agreements with a facility with such capabilities.

Early transfer to an appropriate designated rehabilitation facility shall be considered.

(12) A level I trauma care hospital shall have a trauma rehabilitation coordinator.

(13) A level I trauma care hospital shall have:

(a) A physician-directed rehabilitation medicine service which is staffed by personnel trained in rehabilitation care; and is equipped to care for the trauma patient; or

(b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-510, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-520 Designation standards for level I trauma care hospitals—Outreach, training, and public education.** A level I trauma care hospital shall have:

(1) An outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;

(2) Training, including:

(a) A formal program of continuing trauma care education for:

(i) Staff physicians;

(ii) Nurses;

(iii) Allied health care professionals;

(iv) Community physicians; and

(v) Prehospital personnel;

(b) A residency program accredited by the accreditation council of graduate medical education, committed to training physicians in trauma management;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(3) A public education program addressing:

(a) Injury prevention:

(i) In the home;

(ii) In industry and the work place;

(iii) On the highways;

(iv) On athletic fields; and

(v) For recreational or sports related activities;

(b) First aid or CPR;

(c) Problems confronting the public, the medical profession, and hospitals regarding optimal care for the injured.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-520, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-550 Designation standards for level II trauma care hospitals—Administration and organization.** (1) For the purpose of administering trauma care, a designated level II hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:

(i) An emergency physician;

(ii) An ED registered nurse;

- (iii) A trauma surgeon;
  - (iv) A neurosurgeon;
  - (v) An orthopaedic surgeon;
  - (vi) A pediatrician;
  - (vii) An anesthesiologist;
  - (viii) Director of intensive care unit; and
  - (ix) An intensive care registered nurse;
- (d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a general surgeon who is expert in and committed to care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient;

(ii) All members of the team, except the surgeon, shall be in-house and available within five minutes;

(iii) The surgeon shall be available upon the patient's arrival in the ED, assuming twenty minute notification; and shall assume responsibility for patient care upon the surgeon's arrival in the resuscitation area;

(iv) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and

(B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;

(v) Other members of the team shall be as specified in the hospital's application for designation;

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level II trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level II trauma care hospital shall have a surgery department, including:

(a) General surgery, including a trauma surgeon;

(b) Neurosurgery;

(i) In-house and available within five minutes. In-house coverage shall be provided by a neurosurgeon, surgeon, or other physician who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a surgeon with neurosurgical privileges on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

(i) Gynecologic surgery;

(ii) Obstetric surgery;

(iii) Orthopaedic surgery;

(iv) Plastic surgery;

(v) Otorhinolaryngologic/maxillofacial surgery capable of managing upper airway trauma; and

(vi) Thoracic surgery.

(4) A level II trauma care hospital shall have nonsurgical specialties including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is ACLS trained; and

(ii) Is on-call and available on patient's arrival in ED, assuming a twenty minute notification;

(b) A radiologist on-call and available within twenty minutes; and

(c) The following services on-call and available within thirty minutes:

(i) Cardiology;

(ii) Hematology;

(iii) Internal medicine;

(iv) Pathology; and

(v) Pediatrics.

(5) A level II trauma care hospital shall have a pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation for pediatric trauma patients, including ED and surgical interventions; and

(b) If it is not a level II pediatric trauma hospital, includes written provision to transfer the patient to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.

(6) A level II trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(7) A level II trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-550, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-560 Designation standards for level II trauma care hospitals—Basic resources and capabilities.** (1) A level II trauma care hospital shall have an ED with:

(a) A physician director who is board certified or eligible in emergency medicine;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or who are practicing emergency medicine as their primary practice with special competency in care of trauma patients;

(ii) In-house and available within five minutes to patient on arrival to ED;

(iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved equivalent trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Are PALS or approved equivalent trained;

(iii) Have taken a trauma life support course; and

(iv) Are in the ED and available to the patient within five minutes; with at least two RN's on duty per shift;

(d) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;

(E) Sources of oxygen; and

(F) Mechanical ventilation;

(ii) Suction devices, including:

(A) Back-up suction source;

- (B) Pediatric and adult suction catheters; and
- (C) Tonsil suction tip;
- (iii) Electrocardiograph;
- (iv) Cardiac monitor;
- (v) Defibrillator, including pediatric paddles;
- (vi) All standard apparatus to establish central venous pressure monitoring;
- (vii) All standard intravenous fluids and administering devices for adult and pediatric patients, including intravenous catheters and intraosseous needles;
- (viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including adult and pediatric sets;
- (ix) Gastric lavage equipment;
- (x) Drugs and supplies necessary for adult and pediatric emergency care;
- (xi) Capability for rapid infusion of fluids;
- (xii) Capability for rapid fluid recovery and transfusion;
- (xiii) X-ray capability with twenty-four hour coverage by in-house technician;
- (xiv) Thermal control equipment for:
  - (A) Patient; and
  - (B) Blood;
- (xv) Two-way radio linked with EMS/TC vehicles;
- (xvi) Pneumatic anti-shock garments, all sizes; except, pediatric sizes are optional, depending on local protocol;
- (xvii) Cervical injury immobilization device;
- (xviii) Long-bone stabilization device;
- (xix) Equipment specific to pediatric care, including:
  - (A) Traction splint;
  - (B) Blood pressure cuffs in infant, child, and toddler sizes;
  - (C) Foley catheters;
  - (D) Rigid cervical collars;
  - (E) Doppler;
  - (F) Infant scale for accurate weight measurement under twenty-five pounds;
  - (G) Backboard;
  - (H) Temperature controlled heating units with/without open crib;
  - (I) Heating/cooling blankets;
  - (J) Heat lamp;
  - (K) Hypothermia thermometers;
  - (L) Expanded scale electronic thermometers;
  - (M) Device for assuring maintenance of infant warmth during transport;
  - (N) Nasogastric/feeding tubes;
  - (O) Noninvasive BP monitor; and
  - (P) Pulse oximetry.
- (2) A level II trauma care hospital shall have a general surgery department including:
  - (a) An attending surgeon who is on-call and available upon the patient's arrival in the ED, assuming twenty minute notification. The attending surgeon shall:
    - (i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;
    - (ii) Have general surgery privileges;
  - (b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon.

The resident shall have PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons.

(d) All trauma surgeons trained in PALS.

(3) A level II trauma care hospital shall have an operating suite with:

(a) An operating room adequately staffed with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes;

(b) Essential personnel, including at least one OR nurse, readily available twenty-four hours a day;

(c) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and

(d) Equipment or capabilities including:

(i) Operating microscope;

(ii) Thermal control equipment for patients;

(iii) Thermal control equipment for blood;

(iv) Rapid infusion capability;

(v) Rapid fluid recovery capability;

(vi) X-ray capability;

(vii) Bronchoscope in operating room;

(viii) Endoscopes available from elsewhere in the facility;

(ix) Craniotome;

(x) Monitoring equipment; and

(xi) Instruments and equipment appropriate to pediatric trauma care.

(4) A level II trauma care hospital shall have a post anesthetic recovery unit with:

(a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, readily available twenty-four hours a day;

(b) Appropriate monitoring and resuscitation equipment.

(5) A level II trauma care hospital shall have an intensive care unit with:

(a) A medical director who is:

(i) Board certified, board eligible, or who has expertise in critical care, pulmonary medicine, cardiology, surgery, internal medicine, or anesthesiology; and

(ii) ACLS trained;

(b) A physician on duty in the ICU twenty-four hours a day, or who is in-house and available within five minutes;

(c) A physician directed code team;

(d) ICU registered nurses that:

(i) Are ACLS trained;

(ii) Have taken a trauma life support course;

(e) Immediate access to clinical laboratory services;

(f) Equipment appropriate for adult and pediatric patients, including:

(i) Airway control and ventilation devices;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Temporary transvenous pacemaker;

(v) Electrocardiograph-cardiac monitor-defibrillator;

(vi) Cardiac output monitoring;

(vii) Electronic pressure monitoring;

(viii) Mechanical ventilator-respirators;

(ix) Patient weighing devices;

(x) Pulmonary function measuring devices;

(xi) Temperature control devices;

- (xii) Drugs, intravenous fluids, and supplies; and
- (xiii) Intracranial pressure monitoring devices.
- (6) A level II trauma care hospital shall have clinical laboratory services available within five minutes, including:
  - (a) Standard analysis of blood, urine, and other body fluids;
  - (b) Coagulation studies;
  - (c) Blood gases and pH determination;
  - (d) Serum and urine osmolality;
  - (e) Microbiology;
  - (f) Serum alcohol determination;
  - (g) Drug screening; and
  - (h) Microtechnique.
- (7) A level II trauma care hospital shall have transfusion services including:
  - (a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;
  - (b) Noncrossmatched blood available on patient arrival in ED;
  - (c) Massive transfusion protocols in place;
  - (d) Ability to perform massive transfusions and autotransfusion; and
  - (e) Blood storage capability.
- (8) A level II trauma care hospital shall have radiological services, including:
  - (a) X-ray capabilities in-house and available within five minutes;
  - (b) The following services on-call and available within twenty minutes:
    - (i) Computerized tomography;
    - (ii) Angiography; and
    - (iii) Sonography.
- (9) A level II trauma care hospital shall have acute hemodialysis capability, or a written transfer agreement.
- (10) A level II trauma care hospital shall have:
  - (a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for the extensively burned patient; or
  - (b) Written transfer agreement with a burn center or hospital with burn unit.
- (11) A level II trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities. Early transfer to an appropriate designated rehabilitation center shall be considered.
- (12) A level II trauma care hospital shall have a trauma rehabilitation coordinator.
- (13) A level II trauma care hospital shall have:
  - (a) A physician-directed rehabilitation medicine service which is staffed by personnel trained in rehabilitation care, and is equipped to care for the trauma patient; or
  - (b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-560, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-570 Designation standards for level II trauma care hospitals—Outreach and training.** Level II trauma care hospitals shall:

- (1) Have an outreach program with telephone and on-site consultations with physicians of the community and outlying areas regarding trauma care;
- (2) Have a formal program of continuing trauma care education for:
  - (a) Nurses;
  - (b) Allied health care professionals; and
  - (c) Prehospital personnel;
- (3) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-570, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-600 Designation standards for level III trauma care hospitals—Administration and organization.** (1) For the purpose of administering trauma care, a designated level III hospital shall have a trauma service, including:

- (a) Organization and direction by a general surgeon or other physician who is expert in, and committed to, care of the injured;
- (b) Ongoing coordination of the trauma service by a registered nurse;
- (c) A multidisciplinary trauma committee with input to hospital management, including:
  - (i) An emergency physician;
  - (ii) An ED registered nurse;
  - (iii) A trauma surgeon;
  - (iv) An orthopaedic surgeon;
  - (v) An anesthesiologist;
  - (vi) A pediatrician;
  - (vii) Director of intensive care unit; and
  - (viii) An intensive care registered nurse;
- (d) A trauma resuscitation team to provide initial evaluation and treatment:
  - (i) The team shall be organized and directed by a general surgeon who is expert in, and committed to, care of the injured, and who assumes responsibility for coordination of overall care of the trauma patient. The surgeon shall be on-call and available within twenty minutes of being called;
  - (ii) All members of the team, except the surgeon and anesthesiologist, shall be in-house and available within five minutes;
  - (iii) The team shall include an emergency physician:
    - (A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and
    - (B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;
  - (iv) Other members of the team shall be as specified in the hospital's application for designation.
  - (e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level III trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for adult and pediatric trauma patients.

