Hardwood Firewood	. . . . Cords
Other Hardwood Products (List)	
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*Upon receipt by the commission, this information will be excised from the report form to ensure processor anonymity. This information will be used to compile aggregate industry volumes to determine the size and scope of various products.

[Statutory Authority: Chapter 15.74 RCW. 93-13-013, § 244-12-100, filed 6/7/93, effective 7/8/93.]

Title 246 WAC
DEPARTMENT OF HEALTH

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Chapter 246-01 WAC
DESCRIPTION AND ORGANIZATION

WAC

246-01-001 Purpose and authority.
246-01-010 Definitions.
246-01-020 Functions.
246-01-030 Secretary.
246-01-040 Department and professional boards—Relationship.
246-01-050 Department and state board of health—Relationship.
246-01-060 Department and local health departments/districts—Relationship.
246-01-070 Department and health professions resource committee—Relationship.
246-01-080 Organization.
246-01-090 Consumer assistance.
246-01-100 Current address.

WAC 246-01-001 Purpose and authority. (1) The purpose of this chapter is to describe the department of health and the general course and method of its operations. This chapter is adopted pursuant to RCW 34.05.220 and 42.17.250, and chapter 43.70 RCW.

(2) The department of health is charged with preserving public health, monitoring health care costs, maintaining minimal standards for quality in health care delivery, and generally overseeing and planning the state's activities as they relate to the health of its citizenry.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-001, filed 3/24/93, effective 4/24/93.]

WAC 246-01-010 Definitions. As used in this chapter:

(1) "Department" means the department of health.

(2) "Secretary" means the secretary of the department of health or the secretary's designee.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-010, filed 3/24/93, effective 4/24/93.]

WAC 246-01-020 Functions. The department balances its three core functions to accomplish its mission:

(1) Assessment. To regularly assess state health needs and resources, the department shall:

(a) Collect data on health status, personal health services, and the environment;

(b) Address major health problems in the state or community and population groups at greatest risk; availability and quality of service; resource availability; and the primary concerns of both citizens and providers; and

(c) Make budget and program revisions based on this assessment.

(2) Policy development. To develop and implement sound public policy, the department includes:

(a) Knowledge gained from assessment;

(b) Consideration of the political, organizational, and community environments;

(c) Citizen participation; and

(d) Cooperation with the state board of health and other state and local agencies.

(3) Assurance. To ensure the capacity of public health agencies to manage day-to-day operations and to respond to public health emergencies, the department shall:

(a) Provide direct support when costs to replicate services in each local area would be prohibitive;

(b) Provide technical assistance when services can be provided more effectively by local health agencies; and

(c) Provide quality service.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-020, filed 3/24/93, effective 4/24/93.]

WAC 246-01-030 Secretary. (1) The secretary is appointed by, and serves at the pleasure of, the governor. In addition to other powers, the secretary may:

(a) Adopt rules;

(b) Appoint advisory committees on areas of emerging concern;

(c) Undertake studies, research, and analyses;

(d) Delegate powers, duties, and functions;

(e) Enter into contracts on behalf of the department; and

(f) Act for the state in the initiation of, or the participation in, intergovernmental programs.

(2) In case of the absence or disability of the secretary, or in case the office of secretary becomes vacant, the deputy secretary shall have full charge and supervision of the department and shall have the same power and authority to act as the secretary.

(3) In the case of the absence or disability of the secretary and the deputy secretary, the person designated "acting secretary" shall have the same power and authority to act as the secretary. If no person has been so designated, then the power to act as acting secretary shall be vested in any of the assistant secretaries designated in WAC 246-01-080, in the order in which they are listed therein.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-030, filed 3/24/93, effective 4/24/93.]

WAC 246-01-040 Department and professional boards—Relationship. The department works with the following professional boards, committees, and councils which have varying degrees of statutory authority, ranging from advisory powers to rule adoption and disciplinary powers:

(1) Acupuncture advisory committee.
(2) Board of chiropractic examiners.
(3) Chiropractic disciplinary board.
(4) Dental disciplinary board.
(5) Dental hygiene examining committee.
(6) Dental examining board.
(7) Dietician/nutrition board advisory committee.
(8) Dispensing opticians examining committee.
(9) Health care assistants.
(10) Hearing aid council.
(11) Marriage and family therapist advisory committee.
(12) Massage examining board.
(13) Medical examining board.
(14) Medical disciplinary board.
(15) Mental health counselor advisory committee.
(16) Midwifery advisory committee.
(17) Naturopathic advisory committee.
(18) Nursing assistants advisory committee.
(19) Nursing home administrators board.
(20) Board of nursing.
(21) Board of occupational therapy.
(22) Ocularists advisory committee.
(23) Optometry board.
(24) Board of osteopathic medicine and surgery.
(25) Board of pharmacy.
(26) Board of physical therapy.
(27) Podiatry board.
(28) Board of practical nursing.
(29) Examining board of psychology.
(30) Radiologic technical advisory committee.
(31) Respiratory care practice advisory committee.
(32) Sex offender treatment provider advisory commit tee.
(33) Social worker advisory committee.
(34) Veterinary board of governors.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-040, filed 3/24/93, effective 4/24/93.]

WAC 246-01-050 Department and state board of health—Relationship. (1) The secretary serves as a member of the state board of health.

(2) The state board of health may advise the secretary on health policy issues pertaining to the department and the state.

(3) The state board of health has statutory authority to adopt rules to protect the public health, and may delegate this authority to the secretary and rescind such delegated authority.

(4) The department enforces the rules, regulations, and orders of the state board of health.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-050, filed 3/24/93, effective 4/24/93.]

WAC 246-01-060 Department and local health departments/districts—Relationship. (1) The department works with local health departments/districts in partnership to promote public health.