(3) A level III trauma care hospital shall have a surgery department with:

An attending surgeon who is on-call and available within thirty minutes, and:

- (a) Has general surgery privileges;
- (b) Has ATLS training.
- (4) A level III trauma care hospital shall have nonsurgical specialties including:
  - (a) Anesthesiology, with an anesthesiologist or nationally certified registered nurse anesthetist who is:
    - (i) On-call and available within twenty minutes;
    - (ii) ACLS trained; and
  - (b) The following services on-call and available within thirty minutes:
    - (i) Internal medicine; and
    - (ii) A radiologist.

(5) A level III trauma hospital shall have a pediatric trauma policy that:

(a) Provides for initial stabilization and resuscitation for pediatric trauma patients including ED and surgical interventions; and

(b) If it is not a level III pediatric hospital, includes written provision to transfer patients to the appropriate level designated pediatric trauma facility after initial resuscitation and stabilization.

(6) A level III trauma hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(7) A level III trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-600, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-610 Designation standards for level III trauma care hospitals—Basic resources and capabilities.** (1) A level III trauma care hospital shall have an ED with:

- (a) A physician director;
- (b) A physician in-house and available within five minutes of patient's arrival in the ED, who is:
  - (i) Experienced in the resuscitation and care of trauma patients;
  - (ii) ATLS trained;
  - (iii) PALS or equivalent trained;
  - (iv) ACLS trained; and
- (v) A designated member of the trauma team;
- (c) ED registered nurses who:
  - (i) Are ACLS trained;
  - (ii) Are PALS or equivalent trained;
  - (iii) Have taken a trauma life support course; and
  - (iv) Are in the ED and available to the patient within five minutes;
- (d) Equipment for resuscitation and life support of pediatric and adult trauma patients, including:
  - (i) Airway control and ventilation equipment including:
    - (A) Airways;
    - (B) Laryngoscopes, including curved and straight;
    - (C) Endotracheal tubes of all sizes;
    - (D) Bag-mask resuscitator, with full range of sizes, neonatal to adult;
    - (E) Sources of oxygen; and

(F) Mechanical ventilation available to the patient within five minutes;

- (ii) Suction devices, including:
  - (A) Back-up suction source;
  - (B) Pediatric and adult suction catheters; and
  - (C) Tonsil suction tip;
- (iii) Electrocardiograph;
- (iv) Cardiac monitor;
- (v) Defibrillator, including pediatric paddles;
- (vi) All standard apparatus to establish central venous pressure monitoring;
- (vii) All standard intravenous fluids and administering devices appropriate for adult and pediatric patients, including intravenous catheters and intraosseous needles;
- (viii) Sterile surgical sets for procedures standard for ED such as thoracostomy and cut down, including both adult and pediatric sets;
  - (ix) Gastric lavage equipment;
  - (x) Drugs and supplies necessary for adult and pediatric emergency care;
  - (xi) Capability for rapid infusion of fluids;
  - (xii) X-ray capabilities, with a technician on-call and available within twenty minutes;
  - (xiii) Thermal control equipment for:
    - (A) Patient; and
    - (B) Blood;
  - (xiv) Two-way radio linked with EMS/TC vehicles;
  - (xv) Pneumatic anti-shock garments, all sizes; except, pediatric sizes are optional, depending on local protocol;
  - (xvi) Cervical injury immobilization device;
  - (xvii) Long-bone stabilization device;
  - (xviii) Equipment specific to pediatric care, including:
    - (A) Traction splint;
    - (B) Blood pressure cuffs in infant, child sizes;
    - (C) Foley catheter;
    - (D) Rigid cervical collars;
    - (E) Doppler;
    - (F) Infant scale for accurate weight measurement under twenty-five pounds;
    - (G) Backboard;
    - (H) Temperature-controlled heating units with/without open crib available within five minutes;
    - (I) Heating/cooling blankets;
    - (J) Heat lamp;
    - (K) Hypothermia thermometers;
    - (L) Expanded scale electronic thermometers;
    - (M) Device for assuring maintenance of infant warmth during evaluation and transport;
    - (N) Nasogastric/feeding tubes;
    - (O) Noninvasive BP monitor; and
    - (P) Pulse oximetry.
- (2) A level III trauma care hospital shall have an operating suite adequately staffed with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes.
  - (a) Essential personnel, including at least one OR nurse, readily available twenty-four hours a day;
  - (b) A documented method for prompt mobilization of consecutive surgical teams for trauma patients; and
  - (c) Equipment or capabilities including:
    - (i) Thermal control equipment for patients;



- (ii) Thermal control equipment for blood;
- (iii) X-ray capability;
- (iv) Bronchoscope in operating room;
- (v) Endoscopes available from elsewhere in the facility;
- (vi) Monitoring equipment; and
- (vii) Instruments and equipment appropriate to pediatric trauma care.

(3) A level III trauma care hospital shall have a post anesthetic recovery unit with:

(a) Essential personnel, including registered nurses with ACLS certification, readily available twenty-four hours a day;

(b) Appropriate monitoring and resuscitation equipment.

(4) A level III trauma care hospital shall have an intensive care unit with:

(a) A medical director who is ACLS trained;

(b) A physician-directed code team;

(c) ICU registered nurses who: Are ACLS trained;

(d) Immediate access to clinical laboratory services;

(e) Equipment appropriate for adult and pediatric patients, including:

(i) Airway control and ventilation devices;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Artificial pacing capabilities;

(v) Electrocardiograph-defibrillator;

(vi) Electronic pressure monitoring;

(vii) Mechanical ventilator-respirators available within five minutes;

(viii) Patient weighing devices;

(ix) Pulmonary function measuring devices;

(x) Temperature control devices; and

(xi) Drugs, intravenous fluids, and supplies.

(5) A level III trauma care hospital shall have clinical laboratory services available within twenty minutes, including:

(a) Standard analysis of blood, urine, and other body fluids;

(b) Coagulation studies;

(c) Blood gases and pH determination;

(d) Microbiology;

(e) Serum alcohol determination; and

(f) Microtechnique.

(6) A level III trauma care hospital shall have transfusion services including:

(a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;

(b) Noncrossmatched blood available on patient arrival in ED;

(c) Massive transfusion protocols in place;

(d) Ability to perform massive transfusions and autotransfusion; and

(e) Blood storage capability.

(7) A level III trauma care hospital shall have acute hemodialysis capability, or written transfer agreements.

(8) A level III trauma care hospital shall have:

(a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or

(b) Written transfer agreements with burn centers or hospitals with burn units.

(9) A level III trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facilities with such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(10) A level III trauma care facility shall have a trauma rehabilitation coordinator.

(11) A level III trauma care hospital shall have:

(a) A physician-directed rehabilitation medicine service staffed by personnel trained in rehabilitation care; and equipped to care for the trauma patient; or

(b) Written agreements to transfer patients to a designated rehabilitation service when medically feasible.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-610, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-640 Designation standards for level IV trauma care facilities—Administration and organization.** For the purpose of administering trauma care, a designated level IV hospital shall:

(1) Define a system for providing emergency care, which shall include ongoing coordination by a registered nurse; and

(2) Establish emergency care services consistent with community needs and within the facility's capabilities; and

(3) A written plan for diversion and transfer of trauma patients; and

(4) Have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-640, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-650 Designation standards for level IV trauma care facilities—Resources and capabilities.** (1) A level IV trauma care hospital shall have an ED with:

(a) A physician who is experienced in resuscitation and care of trauma patients, who is:

(i) On-call and available within twenty minutes;

(ii) ATLS trained; and

(iii) ACLS trained;

(b) An ED registered nurse in-house and available within five minutes, who:

(i) Is ACLS trained; and

(ii) Has taken a trauma life support course;

(c) Basic emergency services including:

(i) Assessment of the patient's condition, in person by a registered nurse, physician, physician's assistant, physician extender, or advanced registered nurse practitioner;

(ii) Determination of the nature and urgency of the patient's medical need, including the timing and place of care; and

(iii) Immediate diagnosis and treatment of any life threatening condition, including procedures to minimize aggravation of the patient's condition during transport to another health care facility;

(d) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

(i) Airway control and ventilation equipment including:

(A) Laryngoscope;