(2) The department provides notification of outbreaks and epidemics of disease that may occur and advises local departments/districts of the measures necessary to prevent and control such outbreaks and epidemics.

(3) Upon the request of a local health officer, the department may take legal action to enforce public health laws, rules, and regulations of the state board of health or local rules and regulations within the jurisdiction served by the local health department, and may institute any civil legal proceeding authorized by state law.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-060, filed 3/24/93, effective 4/24/93.]

WAC 246-01-070 Department and health professions resource committee—Relationship. (1) The health professions resource committee is comprised of representatives of the department, department of social and health services, higher education coordinating board, state board for community and technical colleges, and office of the superintendent of public instruction.

(2) The department serves as the lead administrative agency for the health professions resource committee.

(3) The health professions resource committee shall develop a state-wide plan which identifies health personnel shortages and contains policies, designs, and strategies to implement activities to address and alleviate those shortages.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-070, filed 3/24/93, effective 4/24/93.]

WAC 246-01-080 Organization. (1) The department is headed by the secretary. The office of the secretary provides overall agency management, and is comprised of the secretary, deputy secretary, state health officer, local health and community services, legislative and congressional relations, and the media relations office.

(2) Seven assistant secretaries direct specific programs within the department.

(a) ***The assistant secretary for health information:***

(i) Collects and analyzes data that provides information about the health of the population, hospital costs, hospital diagnosis and procedures, disease and birth defect incidence and trends, and specific illnesses occurring within the state; and

(ii) Collects information on all births, deaths, marriages, and divorces within the state and makes official documentation of these events available to the public.

(b) ***The assistant secretary for health promotion and disease prevention:***

(i) Implements programs to control the complications of diabetes, assists low income kidney dialysis and transplant patients pay for treatment, and identifies and develops interventions for the prevention of death and disability from intentional and unintentional injury;

(ii) Identifies needs in rural areas and by undeserved populations for preventive and restorative health services. Develops policies to increase availability of needed health services and the resources required to provide them and to empower community based health system development. Assures access to prevention, primary care, and other restorative health services by purchasing services and providing technical and financial assistance to support local delivery systems. Assures availability of personnel and capital facilities and equipment to stabilize and improve health systems;

(iii) Conducts high visibility public education and marketing campaigns on a full spectrum of health related topics; develops and supplies health and safety educational materials to schools, local health, and community agencies;

(iv) Provides surveillance, programs, and services designed to reduce death and disease related to cancer, heart disease and stroke by providing public education/awareness programs, screening projects, professional education, and development of community coalitions;

(v) Interrupts the transmission of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STD), and reduces associated morbidity and mortality by planning, implementing, and evaluating prevention and intervention programs targeting persons at risk of HIV/STD infection, as well as supporting the individual rights and human dignity of those infected and those considered at risk; and

(vi) Reduces the morbidity and mortality due to tuberculosis and vaccine-preventable diseases.

(c) ***The assistant secretary for licensing and certification:***

(i) Administers laws and enforces rules, regulations, and standards for the following professions:

Acupuncturists
Airway management technicians
Animal technicians
Chiropractic x-ray technicians
Controlled substance researchers
Counselors/registered & certified
Dental hygienists
Dentists
Dieticians/nutritionists
Dispensing opticians
Doctors of chiropractic
Drug manufacturers & wholesalers
Emergency medical technicians
First responders
Health care assistants

Hearing aid fitters
Intravenous technicians
Legend drug sample distributors
Massage practitioners
Midwives
Naturopathic physicians
Nursing assistants
Nursing home administrators
Nursing pools
Occupational therapists
Occupational therapists' assistants
Ocularists
Optometrists
Osteopathic physicians and surgeons
Osteopathic physicians' assistants
Osteopathic physicians' acupuncture assistants
Pharmacists
Paramedics
Pharmacy assistants
Physical therapists
Physicians and surgeons
Physician assistants
Podiatric physicians and surgeons
Practical nurses
Psychologists
Radiological technologists
Registered nurses
Respiratory care practitioners
Sex offender treatment providers
Veterinarians
X-ray technicians

(ii) Reviews and approves plans and specifications for construction of new buildings, alterations, additions, and conversions of health and residential care facilities; and sets standards, inspects, licenses, or certifies, and provides consultation to:

Acute care hospitals
Adult residential rehabilitation centers
Alcoholism treatment facilities
Alcoholism hospitals
Ambulatory surgery centers
Boarding homes
Childbirth centers
Child day care centers
Comprehensive outpatient rehabilitation
Department of corrections facilities
Department of juvenile rehabilitation facilities
Domestic violence centers
End state renal disease
Eye banks
Farm worker housing
Ferries systems
Hotels/motels
Home health care agencies
Home care agencies
Hospice agencies
Hospice care facilities
Induction term centers
Mammography
Occupational therapist-independent practice
Outpatient physical therapy/speech pathology
Physical therapist-independent practice
Private adult treatment homes
Psychiatric hospitals
Psychiatrically impaired children & youth
Rural health care facilities
Rural health care clinics
Soldiers' home
State residential schools
Veterans' home
Work training release

(iii) Regulates the development of various new health care facilities and services based on community need, financial feasibility, cost containment, and quality of care;

(iv) Establishes and promotes a system of emergency medical and trauma services, which includes: Developing, evaluating, and monitoring training programs; licensing and inspection; and technical assistance for a comprehensive state-wide integrated emergency medical system; and

(v) Regulates clinical laboratory testing sites and practices.