- (B) Endotracheal tubes of all sizes;
- (C) Bag-mask resuscitator with full range of mask sizes, neonatal to adult;
- (D) Sources of oxygen; and
- (E) Suction devices;
- (ii) Electrocardiograph;
- (iii) Oscilloscope;
- (iv) Defibrillator;
- (v) All standard intravenous fluids and administering devices, including intravenous catheters and intraosseous needles;
- (vi) Sterile surgical sets for procedures standard for ED;
- (vii) Gastric lavage equipment;
- (viii) Drugs and supplies necessary for adult and pediatric emergency care;
- (ix) X-ray capability, with technician on-call and available within twenty minutes;
- (x) Thermal control equipment for patient;
- (xi) Two-way radio linked with EMS/TC vehicles;
- (xii) Pneumatic anti-shock garments; if use of this device is allowed in hospital protocols;
- (xiii) Cervical injury immobilization device;
- (xiv) Long-bone stabilization device; and
- (xv) Backboard.
- (2) A level IV trauma care hospital shall have surgery capabilities, including:
  - (a) Adequate staff, including:
    - (i) A physician on-call and available within thirty minutes, who:
      - (A) Has surgical privileges;
      - (B) Is ACLS trained; and
      - (C) Is ATLS trained;
    - (ii) Anesthesiology, with an anesthesiologist or certified registered nurse anesthetist, who has ACLS certification, and is on-call and available within twenty minutes;
  - (b) An operating suite with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes. The operating suite shall be equipped with:
    - (i) Thermal control equipment for patients;
    - (ii) X-ray capability;
    - (iii) Endoscopes available from elsewhere in the facility; and
    - (iv) Monitoring equipment.
- (3) A level IV trauma care hospital shall have a post anesthetic recovery unit with appropriate monitoring and resuscitation equipment.
- (4) A level IV trauma care hospital's shall have:
  - (a) An ICU which meets requirements for a designated level III trauma hospital as described in WAC 246-976-610, except for availability of a mechanical ventilator-respirator and a temporary transvenous pacemaker; or
  - (b) Written agreements with appropriate facilities to transfer patients requiring intensive care.
- (5) A level IV trauma care hospital shall have a clinical laboratory readily available, including:
  - (a) Standard analysis of blood, urine, and other body fluids;
  - (b) Blood gases and pH determination.
- (6) A level IV trauma care hospital shall have transfusion services including:

- (a) Blood and blood components available from in-house or through community services, to meet patient needs in a timely fashion;
- (b) Ability to perform massive transfusions, or written transfer agreements with facilities having such capability; and
- (c) Blood storage capability.
- (7) A level IV trauma care hospital shall be able to perform acute hemodialysis, or have written transfer agreements with facilities having such capability.
- (8) A level IV trauma care hospital shall have:
  - (a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or
  - (b) Written transfer agreement with a burn center or hospital with burn unit.
- (9) A level IV trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facilities that have such capabilities. Early transfer to an appropriate designated trauma rehabilitation facility shall be considered.
- (10) A level IV trauma care hospital shall have a qualified person assigned to coordinate trauma rehabilitation activities and referrals.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-650, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-680 Designation standards for level V trauma care facilities—Administration and organization.** For the purpose of administering trauma care, a designated level V trauma care facility shall:

- (1) Have written policy and patient care procedures for providing emergency medical care, consistent with regional patient care procedures; and
- (2) Establish emergency care services with a nature and scope consistent with community needs, the regional plan, and the facilities capabilities.
- (3) Have an organized trauma care quality assurance program with:
  - (a) A special audit process for all trauma deaths;
  - (b) Participation in the state trauma registry as required in WAC 246-976-420; and
  - (c) A person identified as responsible for coordination of trauma registry activities.
- (4) Participate in the regional trauma network quality assurance program as required in WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-680, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-690 Designation standards for level V trauma care facilities—Basic resources and capabilities.** A level V trauma care facility shall have:

- (1) A physician, physician assistant registered in accordance with chapter 18.71 RCW, or advanced registered nurse practitioner, on-call and available within twenty minutes, who has:
  - (a) ATLS training, or approved equivalent;
  - (b) Experience in resuscitation and care of trauma patients.

(2) Equipment for resuscitation and life support of adult and pediatric trauma patients, including:

- (a) Airway control and ventilation equipment, including:
  - (i) Laryngoscope;
  - (ii) Endotracheal tubes of all sizes;
  - (iii) Bag-mask resuscitator with full range of sizes, neonatal to adult;
  - (iv) Sources of oxygen; and
  - (v) Suction devices;
- (b) Electrocardiograph;
- (c) Cardiac monitor;
- (d) Defibrillator;
- (e) All standard intravenous fluids and administering devices, including intravenous catheters;
- (f) Gastric lavage equipment;
- (g) Drugs and supplies necessary for emergency care;
- (h) Pneumatic anti-shock garment if use of this device is allowed under facility protocol;
- (i) Cervical injury immobilization device;
- (j) Long-bone stabilization device; and
- (k) Backboard.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-690, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-720 Designation standards for level I pediatric trauma care hospitals—Administration and organization.** (1) For the purpose of administering trauma care, a designated level I pediatric hospital shall have a trauma service, including:

- (a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured child;
- (b) Ongoing coordination of the trauma service by a registered nurse;
- (c) A multidisciplinary trauma committee with input to hospital management, including:
  - (i) A pediatric emergency physician;
  - (ii) An ED registered nurse;
  - (iii) A trauma surgeon;
  - (iv) A neurosurgeon;
  - (v) An orthopaedic surgeon;
  - (vi) An anesthesiologist;
  - (vii) Director of pediatric intensive care service;
  - (viii) A pediatric intensive care registered nurse; and
  - (ix) A pediatric intensivist;
- (d) A trauma resuscitation team to provide initial evaluation and treatment.
  - (i) The team shall be organized and directed by a surgeon who is expert in and committed to care of the injured child, and who assumes responsibility for coordination of overall care of the pediatric trauma patient.
  - (ii) All members of the team, including the surgeon, shall be in-house and available within five minutes.
  - (iii) The team shall include an emergency physician:
    - (A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and
    - (B) Responsible for providing team leadership and care for the pediatric trauma patient until the arrival of the surgeon in the resuscitation area.
  - (iv) Other members of the team shall be as specified in the hospital's application for designation.

(v) The team shall work in conjunction with a pediatrics intensive care physician or pediatric emergency physician.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level I pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level I pediatric trauma care hospital shall have a surgery department, including:

(a) General surgery in-house and available upon patient's arrival in the ED, assuming a five-minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a neurosurgeon, surgeon, or other physician who has been judged competent by the neurologic consultants on staff to initiate measures directed toward stabilizing the pediatric patient and to initiate diagnostic procedures; and

(ii) With a neurosurgeon on-call and available within thirty minutes.

(c) The following services on-call and available within thirty minutes:

- (i) Cardiac surgery;
- (ii) Microsurgery;
- (iii) Gynecologic surgery;
- (iv) Hand surgery;
- (v) Ophthalmic surgery;
- (vi) Oral/dental surgery;
- (vii) Orthopaedic surgery;
- (viii) Otorhinolaryngologic surgery;
- (ix) Plastic and maxillofacial surgery;
- (x) Thoracic surgery; and
- (xi) Urologic surgery.

(4) A level I pediatric trauma care hospital shall have nonsurgical specialties with special expertise in pediatric care, including:

- (a) Anesthesiology, with an anesthesiologist who is:
  - (i) ATLS trained;
  - (ii) ACLS trained;
  - (iii) PALS or equivalent trained; and
  - (iv) In-house and available on patient's arrival in ED, assuming five-minute notification;

(b) General pediatrics in-house and available on patient's arrival in ED, assuming five-minute notification, with pediatricians who are:

- (i) Board certified; and
- (ii) PALS or equivalent trained;
- (iii) These requirements may be met by a PL 2;

(c) The following services on-call and available within thirty minutes:

- (i) Cardiology;
- (ii) Chest medicine;
- (iii) Gastroenterology;
- (iv) Hematology/pathology;
- (v) Infectious diseases;
- (vi) Nephrology;
- (vii) Neuro-radiology;
- (viii) Pediatric cardiology;
- (ix) Pediatric hematology/oncology;
- (x) Pediatric pulmonology;
- (xi) Psychiatry;

- (xii) A radiologist; and
- (xiii) Social work.

(d) Pediatric neurology on-call and available within one hour.

(5) A level I pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level I pediatric trauma care hospital shall:

(a) Have a quality assurance program in accordance with WAC 246-976-880; and

(b) Cooperate with regional trauma care quality assurance programs throughout the state established pursuant to WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-720, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-730 Designation standards for level I pediatric trauma care hospitals—Resources and capabilities.** (1) A level I pediatric trauma care hospital shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine or pediatric emergency medicine;

(ii) ATLS trained;

(iii) ACLS trained; and

(iv) PALS or approved equivalent trained;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competence in the care of the pediatric trauma patient;

(ii) In-house and available within five minutes of the patient's arrival in the ED;

(iii) ATLS trained;

(iv) ACLS trained;

(v) PALS or equivalent pediatric ALS trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Have completed a trauma life support course;

(iii) Are PALS or approved equivalent trained;

(iv) Are in the ED and available within five minutes;

(d) An area designated for pediatric resuscitation, with equipment for resuscitation and life support of pediatric patients, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-valve-mask resuscitator with all mask sizes;

(E) Sources of oxygen;

(F) Child and neonatal BVM resuscitation device designed to deliver one hundred percent oxygen; and

(G) Mechanical ventilation;

(ii) Suction devices including:

(A) Back-up suction source;

(B) Pediatric suction catheters; and

(C) Tonsil suction tip;

(iii) Electrocardiograph-cardiac monitor-defibrillator appropriate to pediatric patients;

(iv) All standard apparatus to establish central venous pressure monitoring;

(v) All standard IV fluids and administering devices appropriate for pediatric patients, including:

(A) IV catheters;

(B) Intraosseous needles;

(C) Infusion sets;

(D) Infusion pumps including micro-infusion capabilities;

(E) Infusion controllers; and

(F) Pediatric dosages/dilutions of medications;

(vi) Sterile surgical sets appropriate for pediatric patients, for standard ED procedures including:

(A) Thoracostomy set;

(B) Chest tubes;

(C) Tracheostomy set;

(D) Spinal tap set;

(E) Peritoneal lavage set; and

(F) Cricothyrotomy set;

(vii) Gastric lavage equipment;

(viii) Drugs and supplies necessary for pediatric emergency care;

(ix) X-ray capability with twenty-four-hour coverage by in-house technicians;

(x) Respiratory therapy available within five minutes;

(xi) Two-way radio linked with EMS/TC vehicles;

(xii) Pneumatic anti-shock garment, if included in local protocols for pediatric patients;

(xiii) Skeletal traction device for cervical injuries;

(xiv) Equipment specific to pediatric trauma care, including:

(A) Traction splint;

(B) Blood pressure cuffs in infant and child sizes;

(C) Foley catheters;

(D) Rigid cervical collars;

(E) Doppler;

(F) Infant scale for accurate weight measurement under twenty-five pounds;

(G) Backboard;

(H) Temperature controlled heating units with/without open crib;

(I) Heating/cooling blankets;

(J) Heat lamp;

(K) Hypothermia thermometers;

(L) Expanded scale electronic thermometers;

(M) Device for assuring maintenance of infant warmth during evaluation and transport;

(N) Nasogastric/feeding tubes;

(O) Noninvasive BP monitor; and

(P) Pulse oximetry.