(d) ***The assistant secretary for environmental health*** provides training, public education services, and technical assistance to local health agencies and other agencies; and provides direct surveillance, monitoring, and enforcement activities to prevent, control, and abate health hazards and nuisances related to:

(i) Contaminated shellfish;

(ii) Contamination due to illegal drug manufacturing and storage;

(iii) Disease-carrying insects and rodents;

(iv) Disposal of solid and liquid wastes;

(v) Food service sanitation;

(vi) On-site sewage disposal;

(vii) Public drinking water systems;

(viii) Ionizing radiation;

(ix) Schools, campgrounds, and parks;

(x) Toxic substance exposure; and

(xi) Water recreation facilities.

(e) ***The assistant secretary for public health laboratories*** oversees laboratories that aid in the diagnosis, treatment, and prevention of various diseases by:

(i) Testing and analyzing clinical and environmental specimens and samples including food, food products, shellfish, drinking water, and seawater;

(ii) Testing to detect certain treatable metabolic disorders in newborns;

(iii) Testing for radioactivity in materials, mine tailings, and ores; and

(iv) Performing inorganic and organic chemical analyses on drinking water, and other environmental samples such as soil, paint chips, ceramics and potteries, beverages, food, and others.

(f) ***The assistant secretary for parent and child health services*** is responsible for assuring access to quality maternal and child health care services for children and families who have limited availability to those services, including access to:

(i) Nursing assessment, intervention and follow-up, parenting education, nutrition consultation, system planning, and dental health programs for children, adolescents, and their primary caretakers;

(ii) A continuum of services designed for infants or children with, or at risk for, special health care needs and their families;

(iii) High quality, low cost, comprehensive family planning and reproductive health care services;

(iv) Health and support services for pregnant and postpartum women and infants; and

(v) Supplemental foods, nutrition education, and referral for health services for eligible pregnant women, infants, and children at risk.

(g) ***The assistant secretary for management services*** provides administrative, financial, contracting, rule-making, information processing, and human resource services to the department's operating programs.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-080, filed 3/24/93, effective 4/24/93.]

WAC 246-01-090 Consumer assistance. (1) The department provides a consumer assistance state-wide toll-free hotline. Consumer assistance personnel assist the public with information, concerns, or complaints about the department and serve as advocates for consumers who are complainants or witnesses in a licensing or disciplinary proceeding. The health consumer assistance line is 1-800-525-0127; its mailing address is P.O. Box 47891, Olympia, WA 98504-7891.

(2) The public may send submissions or written requests for information concerning the course and method of the department's operation to: Rules Coordinator, Management Services, 1300 S.E. Quince Street, P.O. Box 47902, Olympia, WA 98504-7902.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-090, filed 3/24/93, effective 4/24/93.]

WAC 246-01-100 Current address. (1) Each person having a license issued by the department, each applicant for such a license, each recipient of benefits administered by the department, and each applicant for such benefits shall provide a current mailing address at the time of making application or reapplication.

(2) It is the responsibility of any such person to advise the appropriate office of the department in writing of any change in the address provided to the department.

(3) All official correspondence between the department and persons covered in this section shall be addressed to the most recent address provided to the department in writing by such person.

(4) For the purpose of this section, the term "license" shall have the meaning set forth in WAC 246-10-102.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-100, filed 3/24/93, effective 4/24/93.]

Chapter 246-05 WAC
LOCAL PUBLIC HEALTH—GUIDELINES

WAC

246-05-001 Purpose.
246-05-010 Definitions.
246-05-030 Assurance of nonsupplanting.

WAC 246-05-001 Purpose. The purpose of this chapter is to ensure that the appropriations to local health departments, described in section 225(9), chapter 24, Laws of 1993 1st ex. sess., will not be used to replace current local support for public health programs.

[Statutory Authority: RCW 43.70.020. 93-19-061, § 246-05-001, filed 9/13/93, effective 10/14/93.]

WAC 246-05-010 Definitions. "Department" means the department of health.

"Secretary" means the secretary of health, or the secretary's designee.

"Local health department" means the city, town, county or district which provides public health services to persons within the area.

[Statutory Authority: RCW 43.70.020. 93-19-061, § 246-05-010, filed 9/13/93, effective 10/14/93.]

WAC 246-05-030 Assurance of nonsupplanting. Funds shall not be allocated by the secretary unless the authorized agent of the local health department provides assurance of compliance to the secretary that, "State funds received pursuant to section 225(9), chapter 24, Laws of 1993, shall be used solely to expand and complement, but not supplant, local support for public health programs."

[Statutory Authority: RCW 43.70.020. 93-19-061, § 246-05-030, filed 9/13/93, effective 10/14/93.]

Chapter 246-08 WAC
PRACTICE AND PROCEDURE

WAC

246-08-001 Repealed.
246-08-020 Repealed.
246-08-030 Repealed.
246-08-040 Repealed.
246-08-050 Repealed.
246-08-060 Repealed.
246-08-070 Repealed.
246-08-080 Repealed.
246-08-090 Repealed.
246-08-100 Repealed.
246-08-101 Declaratory orders—Forms, content, and filing.
246-08-102 Declaratory orders—Procedural rights of persons in relation to petition.
246-08-103 Declaratory orders—Disposition of petition.
246-08-104 Petition for rule making—Form, content, and filing.
246-08-105 Petition for rule making—Consideration and disposition.
246-08-106 Updating mailing lists.
246-08-110 Repealed.
246-08-120 Repealed.
246-08-130 Repealed.
246-08-140 Repealed.
246-08-150 Repealed.
246-08-160 Repealed.
246-08-170 Repealed.
246-08-180 Repealed.
246-08-190 Repealed.
246-08-200 Repealed.
246-08-210 Repealed.
246-08-320 Repealed.
246-08-330 Repealed.
246-08-340 Repealed.
246-08-350 Repealed.
246-08-360 Repealed.
246-08-370 Repealed.

246-08-380 Repealed.
246-08-420 Public records—Access and exemptions.
246-08-440 Protection of public records.
246-08-450 Final orders, declaratory orders, interpretive statements and policy statements—Indexes.
246-08-520 Equal opportunity/affirmative action.
246-08-560 Fees—Payment—Refunds.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-08-001 Application of chapter 246-08 WAC. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-410, filed 2/28/90, effective 3/1/90; Regulation 08.410, effective 3/11/60.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-020 Application for an adjudicative proceeding. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-413, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-030 Administrative law judge—Authority—Application of law—Assignment—Disqualification. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-425, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-040 Representation. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-428, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-050 Prehearing conference. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-431, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-060 Notice of hearing. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-434, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-070 Filing and service of papers. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-437, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-080 Vacating an order of dismissal for reason of default or withdrawal. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-440, filed 2/28/90, effective 3/1/90; Regulation 08.440, effective 3/11/60.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-090 Subpoenas. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-446, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-100 Teleconference hearing. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-100, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-449, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-110 Rules of evidence. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-452, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-120 Contents of orders. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-461, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-130 Petition for review—Response to petition—Disqualification of review judge. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-130, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-464, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-140 Reconsideration. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-140, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-470, filed 2/28/90, effective 3/1/90; Regulation 08.470, effective 3/11/60.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-150 Adjudicative proceedings—Notice to limited-English-speaking parties. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-515, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-160 Interpreters. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-525, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-170 Group hearing. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-535, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order

369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-180 Continuance. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-545, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-190 Computation of time. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-565, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-200 Judicial review of final adjudicative order. [Statutory Authority: RCW 34.05.220. 92-02-018 (Order 224), § 246-08-200, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-08-575, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-210 Variances, waivers, and exemptions. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-210, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW. 90-01-134 (Order 016), § 248-08-596, filed 12/20/89, effective 1/20/90. Statutory Authority: RCW 43.20.050. 85-15-063 (Order 289), § 248-08-596, filed 7/18/85; 84-16-031 (Order 272), § 248-08-596, filed 7/25/84. Formerly WAC 248-08-595.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-320 Delegation of authority by secretary. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-320, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-340, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-330 Declaratory orders—Forms, content, and filing. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-330, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-350, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-340 Declaratory orders—Procedural rights of persons in relation to petition. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-340, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-360, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-350 Declaratory orders—Disposition of petition. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-350, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-370, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-360 Petition for rule making—Form, content, and filing. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-360, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-400, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-370 Petition for rule making—Consideration and disposition. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-370, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-410, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

246-08-380 Updating mailing lists. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-380, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.05.220. 90-06-018 (Order 038), § 248-320-500, filed 2/28/90, effective 3/1/90.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

WAC 246-08-001 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-101 Declaratory orders—Forms, content, and filing. A petition for a declaratory order shall generally adhere to the following form:

(1) At the top of the page shall appear the wording "Before the Washington state department of health." 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 order." Opposite the foregoing caption shall appear the word "petition."

(2) 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 statement 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.

(3) The original and two legible copies shall be filed with the appropriate board having jurisdiction in relation to a profession as provided in RCW 18.130.040 (2)(b). The original and two legible copies shall be filed with the Department of Health, Office of Professional Standards, PO Box 47872, Olympia, WA 98504-7872 if the secretary of the department of health has jurisdiction in relation to a profession or program as provided under RCW 18.130.040 (2)(a) and 43.70.020 through 43.70.040 respectively. Petitions shall be on white paper, 8 1/2" x 11" in size.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-101, filed 6/3/93, effective 7/4/93.]

WAC 246-08-102 Declaratory orders—Procedural rights of persons in relation to petition. If a petition for a declaratory order is set for specified proceedings under RCW 34.05.240 (5)(b), the department shall give not less than seven days advance written notice of the proceedings to the petitioner and all persons described under RCW 34.05.240(3). The notice shall contain the time, date, place, and nature of the proceedings and shall describe how interested persons may participate in the proceeding.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-102, filed 6/3/93, effective 7/4/93.]

WAC 246-08-103 Declaratory orders—Disposition of petition. A declaratory order entered by the department or a decision declining to enter a declaratory order shall be in writing and shall be served upon the petitioner and all other persons described under RCW 34.05.240(3).

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-103, filed 6/3/93, effective 7/4/93.]

WAC 246-08-104 Petition for rule making—Form, content, and filing. A petition for adoption, amendment, or repeal of a rule shall generally adhere to the following form:

(1) At the top of the page shall appear the wording "Before the Washington state department of health." 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 rule making." Opposite the foregoing caption shall appear the word "petition."

(2) 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 adoption 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 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 shall be filed with the appropriate board having jurisdiction in relation to a profession as provided in RCW 18.130.040 (2)(b). The original and two legible copies shall be filed with the Department of Health, Office of Professional Standards, PO Box 47872, Olympia, WA 98504-7872 if the secretary of the department of health has jurisdiction in relation to a profession or program as provided under RCW 18.130.040 (2)(a) and 43.70.020 through 43.70.040 respectively. Petitions shall be on white paper, 8 1/2" x 11" in size.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-104, filed 6/3/93, effective 7/4/93.]

WAC 246-08-105 Petition for rule making—Consideration and disposition. (1) Each petition for the adoption, amendment, or repeal of a rule shall be considered by the department and the department may, in its discretion, solicit comments or invite discussion concerning the matter before disposition of the petition.

(2) If the department denies the petition, the denial shall be served upon the petitioner.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-105, filed 6/3/93, effective 7/4/93.]