(2) A level I pediatric trauma care hospital shall have a general surgery department including:

(a) An attending surgeon with pediatric expertise who is in-house and available upon the patient's arrival in the ED, assuming five minute notification. The attending surgeon shall:

(i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;

(ii) Have PALS or approved equivalent training;  
 (iii) Be ATLS trained;  
 (iv) Have general surgery privileges;  
 (b) A post-graduate year four or above surgical resident who may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon. The resident shall have PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS.

(3) A level I pediatric trauma care hospital shall have an operating suite with:

(a) An operating room adequately staffed and available within five minutes of notification;

(b) Essential personnel, including at least one OR nurse, available twenty-four hours a day;

(c) A documented method for prompt mobilization of consecutive surgical teams for pediatric trauma patients;

(d) Equipment or capabilities including:

(i) Cardiopulmonary bypass;

(ii) Operating microscope;

(iii) Thermal control equipment for patient;

(iv) Thermal control equipment for blood;

(v) X-ray capability;

(vi) Pediatric endoscopes/bronchoscopes;

(vii) Craniotomy set;

(viii) Monitoring equipment; and

(ix) Pediatric instruments and equipment.

(4) A level I pediatric trauma care hospital shall have a postanesthetic recovery room with:

(a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, readily available twenty-four hours a day;

(b) All nurses ACLS trained;

(c) All nurses PALS or equivalent trained;

(d) Appropriate monitoring and resuscitation equipment.

(5) A level I pediatric trauma care hospital shall have a pediatric intensive care unit exclusively for children, with:

(a) A medical director or co-director who is a board certified or eligible pediatric intensivist, with:

(i) PALS or approved equivalent training;

(ii) Responsibility for coordinating the care of pediatric trauma patients, including:

(A) Development and implementation of policies;

(B) Supervision of resuscitation;

(C) Coordination of medical care;

(D) Determination of patient isolation;

(E) Ultimate authority for triage decisions;

(F) Maintenance of equipment;

(G) Coordination of staff education;

(H) Maintenance of statistics; and

(I) Reviewing quality of care on all pediatric trauma patients;

(b) A physician with expertise in pediatric critical care in-house and available within five minutes;

(c) A nurse manager responsible for training and coordination of nurses, physicians, and community agencies or services;

(d) Nurses with PALS or equivalent training;

(e) Patient isolation capacity; and

(f) Equipment appropriate for pediatric patients, including:

(i) Airway control and ventilation including:

(A) Oral and nasopharyngeal airways, all sizes neonatal through adult;

(B) Child, infant and neonatal bag-mask resuscitators, able to deliver one hundred percent oxygen;

(C) Endotracheal tubes with stylet;

(D) Infant and child laryngoscopes, curved and straight;

(E) Suction catheters; and

(F) Tonsil suction tip;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Temporary transvenous pacemaker;

(v) Electrocardiograph-cardiac monitor-defibrillator;

(vi) Electronic pressure monitoring;

(vii) Automated blood pressure apparatus;

(viii) Mechanical ventilator-respirator appropriate for entire pediatrics spectrum including:

(A) Air/oxygen blenders; and

(B) Oxygen analyzers;

(ix) Patient weighing devices, including infant scale;

(x) Pulmonary function measuring devices;

(xi) Temperature control devices including:

(A) Temperature controlled heating units with/without open crib;

(B) Heating/cooling blankets; and

(C) Heat lamp;

(xii) Drugs, IV fluids, and supplies including:

(A) Intravenous and intraosseous needles and catheters;

(B) Pediatric infusion sets;

(C) Pediatric dosages/dilutions;

(D) Infusion pumps;

(E) Infusion controllers; and

(F) IV fluid warmer;

(xiii) Spotlight;

(xiv) Doppler ultrasound BP device;

(xv) Suction machine;

(xvi) Refractometer;

(xvii) Otolaryngoscope/ophthalmoscope;

(xviii) Thermometers;

(xix) Pressor infuser pumps;

(xx) Portable EEG;

(xxi) Bedside EKG;

(xxii) Bedside echocardiography;

(xxiii) Bedside ultrasound;

(xxiv) Nuclear scan;

(xxv) Noninvasive oximetry and capnometry;

(xxvi) Portable transport monitor;

(xxvii) Specialized pediatric sets for thoracostomy, tracheostomy, spinal tap, cricothyroidotomy, and peritoneal lavage;

(xxviii) Foley catheters;

(xxix) Chest tubes;

(xxx) Capability for continuous monitoring of:

(A) EKG, heart rate;

(B) Respiration;

(C) Temperature;

(D) Arterial pressure; and

(E) Central venous pressure;

(xxxii) High/low alarms for heart rate, respiratory rate, and all pressures;

(xxxiii) Provision for life support and cardiopulmonary monitoring; and

(xxxiiii) Hard copy monitor recording capability.

(6) A level I pediatric trauma care hospital shall designate a physician, who has an established relationship to the pediatric critical care team, to respond to pediatric airway emergencies. This requirement may be met by an emergency physician or an ICU physician.

(7) A level I pediatric trauma care hospital shall have clinical laboratory services available within five minutes, including:

- (a) Micro-technique capability;
- (b) Standard analyses of blood, urine, and other body fluids;
- (c) Blood typing and cross-matching;
- (d) Coagulation studies;
- (e) Comprehensive blood bank, or access to a community central blood bank, and adequate hospital storage facilities;
- (f) Blood gases and pH determination;
- (g) Serum and urine osmolality;
- (h) Microbiology;
- (i) Serum alcohol determination; and
- (j) Drug screening.

(8) A level I pediatric trauma care hospital shall have radiological services, staffed and equipped including:

(a) The following services in-house and available within five minutes:

- (i) Routine radiological procedures; and
- (ii) Computerized tomography;

(b) The following services on-call and available within twenty minutes:

- (i) Angiography of all types;
- (ii) Sonography;
- (iii) Nuclear scanning;
- (iv) Fluoroscopy;
- (v) Contrast studies, including intravenous pyelograms, esophagrams, and barium enemas.

(9) A level I pediatric trauma care facility shall have acute hemodialysis capability, or a written transfer agreement.

(10) A level I pediatric trauma care hospital shall have:

(a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care, and equipped to care for extensively burned patients; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(11) A level I pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities. Early transfer to a designated pediatric trauma rehabilitation facility shall be considered.

(12) A level I pediatric trauma care hospital shall have respiratory therapy in-house and available within five minutes to the patient in the ED or ICU, with a therapist who has special pediatric training and/or experience.

(13) A level I pediatric trauma care hospital shall have a trauma rehabilitation coordinator and:

(a) A physician-directed pediatric rehabilitation medicine service which is staffed by nursing personnel trained in rehabilitation care, and is equipped to care for the pediatric trauma patient; or

(b) Written agreements to transfer patients to designated pediatric rehabilitation services when medically feasible.

(14) A level I pediatric trauma care hospital shall have ancillary services including:

- (a) Pharmacy, with pharmacist in-house;
- (b) Pediatric therapeutic recreation;
- (c) Clergy or pastoral care;
- (d) Social work, with social workers on-call and available within thirty minutes, and with written policies and procedures, including comprehensive case-finding mechanisms;
- (e) Child protection services;
- (f) Nutritionist services;
- (g) Physical therapy services;
- (h) Occupational therapy and therapeutic recreation services.

(15) A level I pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-730, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-740 Designation standards for level I pediatric trauma care hospitals—Outreach, training, research, and public education.** A level I pediatric trauma care hospital shall have:

(1) An outreach program with telephone and on-site consultations with physicians in the community and outlying areas regarding trauma care;

(2) Training, including:

(a) A formal program of continuing trauma education for:

- (i) Staff physicians;
- (ii) Nurses;
- (iii) Allied health care professionals;
- (iv) Community physicians; and
- (v) Prehospital personnel;

(b) A general surgery residency program accredited by the accreditation council of graduate medical education;

(c) In-house initial and maintenance training of invasive manipulative skills for prehospital personnel;

(3) A public education program addressing:

- (a) Injury prevention;
- (b) First aid;
- (c) Problems confronting the public, medical profession, and hospitals regarding optimal care for the injured child;

(4) A pediatric trauma research program.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-740, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-770 Designation standards for level II pediatric trauma care hospitals—Administration and organization.** (1) For the purpose of administering trauma care, a designated level II pediatric hospital shall have a trauma service, including:

(a) Organization and direction by a general surgeon who is expert in, and committed to, care of the injured child;

(b) Ongoing coordination of the trauma service by a registered nurse;

(c) A multidisciplinary trauma committee with input to hospital management, including:



- (i) An emergency physician;
  - (ii) An ED registered nurse;
  - (iii) A trauma surgeon;
  - (iv) A neurosurgeon;
  - (v) An orthopaedic surgeon;
  - (vi) An anesthesiologist;
  - (vii) Director of pediatric intensive care service;
  - (viii) A pediatric intensive care registered nurse; and
  - (ix) Pediatric intensivist;
- (d) A trauma resuscitation team to provide initial evaluation and treatment.

(i) The team shall be organized and directed by a trauma surgeon expert in, and committed to, care of the injured child, who assumes responsibility for coordination of overall care of the pediatric trauma patient.

(ii) The team shall work in conjunction with a pediatric intensive care physician or pediatric emergency physician.