WAC 246-08-106 Updating mailing lists. (1) Periodically, the department may cause the following notice, or a notice substantially similar, to be mailed: "In order to maintain as current a mailing list as possible, and to eliminate mailing notices to those who no longer have need for such notices, the department will discontinue use of its old mailing lists, effective (date to be specified). If you wish to continue receiving copies of notices of intention to adopt, amend, or repeal rules after that date, please fill out the attached form and return it to the department at the address indicated on the form. If you do not return the form indicating your desire to continue to receive notices to adopt, amend, or repeal rules, your name or the names of your organization will be removed from the mailing lists."

(2) The notice regarding updating of mailing lists is to be mailed by first-class mail.

(3) The form to be filled out by those persons or organizations wishing to continue to receive department notices to adopt, amend, or repeal rules shall specify interest areas covered by these notices, thereby enabling those on mailing lists to limit correspondence received.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-08-106, filed 6/3/93, effective 7/4/93.]

WAC 246-08-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-120 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-320 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-330 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-340 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-350 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-360 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-370 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-380 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-08-420 Public records—Access and exemptions. (1) Public records shall be available for inspection and copying during the department's normal business hours.

(2) The location of specific public records may be obtained by contacting the program where the records are maintained or the rules coordinator in the management services division.

(3) Requests for copies of public records shall be in writing and include:

(a) The name and address of the person requesting the record;

(b) A detailed description of the requested material; and

(c) If a list of names of individuals is being requested, an explanation of the purpose for which the request is made.

(4) No fee shall be charged for the inspection of public records, however the department may charge for reimbursement of the costs incurred by providing copies.

(5) The department reserves the right to determine that a public record is exempt from public disclosure under the provisions of chapter 42.17 RCW.

(6) The department reserves the right to delete identifying details when disclosing public records if there is reason to believe that disclosure of such details would be an invasion of personal privacy.

(7) The department, when denying a request for a public record, shall provide a statement of the specific exemption which authorizes the withholding of the record and a brief explanation of how the exemption applies to the record withheld.

(8) Upon receipt of such denial, the requesting party may seek review of the decision by letter addressed to the deputy secretary, 1112 S.E. Quince Street, P.O. Box 47890, Olympia, WA 98504-7890.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-08-420, filed 3/24/93, effective 4/24/93.]

WAC 246-08-440 Protection of public records. Access to the record storage areas shall be restricted to insure that essential functions of the agency are carried out and public records are not damaged, altered, disorganized, or lost. Inspection shall be in the presence of an authorized department employee. Inspection shall be denied and the records withdrawn if the individual inspecting the records is doing so in a manner likely to damage, alter, or substantially disorganize them; or attempts to remove them from the prescribed location; or is excessively interfering or will unduly interfere with other essential functions of the department.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-08-440, filed 3/24/93, effective 4/24/93.]

WAC 246-08-450 Final orders, declaratory orders, interpretive statements and policy statements—Indexes. (1) In accordance with RCW 42.17.260, the department shall index:

(a) Final orders that are issued in adjudicative proceedings as defined in RCW 34.05.010(1) and contain an analysis or decision of substantial importance to the department in carrying out its duties;

(b) Declaratory orders that contain an analysis or decision of substantial importance to the department in carrying out its duties;

(c) Interpretive statements as defined in RCW 34.05.010(8); and

(d) Policy statements as defined in RCW 34.05.010(14).

(2) The department shall maintain indexes of:

(a) Final orders meeting the criteria in subsection (1)(a) of this section, issued by the department and the disciplining authorities identified in RCW 18.130.040;

(b) Declaratory orders meeting the criteria in subsection (1)(b) of this section issued by the department and the state board of health; and

(c) Interpretive and policy statements issued by the department and state board of health.

(3) The indexes shall, at a minimum, contain the case or document number; type of document; name of parties, if applicable, unless such names are exempt from public

disclosure; brief description of subject, program; pertinent legal citation; and location of the document.

(4) Any person may nominate a final adjudicative order or declaratory order to be evaluated for indexing by writing to the administrative hearings unit, 1300 S.E. Quince Street, P.O. Box 47851, Olympia, WA 98504-7851, and attaching a copy of the nominated order. The department shall make a final decision as to whether to index the nominated order, and that decision is not appealable.

(5) The department shall update the indexes on an ongoing basis and conduct an annual review to verify that the indexed documents continue to meet the criteria in subsection (1) of this section. The department may, at any time, delete a document from an index. Pursuant to RCW 42.17.260(6), a public record may not be cited in a proceeding if it has not been indexed.

(6) The indexes are public records and are available for public inspection and copying in accordance with WAC 246-08-420 and 246-08-440. Indexes are located at 1300 Quince Street, Olympia, WA, as follows:

(a) The index of final adjudicative orders is located in the administrative hearings unit; and

(b) The index of declaratory orders, interpretive and policy statements issued by the department and the state board of health is located in the management services division.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-08-450, filed 3/24/93, effective 4/24/93.]

WAC 246-08-520 Equal opportunity/affirmative action. The department is firmly committed to equal opportunity and nondiscrimination both in the work force and in the delivery of services and makes every good faith effort to achieve the objectives of the affirmative action plan.

(1) **Employment** - The department recruits, hires, develops, and promotes persons in all job classifications without regard to race, creed, color, six, age, national origin, marital status, or presence of a mental, physical, or sensory handicap. The department seeks to maintain a working environment free of harassment or intimidation, and to reasonably accommodate persons of disability.

(2) **Affirmative action** - The department strives to correct deficiencies regarding the utilization of protected groups, consistent with WAC 356-05-327, according to the timetables set forth in the department's affirmative action plan.

(3) **Services** - The department provides services, programs, and lets contracts in a fair and impartial manner. No person shall, on the grounds of sex, race, creed, color, age, national origin, marital status, or handicap be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity administered or supervised by the department as required by the federal government as a prerequisite for fiscal grants-in-aid (Sec. 601, Civil Rights Act of 1964; 78 Stat. 252; 42 U.S.C. 2000d) and chapter 49.60 RCW.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-08-520, filed 3/24/93, effective 4/24/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-520, filed 12/27/90, effective 1/31/91; Order 18, § 248-10-010, filed 2/11/69.]

WAC 246-08-560 Fees—Payment—Refunds. (1) Fees are due with applications for initial licensing and renewals. The department will not proceed on applications until required fees are paid.

(2) Fee payments may be made in person or by mail. Payment shall be by check, draft, or money order made payable to the department of health.

(3) If a license is denied, revoked, or suspended, fees shall not be refunded.

(4) Application for license after denial or revocation shall include fees as provided for in this title.

(5) Failure to pay fees when due shall invalidate the license/certification/registration and all privileges granted by the license/certification/registration. A late penalty fee shall be remitted in addition to the annual renewal fee.

(6) The department of health shall refund fees it collects that are paid in excess of the stated fee, or paid erroneously.

(7) The payee shall submit to the department a cancelled check or a cash receipt as proof of payment when requesting a refund.

(8) The department shall make refunds of five dollars or less only upon written request within thirteen months from date of payment.

[Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-08-560, filed 3/24/93, effective 4/24/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-08-560, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.01.072. 90-08-003 (Order 044), § 246-09-060, filed 3/22/90, effective 4/22/90.]

Chapter 246-10 WAC
ADMINISTRATIVE PROCEDURE—ADJUDICATIVE PROCEEDINGS

WAC

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WAC 246-10-101 Application of chapter. (1) This chapter shall apply to adjudicative proceedings authorized to be conducted under the authority of the department of health.

(2) This chapter applies to adjudicative proceedings begun on or after the effective date of this chapter in programs administered by the department of health. For purposes of this section, "begun" shall mean the receipt by the appropriate office of an application for an adjudicative proceeding. These rules shall be the exclusive rules governing adjudicative proceedings under the jurisdiction of the department.

(3) To the extent that these rules differ by inclusion, deletion, or content from the model rules adopted by the chief administrative law judge pursuant to RCW 34.05.250, this chapter shall prevail in order to provide a process consistent with the organization of the department.

(4) Where a provision of this chapter conflicts with another chapter of this title, the provision of this chapter shall prevail.

(5) Where a provision of this chapter conflicts with a provision of the Revised Code of Washington, the statute shall prevail.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-101, filed 6/3/93, effective 7/4/93.]

WAC 246-10-102 Definitions. As used in these rules of practice and procedure, the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise. Other terms shall have their ordinary meaning unless defined elsewhere in this chapter.

"Adjudicative proceeding" or "hearing" shall mean a proceeding required by statute or constitutional right and conducted under the rules of this chapter, which provides an opportunity to be heard by the department prior to the entry of a final order under this chapter.

"Brief adjudicative proceeding" shall mean an adjudicative proceeding or hearing, the scope or conduct of which is limited as provided in this chapter.

"Department" shall mean the Washington state department of health and, where appropriate, the secretary of the Washington state department of health.

"Filing" shall mean receipt by the office of professional standards.

"Initiating document" shall mean a written agency document which initiates action against a license holder or applicant for license or recipient of benefits and which creates the right to an adjudicative proceeding. It may be denominated a statement of charges, notice of intent to deny, order, or by any other designation indicating the action or proposed action to be taken.

"License" shall have the meaning set forth in RCW 34.05.010, and includes any license, certification, registration, permit, approval, or any similar form of authorization required by law to be obtained from the department.

"Office of professional standards" shall mean the unit responsible for prehearing adjudicative proceedings, whose address is:

Department of Health
Office of Professional Standards
2413 Pacific Avenue
P.O. Box 47872
Olympia, WA 98504-7872

"Presiding officer" shall mean the person who is assigned to conduct an adjudicative proceeding. The presiding officer may be an employee of the department who is authorized to issue a final decision.

"Program" shall mean the administrative unit within the department responsible for implementation of a particular statute or rule.

"Prompt adjudicative proceeding" or "prompt hearing" shall mean a hearing conducted at the request of the license holder or applicant for license following summary action taken in accord with this chapter against that license holder or applicant.

"Protective order" shall mean an order issued under this chapter which limits the use of, access to, or disclosure of information or evidence.

"Recipient of benefits" shall mean an individual who has qualified for benefits administered by the department.

"Respondent" shall mean a person eligible to request an adjudicative proceeding in a program under the jurisdiction of the department who is named in an initiating document.

"Secretary" shall mean the secretary of the department of health or his/her designee.

"Summary action" shall mean an agency action to address an immediate danger to the public health, safety, or welfare and shall include, but not be limited to, a cease and desist order, an order of summary suspension, and an order of summary restriction of a license.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-102, filed 6/3/93, effective 7/4/93.]

WAC 246-10-103 Signature authority. (1) A person designated by the program shall sign all initiating documents and orders issued under this chapter.

(2) Authority to sign shall be indicated by designation of the title of the person signing and shall not require any other affirmation, affidavit, or allegation.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-103, filed 6/3/93, effective 7/4/93.]

WAC 246-10-104 Appearance of parties. If a respondent requests an adjudicative proceeding to contest the action, that party shall appear at all stages of the proceeding except as otherwise provided in this section.

(1) If the respondent is represented as provided in this chapter, the respondent shall appear personally at the hearing and at any scheduled settlement conference but need not appear at the prehearing conference or at presentation of motions.

(2) Parties may be represented by counsel at all proceedings.

(3) The respondent may appear by telephone at any portion of the proceedings conducted by telephone, in the discretion of the presiding officer following reasonable advance notice to the presiding officer and to the opposing party.

(4) The requirement of personal appearance may be waived for good cause in the discretion of the presiding officer.