(iii) All members of the trauma team, except the surgeon, shall be in-house and available within five minutes.

(iv) The team shall include an emergency physician:

(A) Responsible for activating the trauma resuscitation team, using an approved scoring system;

(B) Responsible for providing team leadership and care of the pediatric trauma patient until the arrival of the surgeon in the resuscitation area.

(v) Other members of the team shall be as specified in the hospital's application for designation.

(e) Specific delineation of trauma surgery privileges by the medical staff.

(2) A level II pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level II pediatric trauma care hospital shall have a surgery department, including:

(a) General surgery, with a trauma surgeon on-call and available on the patient's arrival in the ED, assuming a twenty-minute notification;

(b) Neurosurgery:

(i) In-house and available within five minutes. In-house coverage shall be provided by a neurosurgeon, surgeon, or other physician who has been judged competent by the neurologic consultants on staff to initiate measures to stabilize the patient, and to initiate diagnostic procedures; and

(ii) With a neurosurgeon on-call and available within thirty minutes;

(c) The following services on-call and available within thirty minutes:

- (i) Ophthalmic surgery;
- (ii) Orthopedic surgery;
- (iii) Otorhinolaryngologic surgery;
- (iv) Plastic and maxillofacial surgery;
- (v) Thoracic surgery; and
- (vi) Urologic surgery.

(4) A level II pediatric trauma care hospital shall have nonsurgical specialty capabilities with pediatric expertise, including:

(a) Anesthesiology, with an anesthesiologist who:

(i) Is PALS or equivalent trained; and

(ii) Is on-call and available within twenty minutes;

(b) The following pediatric specialty services on-call and available within thirty minutes:

- (i) Cardiology;
- (ii) Chest medicine;
- (iii) Gastroenterology;
- (iv) Hematology/pathology;
- (v) Infectious disease specialists;
- (vi) Nephrology;
- (vii) Neuro-radiology;
- (viii) General pediatrics, with board-certified pediatricians who are PALS or equivalent trained;
- (ix) A radiologist; and
- (x) Social work.

(5) A level II pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level II pediatric trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-770, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-780 Designation standards for level II pediatric trauma care hospitals—Resources and capabilities.** (1) A level II pediatric trauma care hospital shall have an ED with:

(a) A physician director who is:

(i) Board certified or eligible in emergency medicine or pediatric emergency medicine;

(ii) ATLS trained; and

(iii) ACLS trained;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or pediatric emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competency in the care of the pediatric trauma patient;

(ii) In-house and available within five minutes;

(iii) ATLS trained, except that this requirement shall not

apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or equivalent trained; and

(vi) Designated members of the trauma team;

(c) ED registered nurses who:

(i) Are ACLS trained;

(ii) Have completed a trauma life support course;

(iii) Are PALS or approved equivalent trained;

(iv) Are in the ED and available to the patient within five minutes;

(d) A designated area for pediatric resuscitation with equipment for pediatric resuscitation and life support, including:

(i) Airway control and ventilation equipment including:

(A) Airways;

(B) Laryngoscopes, including curved and straight;

(C) Endotracheal tubes of all sizes;

(D) Bag-valve-mask resuscitator with all mask sizes, designed to deliver one hundred percent oxygen;

(E) Sources of oxygen; and

(F) Mechanical ventilation;

(ii) Suction devices including:

(A) Back-up suction source;

- (B) Suction catheters; and
- (C) Tonsil suction tip;
- (iii) Electrocardiograph/cardiac monitor;
- (iv) Apparatus to establish central venous pressure monitoring;
- (v) All standard IV fluids and administering devices, including:
  - (A) IV catheters;
  - (B) Intraosseous needles;
  - (C) Infusion sets;
  - (D) Infusion pumps including micro-infusion capabilities;
  - (E) Infusion controllers;
  - (F) Pediatric dosages/dilutions of medications; and
  - (G) IV fluid/blood warmer;
- (vi) Sterile surgical sets for procedures standard for EDs including:
  - (A) Thoracostomy set;
  - (B) Chest tubes;
  - (C) Tracheostomy set;
  - (D) Spinal tap set;
  - (E) Peritoneal lavage set; and
  - (F) Cricothyrotomy set;
- (vii) Gastric lavage equipment;
- (viii) Drugs and supplies necessary for pediatric emergency care;
- (ix) X-ray capability with twenty-four-hour coverage by in-house technicians;
- (x) Respiratory therapy available within five minutes;
- (xi) Two-way radio linked with EMS vehicles;
- (xii) Pneumatic anti-shock garment, if included in local pediatric protocols;
- (xiii) Skeletal traction device for cervical injuries;
- (xiv) Specialized pediatric equipment including:
  - (A) Traction splint;
  - (B) Blood pressure cuffs in infant, child sizes;
  - (C) Foley catheters;
  - (D) Rigid cervical collars in pediatric sizes;
  - (E) Doppler;
  - (F) Infant scale for accurate weight measurement under twenty-five pounds;
  - (G) Backboard;
  - (H) Temperature controlled heating units with/without open crib;
  - (I) Heating/cooling blankets;
  - (J) Heat lamp;
  - (K) Hypothermia thermometers;
  - (L) Expanded scale electronic thermometers;
  - (M) Device for assuring maintenance of infant warmth during evaluation and transport;
  - (N) Nasogastric/feeding tubes;
  - (O) Noninvasive blood pressure monitor; and
  - (P) Pulse oximetry.
- (2) A level II pediatric trauma care hospital shall have a general surgery department including:
  - (a) An attending surgeon who is on-call and available upon the patient's arrival in the ED, assuming twenty minute notification. The attending surgeon shall:
    - (i) Be board certified; or have graduated from a residency program accredited by the accreditation council of graduate medical education, but who is less than five years out of training;

- (ii) Have general surgery privileges;
- (b) A post-graduate year four or above surgical resident may initiate evaluation and treatment upon the patient's arrival in the ED until the arrival of the attending surgeon;
- (c) All trauma surgeons trained in ATLS, except that this requirement shall not apply to board certified surgeons;
- (d) All trauma surgeons trained in PALS or approved equivalent.
- (3) A level II pediatric trauma care hospital shall have an operating suite adequately staffed with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes. The operating suite shall have equipment appropriate for pediatric surgery, including:
  - (a) Thermal control equipment for patient;
  - (b) Thermal control equipment for blood;
  - (c) X-ray capability;
  - (d) Endoscopes/bronchoscopes; and
  - (e) Monitoring equipment.
- (4) A level II pediatric trauma care hospital shall have a postanesthetic recovery room with:
  - (a) Essential personnel, including at least one nurse with critical post anesthetic nurse training, readily available twenty-four hours a day; and
  - (b) Appropriate monitoring and resuscitation equipment.
- (5) A level II pediatric trauma care hospital shall have a pediatric intensive care service, including:
  - (a) A medical director or co-director who is board certified or eligible in pediatric intensive care, who has:
    - (i) PALS or approved equivalent training;
    - (ii) Responsibility for pediatric trauma care, including:
      - (A) Development and implementation of policies;
      - (B) Supervision of resuscitation;
      - (C) Coordination of medical care;
      - (D) Determination of patient isolation;
      - (E) Ultimate authority for triage decisions;
      - (F) Maintenance of equipment;
      - (G) Coordination of staff education;
      - (H) Maintenance of statistics; and
      - (I) Reviewing quality of care on all pediatric trauma patients;
  - (b) Patient isolation capacity;
  - (c) A physician with expertise in pediatric critical care in-house and available within five minutes;
  - (d) Pediatric intensive care nursing with:
    - (i) A pediatric nurse manager responsible for training and coordination of nurses, physicians, administration, and community agencies or services;
    - (ii) Nurses caring for pediatric trauma patients who have completed PALS or approved equivalent training; and
  - (e) Equipment appropriate for pediatric patients including:
    - (i) Airway control and ventilation including:
      - (A) Airways;
      - (B) Child and neonatal BVM designed to deliver one hundred percent oxygen;
      - (C) Bag-mask resuscitators, all sizes;
      - (D) Endotracheal tubes with stylet;
      - (E) Infant and child laryngoscopes, curved and straight;
      - (F) Suction catheters; and
      - (G) Tonsil suction tip;
    - (ii) Oxygen source with concentration controls;

- (iii) Cardiac emergency cart;
  - (iv) Temporary transvenous pacemaker;
  - (v) Electrocardiograph-cardiac monitor-defibrillator;
  - (vi) Electronic pressure monitoring;
  - (vii) Mechanical ventilator-respirator appropriate for entire pediatrics spectrum including:
    - (A) Air/oxygen blenders;
    - (B) Oxygen analyzers;
  - (viii) Patient weighing devices, including infant scale;
  - (ix) Pulmonary function measuring devices;
  - (x) Temperature control devices including:
    - (A) Temperature controlled heating units with/without open crib;
    - (B) Heating/cooling blankets; and
    - (C) Heat lamp;
  - (xi) Drugs, IV fluids and supplies, including:
    - (A) Needles and catheters;
    - (B) Infusion sets;
    - (C) Infusion pumps;
    - (D) Infusion controllers; and
    - (E) IV fluid warmer;
  - (xii) Intraosseous needles and catheters;
  - (xiii) Spotlight;
  - (xiv) Doppler ultrasound BP device;
  - (xv) Suction machine;
  - (xvi) Refractometer;
  - (xvii) Otolaryngoscope/ophthalmoscope;
  - (xviii) Thermometers;
  - (xix) Pressor infuser pumps;
  - (xx) Portable EEG;
  - (xxi) Bedside EKG;
  - (xxii) Noninvasive oximetry and capnometry;
  - (xxiii) Portable transport monitor;
  - (xxiv) Sets for thoracostomy, tracheostomy, spinal tap, cricothyroidotomy, and peritoneal lavage;
  - (xxv) Foley catheters;
  - (xxvi) Chest tubes;
  - (xxvii) Capability for continuous monitoring of:
    - (A) EKG, heart rate;
    - (B) Respiration;
    - (C) Temperature;
    - (D) Arterial pressure; and
    - (E) Central venous pressure;
  - (xxviii) High/low alarms for heart rate, respiratory rate, and all pressures;
  - (xxix) Provision for life support and cardiopulmonary monitoring; and
  - (xxx) Hard copy monitor recording capability.
- (6) A level II pediatric trauma care hospital shall designate one or more physicians, who have an established relationship to the pediatric trauma resuscitation team, to respond to pediatric airway emergencies. This requirement may be met by an emergency physician or an ICU physician.
- (7) A level II pediatric trauma care hospital shall have clinical laboratory services readily available twenty-four hours a day, including:
- (a) Laboratory technician in-house;
  - (b) Micro-technique capability;
  - (c) Standard analyses of blood, urine, and other body fluids;
  - (d) Blood typing and cross-matching;
  - (e) Coagulation studies;

(f) Comprehensive blood bank, or through access to a community central blood bank, and adequate hospital storage facilities;

(g) Blood gases and pH determination;

(h) Serum and urine osmolality;

(i) Microbiology;

(j) Serum alcohol determination; and

(k) Drug screening.

(8) A level II pediatric trauma care hospital shall have radiological services including:

(a) Routine radiologic procedures in-house and available within five minutes;

(b) Contrast studies including intravenous pyelograms, esophagrams, and barium enemas, on-call and available within twenty minutes;

(c) The following services on-call and available within twenty minutes:

(i) Angiography of all types;

(ii) Sonography;

(iii) In-house computerized tomography; and

(iv) Fluoroscopy.

(9) A level II pediatric trauma care hospital shall have respiratory therapy with a trained therapist in-house.

(10) A level II pediatric trauma care hospital shall have a pharmacy, with pharmacist on-call and available within twenty minutes.

(11) A level II pediatric trauma care hospital shall have acute hemodialysis capability, or a transfer agreement.

(12) A level II pediatric trauma care hospital shall have:

(a) A physician-directed burn unit which is staffed by nursing personnel trained in burn care; and is equipped to care for extensively burned patients; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(13) A level II pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with a facility that has such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(14) A level II pediatric trauma care hospital shall have a nurse designated as trauma rehabilitation coordinator; and:

(a) A physician-directed rehabilitation medicine service which is staffed by nursing personnel trained in pediatric rehabilitation care; and is equipped to care for pediatric trauma patients; or

(b) Written agreements to transfer patients to a designated pediatric rehabilitation services when medically feasible.

(15) A level II pediatric trauma care hospital shall have ancillary services including:

(a) Clergy or pastoral care;

(b) Social work, with social workers on-call and available within thirty minutes, and with written policies and procedures including comprehensive case-finding mechanisms;

(c) Child protection services;

(d) Nutritionist services;

(e) Physical therapy services;

(f) Occupational therapy and therapeutic recreation services.

(16) A level II pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-780, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-790 Designation standards for level II pediatric trauma care hospitals—Education and training programs.** A level II pediatric trauma care hospital shall have:

- (1) A public education program addressing:
  - (a) Injury prevention;
  - (b) Standard first aid;
  - (c) Problems confronting the public, medical profession, and hospitals regarding optimal care for the injured child;
- (2) A formal program of continuing education provided by the facility for staff physicians, nurses, allied health personnel, community physicians, and prehospital personnel.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-790, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-810 Designation standards for level III pediatric trauma care hospitals—Administration and organization.** (1) For the purpose of administering trauma care, a designated level III pediatric trauma care hospital shall have a trauma service including:

- (a) Organization and direction by a general surgeon or physician expert in, and committed to, care of the injured child;
- (b) Ongoing coordination of the trauma service by a registered nurse;
- (c) A multidisciplinary trauma committee with input to hospital management, including:
  - (i) An emergency physician;
  - (ii) An ED registered nurse;
  - (iii) A trauma surgeon;
  - (iv) An anesthesiologist;
  - (v) Director of pediatric intensive care unit;
  - (vi) A pediatric intensive care registered nurse; and
  - (vii) A pediatrician;
- (d) A trauma resuscitation team to provide initial evaluation and treatment.
  - (i) The team shall be organized and directed by a surgeon who is expert in and committed to care of the injured child; who assumes responsibility for coordination of overall care of the pediatric trauma patient; and who is on-call and available within twenty minutes;
  - (ii) All members of the team, except the surgeon, shall be in-house and available within five minutes;
  - (iii) The team shall include an emergency physician:
    - (A) Responsible for activating the trauma resuscitation team, using an approved scoring system; and
    - (B) Responsible for providing team leadership and care for the trauma patient until the arrival of the surgeon in the resuscitation area;
  - (iv) Other members of the team shall be as specified in the hospital's application for designation.
  - (e) Specific delineation of trauma surgery privileges by the medical staff.
- (2) A level III pediatric trauma care hospital shall have an ED with established standards and procedures to ensure immediate and appropriate care for pediatric trauma patients.

(3) A level III pediatric trauma care hospital shall have a surgery department that includes an attending surgeon who is on-call and available within twenty minutes; and

- (a) Has general surgery privileges;
- (b) Has PALS or equivalent training;
- (c) Has ATLS training.
- (4) A level III pediatric trauma care hospital shall have anesthesiology, by an anesthesiologist or certified registered nurse anesthetist, who is PALS or equivalent trained, and who is on-call and available within twenty minutes.

(5) A level III pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on its ability to manage each patient at a particular time.

(6) A level III trauma care hospital shall have a quality assurance program in accordance with WAC 246-976-880.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-810, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-820 Designation standards for level III pediatric trauma care hospitals—Resources and capabilities.** (1) Level III pediatric trauma care hospitals shall have an ED with:

- (a) A physician director who is:
  - (i) Board certified or eligible in emergency medicine or pediatric emergency medicine; or in a specialty practicing emergency medicine as their primary practice with special competency in the care of the pediatric trauma patient;
  - (ii) ATLS trained; and
  - (iii) ACLS trained;
- (b) Emergency physicians who are:
  - (i) Qualified and experienced in caring for pediatric patients with traumatic injuries;
  - (ii) Capable of initiating resuscitation measures;
  - (iii) In-house and available within five minutes;
  - (iv) ATLS trained;
  - (v) ACLS trained;
  - (vi) PALS or equivalent trained; and
  - (vii) Designated members of the trauma team;
- (c) ED registered nurses who are:
  - (i) ACLS trained;
  - (ii) ATLS trained;
  - (iii) PALS or approved equivalent trained; and
  - (iv) In-house and available within five minutes;
- (d) A designated area for pediatric resuscitation, with equipment for resuscitation and life support for the pediatric trauma patient, including:
  - (i) Airway control and ventilation equipment including:
    - (A) Airways;
    - (B) Laryngoscopes including curved and straight;
    - (C) Endotracheal tubes of all sizes;
    - (D) Bag-valve-mask resuscitator with all mask sizes;
    - (E) Sources of oxygen;
    - (F) Child and neonatal BVM resuscitation device designed to deliver one hundred percent oxygen; and
    - (G) Mechanical ventilator;
  - (ii) Suction devices, including:
    - (A) Back-up suction source;
    - (B) Suction catheters; and
    - (C) Tonsil suction tip;

(iii) Electrocardiograph-cardiac monitor-defibrillator;  
 (iv) Standard IV fluids and administering devices,  
 including:

- (A) IV catheters;
- (B) Intraosseous needles;
- (C) Infusion sets;
- (D) Infusion pumps including micro-infusion capabilities;

(E) Infusion controllers;  
 (F) IV fluid/blood warmer;  
 (v) Sterile surgical sets for pediatric ED procedures,  
 including:

- (A) Thoracostomy set;
- (B) Chest tubes;
- (C) Tracheostomy set;
- (D) Spinal tap set;
- (E) Peritoneal lavage set; and
- (F) Cricothyrotomy set;
- (vi) Gastric lavage equipment;
- (vii) Drugs and supplies necessary for pediatric emergency care;

(viii) X-ray capability, with technician on-call and available within twenty minutes;

(ix) Two-way radio linked with vehicles of the EMS/TC system;

(x) Pneumatic anti-shock garment, if included in local pediatric protocols;

(xi) Specialized pediatric equipment including:

- (A) Traction splint;
- (B) Blood pressure cuffs in infant, child sizes;
- (C) Foley catheters;
- (D) Rigid cervical collars;
- (E) Doppler;
- (F) Infant scale for accurate weight measurement under twenty-five pounds;

(G) Backboard;

(H) Temperature controlled heating units with/without open crib;

(I) Heating/cooling blankets;

(J) Heat lamp;

(K) Hypothermia thermometers;

(L) Expanded scale electronic thermometers;

(M) Device for assuring maintenance of infant warmth during evaluation and transport; and

(N) Nasogastric/feeding tubes.

(2) A level III pediatric trauma care hospital shall have an operating suite adequately staffed with one RN who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within twenty minutes. The operating suite shall be equipped with:

- (a) Thermal control equipment for patient;
- (b) Thermal control equipment for blood;
- (c) X-ray capability; and
- (d) Monitoring equipment.

(3) A level III pediatric trauma care hospital shall have a post anesthetic recovery room with appropriate monitoring and resuscitation equipment, or a policy that pediatric patients recover in the pediatric ICU if the postanesthetic recovery room is not available.

(4) A level III pediatric trauma care hospital shall have a pediatric intensive care service for trauma patients with:

(a) A medical director;

(b) Nurses with:

(i) PALS or approved equivalent training; and

(ii) Completion of a trauma life support course;

(c) Immediate access to clinical laboratory services with micro-technique capabilities;

(d) Equipment specific to infant/pediatric trauma care, including:

(i) Airway control and ventilation devices;

(ii) Oxygen source with concentration controls;

(iii) Cardiac emergency cart;

(iv) Temporary transvenous pacemaker;

(v) Electrocardiograph-cardiac monitor-defibrillator;

(vi) Mechanical ventilator-respirators;

(vii) Patient weighing devices;

(viii) Pulmonary function measuring devices;

(ix) Temperature control devices; and

(x) Drugs, IV fluids, and supplies.