(5) Failure to appear as provided in this chapter shall be grounds for taking final action by default.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-104, filed 6/3/93, effective 7/4/93.]

WAC 246-10-105 Computation of time. (1) When computing a period of time prescribed or allowed by an applicable statute or rule, the day of the act, event, or default from which the designated period of time begins to run shall not be included.

(2) The last day of the computed period shall be included unless the last day is a Saturday, Sunday, or legal holiday.

(3) When the last day is a Saturday, Sunday, or legal holiday, the period shall run until the end of the next day which is not a Saturday, Sunday, or legal holiday.

(4) When the period of time prescribed or allowed is seven days or less, any intermediate Saturday, Sunday, and legal holiday shall be excluded from the computation.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-105, filed 6/3/93, effective 7/4/93.]

WAC 246-10-106 Notarization, certification, and authentication. (1) A person's sworn written statement, declaration, verification, certificate, oath, or affidavit may be authenticated by an unsworn written statement which is executed in substantially the following form:

> I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
>
> _____ _____
>
> (date and place) (Signature)

(2) Documents or records may be authenticated by a certification, as provided in subsection (1) of this section, from the custodian of the records or other qualified person that the documents or records are what they purport to be.

(3) Signature of any attorney shall be accompanied by and authenticated by that attorney's Washington State Bar Association number.

(4) Documents prepared and submitted by a party who is not represented by an attorney shall be signed and dated by that party and shall include that party's current address.

(5) Signature by a party or an attorney on a document shall constitute a certificate by the party or attorney that he/she has read the document, believes there are grounds to support it, and has not submitted the document for delay, harassment, or needless increase in the cost of a proceeding.

(6) Compliance with certification requirements of subsections (1) and (2) of this section creates a rebuttable presumption that a document is authentic.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-106, filed 6/3/93, effective 7/4/93.]

WAC 246-10-107 Persons who may request adjudicative proceedings. The persons indicated may request an adjudicative proceeding under this chapter.

(1)(a) With respect to the denial of applications made under WAC 246-290-100, 246-290-110, 246-290-120, 246-290-130, and 246-290-140, the aggrieved applicant may request an adjudicative proceeding.

(b) A person whose application for the approval of a new public water system is denied under WAC 246-293-190, a purveyor whose license is adversely affected by a departmental decision under WAC 246-293-190 or the county legislative authority having jurisdiction in the area affected by the decision may request an adjudicative proceeding under this chapter.

(c) A purveyor affected by the decision of the department under WAC 246-293-430 or the county legislative authority having jurisdiction in the area may request an adjudicative proceeding with respect to a decision made under WAC 246-293-430.

(2) With respect to all other matters involving the issuance, denial of, or adverse action against, a license, the applicant or licensee;

(3) With respect to matters involving receipt of benefits or application therefor, the recipient of or applicant for the benefits.

(4) With respect to an application for approval of a school or curriculum, the person or authority that applied for such approval.

(5) With respect to the department's final threshold determination that an environmental impact statement (EIS) is or is not necessary and with respect to the adequacy of a final EIS, any person who:

(a) Is seeking to protect an interest within the zone of interests to be protected or regulated by the statute or constitutional guarantee in question; and

(b) Will be specifically and perceptibly harmed by the proposed action.

(6) Any application for an adjudicative proceeding that on its face demonstrates that the person making the application does not have standing under this rule may be summarily dismissed by entry of a decision pursuant to RCW 34.05.416. A motion to dismiss a matter for lack of stand-

ing may be made at any time prior to entry of the final order.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-107, filed 6/3/93, effective 7/4/93.]

WAC 246-10-108 Representation. (1) Persons requesting an adjudicative proceeding may be represented subject to the following conditions:

(a) A person requesting an adjudicative proceeding may represent himself/herself or may be represented by an attorney who has complied with the admission to practice rules of the supreme court of the state of Washington;

(b) Every attorney representing a person requesting an adjudicative proceeding shall file a notice of appearance with the office of professional standards upon commencing representation, and shall file a notice of withdrawal of counsel with the office of professional standards upon terminating representation.

(c) No person requesting an adjudicative proceeding may be represented in an adjudicative proceeding by an employee of the department.

(2) No current or former employee of the department may appear as an expert, character witness, or representative of any party other than the state of Washington if he/she took an active part in investigating or evaluating the case or represented the agency in the matter, unless written permission of the secretary is granted. No current or former member of the attorney general's office staff who participated personally and substantially in investigating or evaluating the matter at issue while so employed may represent a party or otherwise participate in a related proceeding without first having obtained the written consent of the attorney general's office.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-108, filed 6/3/93, effective 7/4/93.]

WAC 246-10-109 Service and filing. (1) A party filing a pleading, brief, or paper other than an initiating document or application for an adjudicative proceeding as required or permitted by these rules, shall serve a copy of the paper upon the opposing party or any designated representative of the opposing party prior to or simultaneous with filing.

(2) Unless otherwise provided by law, filing and service shall be made by personal service; first class, registered, or certified mail; or commercial parcel delivery company.

(3) Filing shall be complete upon actual receipt during normal business hours at the office of professional standards when filing is with the office of professional standards.

(4) Service shall be complete when personal service is made; mail is properly stamped, addressed, and deposited in the United States mail; or a parcel is delivered to a parcel delivery company with charges prepaid.

(5) Proof of service shall consist of filing as required by these rules, together with one of the following:

(a) An acknowledgement of service;

(b) A certificate of service including the date the papers were served, the parties upon whom served, the signature of the serving party, and a statement that service was completed by:

(i) Personal service; or

(ii) Mailing in the United States mail or shipping by commercial parcel service a copy properly addressed with postage and fees prepaid to each party and each designated representative.