(5) A level III pediatric trauma care hospital shall have clinical laboratory services available within twenty minutes, including:

(a) Standard analyses of blood, urine, and other body fluids;

(b) Blood typing and cross-matching;

(c) Coagulation studies;

(d) Comprehensive blood bank or access to a community central blood bank and adequate hospital storage facilities; and

(e) Blood gases and pH determination.

(6) A level III pediatric trauma care hospital shall have:

(a) A physician-directed burn unit staffed by nursing personnel trained in burn care, and equipped to care for the extensively burned pediatric patient; or

(b) Written transfer agreement with a burn center or hospital with burn unit.

(7) A level III pediatric trauma care hospital shall be able to manage acute head and/or spinal cord injuries, or have written transfer agreements with facility with such capabilities. Early transfer to an appropriate designated rehabilitation facility shall be considered.

(8) A level III pediatric trauma care hospital shall have routine radiological capabilities available within five minutes.

(9) A level III pediatric trauma care hospital shall have a trauma rehabilitation coordinator to facilitate the pediatric trauma patient's access to a designated pediatric rehabilitation center and:

(a) A physician-directed rehabilitation medicine service staffed by nursing personnel trained in pediatric rehabilitation; and equipped to care for pediatric trauma patients; or

(b) Written agreements to transfer patients to a designated pediatric rehabilitation service when medically feasible.

(10) A level III pediatric trauma care hospital shall have ancillary services, including clergy/pastoral care, and child protection services.

(11) A level III pediatric trauma care hospital shall have a heliport or landing zone located close enough to permit the facility to receive or transfer patients by air.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-820, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-880 Trauma quality assurance programs for designated trauma care hospitals.** All designated trauma care services except level V shall:

(1) Have a hospital-wide quality assurance program to reflect and demonstrate continuous quality improvement in the delivery of trauma care. The trauma care quality assurance program includes:

(a) Regular in-house multidisciplinary trauma conferences, including:

(i) Comprehensive review of patient care throughout the patient's stay;

(ii) Participation of members of the trauma team;

(iii) Participation of the person responsible for coordination of trauma registry activities;

(iv) Participation of the trauma rehabilitation coordinator;

(v) Feedback to staff and services involved; and

(vi) Provision of reports to the regional quality assurance program;

(b) Special audit processes for all trauma patients including trauma deaths, using a monitoring system including:

(i) Outcomes of care and service;

(ii) Evaluations;

(iii) Trends;

(iv) Indicators;

(v) Documented patient care assessments;

(vi) Standards of care and/or practice guidelines;

(vii) Comparison of adult and pediatric patient care outcomes in the same facility;

(viii) Review of the delivery of preadmission trauma care; and

(ix) Patient perspectives of care;

(2) Document the trauma care quality assurance program's proceedings, findings, conclusions, recommendations, actions taken, and results of the actions taken, demonstrating that relevant findings are used to study and improve processes that affect trauma patient care;

(3) Evaluate the results of the trauma quality assurance program and include them with the hospital's general quality assurance program;

(4) Participate in the state trauma registry as required in WAC 246-976-420;

(5) Identify a person to be responsible for coordination of trauma registry activities;

(6) Participate in the regional trauma care quality assurance program required in WAC 246-976-910.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-880, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-885 Educational and certification requirements—Designated trauma care service personnel.**

To allow for timely and orderly establishment of the trauma system, the department shall consider that education and/or certification requirements established in this chapter for physicians in the ED, and for nursing personnel in all units of a designated trauma care facility, have been met if:

(1) Until July 1, 1994, twenty-five percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter at the time of designation;

(2) By July 1, 1995, fifty percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter;

(3) By July 1, 1996, seventy-five percent of personnel caring for trauma patients meet the educational and certification requirements of this chapter; and

(4) By July 1, 1997, all personnel caring for trauma patients meet the educational or certification requirements of this chapter.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-885, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-890 Interhospital transfer guidelines.**

(1) All designated trauma services shall have written transfer agreements for the identification and transfer of patients with special care needs who meet interhospital transfer criteria.

(2) Transfer agreements shall include the responsibility of the transferring hospital and of the receiving hospital, and shall assign medical control during interhospital transfer.

(3) Transferring facilities shall use verified prehospital trauma services for interfacility transfer of trauma patients.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-890, filed 12/23/92, effective 1/23/93.]

## SYSTEM ADMINISTRATION

**WAC 246-976-910 EMS and trauma care system regional quality assurance program.** (1) The department shall:

(a) Provide guidelines for regional EMS/TC system quality assurance to evaluate regional trauma care delivery, patient care outcomes, and compliance with the requirements of this chapter; and

(b) Review and approve regional quality assurance activities.

(2) Levels I, II, and III trauma care facilities shall establish and participate in regional EMS/TC systems quality assurance programs.

(3) The regional quality assurance program:

(a) Shall include at least one member of each designated facility's medical staff, an EMS provider, and a member of the EMS/TC regional council; and

(b) In regions with facilities jointly designated under WAC 246-976-470 (3)(b), shall include at least one member who does not reside or work in the region.

(4) The regional quality assurance program shall invite the MPD and all other health care providers and facilities providing trauma care in the region, including nondesignated facilities and nonverified prehospital services, to participate in the regional trauma quality assurance program.

(5) The regional quality assurance program shall include a written plan for implementation including:

(a) Scope of all services offered in the region;

(b) Ongoing assessment of performance of the regional EMS and trauma care system, based on data supplied by the trauma registry and other sources, including:

(i) Trauma care delivery;

(ii) Patient care outcomes, including pediatric and adult patient outcomes;



- (iii) Unexpected deaths; and
- (iv) Compliance with the requirements of chapter 70.168 RCW, and this chapter;
- (c) Identification and analysis of trends, patient care outcomes, and other information, based on trauma registry data;
- (d) Periodic assessment of data concerning aspects of patient care;
- (e) Policies regarding confidentiality of data elements related to identification of provider's and facility's care outcomes, in accordance with chapter 70.168 RCW;
- (f) Policies regarding confidentiality and release of patient care quality assurance committee minutes, records, and reports in accordance with RCW 70.168.090(4), including a requirement that each attendee of a regional quality assurance committee meeting is informed in writing of the confidentiality requirement. Information identifying individual patients shall not be publicly disclosed without the patient's consent;
- (g) Policies regarding confidentiality of documentation of the results of inquiries involving patient care issues; and
- (h) Provision for feedback to the department and the regional council on identified EMS/TC issues and concerns.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-910, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-920 Medical program director.** (1) The department shall:

- (a) In conjunction with the state EMS/TC committee, evaluate, certify, and terminate certification of MPDs for a county, group of counties, or cities with populations over four hundred thousand, in coordination with the recommendations of the local medical community and local EMS/TC council;
  - (b) Withdraw certification of MPDs on receipt of written resignation;
  - (c) Defend and hold harmless MPDs, delegates, or agents for any act or omission committed or omitted in good faith in the performance of his or her duties.
- (2) The MPD shall:
- (a) Be knowledgeable in the administration and management of prehospital emergency medical care and services;
  - (b) Provide medical control and direction of EMS/TC certified personnel in their medical duties, by oral or written communication;
  - (c) Develop and adopt written prehospital patient care protocols to direct EMS/TC certified personnel in patient care. These protocols shall be based upon the assessment of the patients' medical needs. The protocols shall meet or exceed state-wide minimum standards for trauma and other prehospital care services;
  - (d) Establish protocols for storing, dispensing, and administering controlled substances, in accordance with state and federal regulations and guidelines;
  - (e) Consult with the local and regional EMS/TC councils and emergency communications centers to develop and approve patient care procedures;
  - (f) Work within the parameters of the approved regional patient care procedures;

- (g) Supervise training of all EMS/TC certified personnel;
- (h) Develop protocols for special training described in WAC 246-976-040;
- (i) Periodically audit the educational performance, skill maintenance, and field performance of EMS/TC certified personnel, for quality assurance purposes;
- (j) Recommend to the department certification, recertification, or denial of certification of EMS/TC personnel;
- (k) Recommend to the department disciplinary action to be taken against EMS/TC personnel, which may include modification, suspension, or revocation of certification;
- (l) Review and make recommendations to the department for individuals applying for recognition or renewal of recognition as senior EMT instructors.

(3) In accordance with department policies and procedures, the MPD may:

- (a) Delegate in writing any duties, other than those described above in subsection (2)(c), (j), and (k) of this section, to other physicians;
- (i) The MPD shall notify the department in writing of the names and duties of individuals so delegated, within fourteen days;
- (ii) The MPD may remove delegated authority at any time, which shall be effective upon written notice to the delegate and the department;

(b) Delegate in writing duties relating to training, evaluation, or examination of certified EMS/TC personnel, to qualified nonphysicians;

(c) Enter into EMS/TC medical control agreements with other MPDs;

(d) Recommend denial of certification to the department for any student the MPD deems unable to function as an EMS provider, despite successful completion of MPD-approved training, evaluation, or examinations; and

(e) Require examinations to determine the knowledge and abilities of IV technicians, airway technicians, or paramedics prior to recommending applicants for certification or recertification. If such examinations are required, the MPD shall conduct at least one examination annually, and may conduct examinations more often if necessary.

(4) The department may withdraw the certification of an MPD when:

- (a) The MPD fails to maintain eligibility under this chapter;
- (b) The MPD fails to perform the duties assigned under this chapter;
- (c) The MPD demonstrates unwillingness or inability to perform duties under this chapter;
- (d) The local EMS/TC council or the local medical community recommends revocation to the department.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-920, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-930 General responsibilities of the department.** (1) The department shall establish:

- (a) The minimum and maximum number of hospitals and health care facilities in the state and within each EMS/TC planning and service region that may provide

designated trauma care services based upon approved regional EMS/TC plans;

(b) The minimum and maximum number of prehospital providers in the state and within each EMS/TC planning and service region that may provide verified trauma care services based upon approved regional EMS/TC plans.

(2) The department shall designate hospitals and health care facilities to provide designated trauma care services in accordance with needs identified in the state-wide EMS/TC plan.

(3) The department shall design and establish the state-wide trauma care registry as authorized in RCW 70.168.090.

(4) The department shall develop prehospital trauma triage procedures and interfacility transfer guidelines, for adult and pediatric patients, and review them biennially with the advice of the steering committee.

(5) The department shall create:

(a) An EMS/TC licensing and certification advisory committee of eleven members, and appoint members, including a balance of physicians, one of whom is an MPD, and individuals regulated under RCW 18.71.205 and 18.73.081, an administrator from a city or county EMS/TC system, a member of the steering committee, and one consumer. All members except the consumer shall be knowledgeable in specific and general aspects of EMS/TC. Members shall be appointed for a period of three years. The terms of those members representing the same field shall not expire at the same time;

(b) Regional EMS/TC councils and appoint members, including a balance of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement representatives, local government agencies, physicians, EMS/TC educators, and prevention specialists involved in the delivery of EMS/TC services recommended by the local EMS/TC councils within the region.

(6) The department shall develop standards and a process and schedule for biennial update of regional and state-wide planning.

(7) The department shall review, recommend changes to, and approve regional plans based on the requirements of this chapter and recommendations from the steering committee, and upon consideration of the needs of trauma patients whose care may require resources from more than one region and/or from adjacent states.

(8) The department shall develop and publish a state-wide EMS/TC plan that:

(a) Identifies state-wide EMS/TC objectives and priorities and identifies equipment, facility, personnel, training, prevention, and other needs required to create and maintain a state-wide EMS/TC system;

(b) Is formulated by incorporating the regional EMS/TC plans required under chapter 70.168 RCW;

(c) Shall be updated every two years and shall be made available to the state board of health in sufficient time to be considered in preparation of the biennial state health report required in RCW 43.20.050;

(d) Includes a state EMS/TC communication plan formulating the system based on regional plans and legislative intent. The communications system plan shall:

(i) Provide for a communication network to support medical control;

(ii) Establish guidelines for EMD training for all EMS dispatch personnel; and

(iii) Establish minimum communications equipment levels for licensed ambulance and aid vehicles;

(e) Provides for interagency coordination, administration, and regulation of the state-wide EMS/TC communications plan.

(9) From available funds, the department shall make EMS systems development grants to regional councils:

(a) To support regional EMS/TC council operations;

(b) To support regional council matching grant programs described in WAC 246-976-960 (1)(f), giving priority to achievement of minimum standards of this chapter, and other purposes and priorities established with the advice of the steering committee.

(10) The department shall review biennially:

(a) Rules, policies, and standards for EMS/TC, with the advice of the steering committee;

(b) Rules and standards for licensure of services and vehicles, and for certification of EMS/TC personnel, with the advice of the L&C committee;

(c) Minimum response times for verified prehospital trauma care services, considering data available from the trauma registry and with the advice of the steering committee.

(11) The department shall develop a format for evaluating the performance of MPDs consistent with WAC 246-976-920.

(12) The department shall develop and maintain the trauma prevention and education program as an integral component of the EMS/TC system.

(13) The department may:

(a) Recognize as an affiliated EMS services, those organizations which are not required to be licensed under chapter 18.73 RCW, but which are:

(i) Recommended for affiliation by the local EMS/TC council and the MPD;

(ii) Identified in the regional plan as part of the EMS/TC system;

(b) Approve pilot programs and projects which have:

(i) Stated objectives;

(ii) A specified beginning and ending date;

(iii) An identified way of measuring the outcome;

(iv) A review process;

(v) A work plan with a time line;

(vi) Consistency with regional and state plans;

(vii) If training of certified EMS/TC personnel involved, consistency with the requirements of WAC 246-976-040;

(c) Appoint a communications advisory committee, with members who are users of EMS/TC communications and providers of EMS/TC services.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-930, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-940 Steering committee.** The EMS/TC steering committee shall:

(1) Review and comment on the department's rules, policies, and standards for EMS/TC at least biennially;

(2) Review and comment on rules proposed by the department for EMS/TC;

(3) Review and comment on the department's budget for the EMS/TC system at least biennially;

(4) Advise the department regarding EMS/TC needs and proposed funding throughout the state;

(5) Review the regional EMS/TC plans and recommend changes to the department before the department adopts the plans;

(6) Advise the department on disbursement of grants to regional councils and nonprofit agencies for the development, implementation, and enhancement of the EMS/TC system; and

(7) Review the department's prehospital triage guidelines and inter-facility transfer guidelines biennially.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-940, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-950 Licensing and certification committee.** The licensing and certification committee shall:

(1) Review and comment on proposed licensing and certification rules under chapters 18.71 and 18.73 RCW;

(2) Review and comment biennially on the department's EMS/TC rules and standards pertaining to licensure of vehicles and services, and to certification of individuals;

(3) Assist the department, at the department's request, to fulfill any duty or exercise any power under this chapter pertaining to EMS/TC licensing and certification.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-950, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-960 Regional emergency medical services and trauma care councils.** (1) Regional councils shall:

(a) At least semiannually, identify and analyze trends and patient care outcomes, based on trauma registry data provided by the department, to evaluate the EMS/TC system and its component subsystems;

(b) Develop and submit to the department regional EMS/TC plans to:

(i) Assess and analyze regional EMS/TC needs;

(ii) Identify personnel, agencies, facilities, equipment, training, prevention programs, and education to meet regional and local needs;

(iii) Identify specific activities necessary to meet state-wide standards and patient care outcomes and develop a plan of implementation for regional compliance;

(iv) Establish and review agreements with regional providers necessary to meet state standards;

(v) Establish agreements with providers outside the region to facilitate patient transfer;

(vi) Include a regional budget identifying the amount, source, and purpose of all gifts and payments;

(vii) Establish the number and level of facilities to be designated, consistent with department guidelines and based on availability of resources and the distribution of trauma within the region;

(viii) Identify the need for and recommend distribution and level of care of prehospital services, to assure adequate availability and avoid inefficient duplication and lack of coordination of prehospital services within the region;

(ix) Include other specific elements defined by the department;

(x) Identify EMS/TC services and resources currently available within the region;

(xi) Describe how the roles and responsibilities of the MPD are coordinated with those of the regional EMS/TC council;

(xii) Describe and recommend improvements in medical control communications and EMS/TC dispatch, with at least the elements of the state communication plan described in WAC 246-976-930 (1)(l)(iv); and

(xiii) Include a schedule for implementation;

(c) In developing or updating its plan:

(i) Seek and consider the recommendations of:

(A) Local EMS/TC councils;

(B) Counties, cities, or other governmental bodies that have established an EMS/TC system by ordinance, resolution, interlocal agreement, or contract; and

(ii) Use the regional and state analyses provided by the department based on trauma registry data and other appropriate sources;

(d) Advise the department on matters relating to the delivery of EMS/TC within the region;

(e) Provide data required by the department to assess the effectiveness of the EMS/TC system;

(f) Provide matching grants from funds made available by the department. These funds shall:

(i) Not exceed fifty percent of the cost of the proposal for which the grant is made; except, the department may waive or modify the matching requirement if it determines insufficient local funding exists and the public health and safety would be jeopardized if the proposal were not funded;

(ii) Be made available to any public or private nonprofit agency which in the judgment of the council will best fulfill the purpose of the grant;

(iii) Be awarded to:

(A) Establish, develop, expand, and improve the EMS/TC system;

(B) Purchase EMS/TC equipment;

(C) Provide training and continuing education for EMS/TC personnel;

(D) Research and development activities pertaining to EMS/TC;

(E) Develop, implement, and evaluate prevention programs; or

(F) Accomplish other purposes as approved by the department;

(g) Adopt patient care procedures in consultation with the MPDs, local councils, and emergency communications centers. The patient care procedures shall identify the level of medical care personnel to be dispatched to an emergency scene, procedures for triage of patients, the level of trauma care facility to first receive the patient, and the name and location of other trauma care facilities to receive the patient should an interfacility transfer be necessary. Procedures on interfacility transfer of patients shall be consistent with the transfer procedures in chapter 70.170 RCW, and:

(i) Identify types and expected volume of trauma that may exceed regional capabilities, taking into consideration resources available in other regions and adjacent states;

(ii) Include a description of activation of the trauma system.

(2) In areas where no local EMS/TC council exists, the regional EMS/TC council shall have all the authority, duties, and responsibilities of the local council, as described in WAC 246-976-970.

(3) Regional councils may:

(a) Apply for, receive, and accept gifts and other payments, including property and service, from any governmental or other public or private entity or person;

(b) Use these funds for any activities related to the design, maintenance, or enhancements of the EMS/TC system in the region; or

(c) Establish regional standards in the plan, including response times for verified services, which exceed the minimum requirements of this chapter.

(4) An EMS/TC provider who disagrees with the regional plan may appeal to the steering committee before the department approves the plan.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-960, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-970 Local emergency medical services and trauma care councils.** (1) A county or group of counties may create a local EMS/TC council composed of representatives of hospital and prehospital trauma care and EMS providers, local elected officials, consumers, local law enforcement officials, local government agencies, physicians, and prevention specialists involved in the delivery of EMS/TC.

(2) Local EMS/TC councils shall:

(a) Review, evaluate, and provide recommendations to the regional EMS/TC council regarding the provision of EMS/TC in the region, and provide recommendations on the regional EMS/TC plan;

(b) Recommend individuals to the department for membership on the regional EMS/TC council;

(c) Participate with the MPD, emergency communication centers, and the regional EMS/TC council in the development of regional patient care procedures; and

(d) Review and make recommendations to the department for individuals applying for recognition or renewal of recognition as senior EMT instructors.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-970, filed 12/23/92, effective 1/23/93.]

**WAC 246-976-990 Fees and fines.** (1) The department shall establish and publish a fee structure for applicants for designation as trauma care facilities, to help defray the costs to the department of inspections and review of applications. Such fees shall not be assessed to health care facilities applying to provide level IV and V trauma care services.

(2) The department may assess fines for ambulance or aid services failing to license within the specified periods. Delinquent fines shall be one hundred dollars for a service and twenty-five dollars per vehicle, and shall not exceed five hundred dollars.

[Statutory Authority: RCW 43.70.040 and chapters 18.71, 18.73 and 70.168 RCW. 93-01-148 (Order 323), § 246-976-990, filed 12/23/92, effective 1/23/93.]