(6) For the purpose of service on a licensee or a person requesting an adjudicative proceeding, service shall be made at the last known address provided to the department in accordance with WAC 246-01-100, unless the program has actual knowledge of a different correct address for the person being served.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-109, filed 6/3/93, effective 7/4/93.]

WAC 246-10-110 Jurisdiction. (1) The department has jurisdiction over all licenses issued by the department and over all holders of and applicants for licenses. Such jurisdiction is retained even if an applicant requests to withdraw the application, or a licensee surrenders or fails to renew a license.

(2) The department has jurisdiction over unlicensed practice of any activity for which a license is required.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-110, filed 6/3/93, effective 7/4/93.]

WAC 246-10-111 Telephone proceedings. (1) The presiding officer may conduct all or part of the proceedings or permit a party or witness to appear by telephone or other electronic means if each participant in the proceedings has an opportunity to participate in, hear, and, if technically and economically feasible, see the entire proceeding while it is taking place. Cost of such appearance may be assessed to the party so appearing or on whose behalf the witness appears.

(2) If all or part of the proceedings is conducted as provided in subsection (1) of this section, the parties shall file and serve copies of all documentary evidence no less than three days prior to the proceeding. The presiding officer may, for good cause, allow exceptions to this requirement.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-111, filed 6/3/93, effective 7/4/93.]

WAC 246-10-112 Hearing location. The presiding officer shall designate sites for the conduct of proceedings taking into account accessibility, efficiency, and economy.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-112, filed 6/3/93, effective 7/4/93.]

WAC 246-10-113 Good faith requirement. Good faith shall be the standard for compliance with these rules. Failure to make a good faith effort to comply with these rules shall be grounds for sanctions as provided in this chapter.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-113, filed 6/3/93, effective 7/4/93.]

WAC 246-10-114 Public records. (1) All papers, exhibits, transcripts, and other materials required by or submitted in accordance with this chapter shall be considered public records.

(2) Release of information upon request for public records shall be subject to the following limitations:

(a) Release of health care information shall comply with chapter 70.02 RCW and rules promulgated thereunder;

(b) Protective orders issued pursuant to WAC 246-10-405 shall prevail;

(c) Initiating documents may be released after service upon the person eligible to request an adjudicative proceeding but no other records shall be released until a final order is entered and served; and

(d) Chapter 42.17 RCW shall govern the release of records.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-114, filed 6/3/93, effective 7/4/93.]

WAC 246-10-115 Expenses and witness fees. (1) Fees and expenses shall be paid at the following rates to witnesses appearing under subpoena by the party requesting the appearance:

(a) Fees shall be paid at the daily rate established for jurors in superior court of Thurston County; and

(b) Expenses shall be paid at the rate established for employees of the state of Washington, or as otherwise required by law.

(2) Fees for an expert witness shall be negotiated by and paid by the party requesting services of the expert.

(3) All expenses incurred in connection with proceedings under this chapter shall be paid by the party incurring the expense.

(4) The program shall pay expenses associated with:

(a) The facility in which proceedings are conducted; and

(b) Recording of the proceedings.

(5) Expenses related to preparation and distribution of the transcript of proceedings shall be paid by the party filing a motion or request for review of an initial order or petition for reconsideration, appealing a final order, or otherwise requesting the transcript.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-115, filed 6/3/93, effective 7/4/93.]

WAC 246-10-116 Immunity. The legislature has determined that persons who file complaints with or provide information to the department regarding health care practitioners licensed by the department are immune from civil liability, provided that such persons have acted in good faith. RCW 4.24.240 through 4.24.260, 18.130.170, 18.130.180, and 18.130.300 set forth the provisions under which immunity is granted.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-116, filed 6/3/93, effective 7/4/93.]

WAC 246-10-117 Official notice and agency expertise. (1) Official notice may be taken as provided in RCW 34.05.452(5).

(2) The department, through its designated presiding officer, may use its expertise and specialized knowledge to evaluate and draw inferences from the evidence presented to it.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-117, filed 6/3/93, effective 7/4/93.]

WAC 246-10-118 Sanctions. (1) Orders may include sanctions against either party.

(2) Grounds for sanctions may include:

(a) Failure to comply with these rules or orders of the presiding officer; and

(b) Willful interference with the progress of proceedings.

(3) Sanctions may include:

(a) Dismissal of the matter;

(b) Proceeding in default; and

(c) Other sanctions as appropriate.

(4) The order shall state the grounds upon which any sanctions are imposed.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-118, filed 6/3/93, effective 7/4/93.]

WAC 246-10-119 Intervention. (1) The presiding officer may grant a petition for intervention pursuant to RCW 34.05.443.

(2) A request to intervene shall be handled as a prehearing motion and shall be subject to the dates contained in the scheduling order. Within the sound exercise of discretion, the presiding officer may allow intervention if:

(a) The intervenor is not a party to the matter but has a substantial interest in outcome of the matter and the interest of the intervenor is not adequately represented by a party, or other good cause exists; and

(b) Any representative of the intervenor meets the requirements of WAC 246-10-108.

(3) A person shall not be allowed to intervene if that person had notice of the agency's decision and, upon timely application, would have been able to appear as a party in the matter in which intervention is sought, but failed to make such timely application.

(4) If intervention is granted, the intervenor shall be subject to these rules on the same basis as the other parties to the proceeding, unless otherwise limited in the order granting intervention.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-119, filed 6/3/93, effective 7/4/93.]

WAC 246-10-120 Form of pleadings and orders. (1) Pleadings, orders, and other papers filed, served, or entered under this chapter shall be:

(a) Captioned with the name of the state of Washington, department of health and the title of the proceeding; and

(b) Signed by the person filing, serving, or entering the document. When that person is an attorney representing a party, the signature block shall include the attorney's Washington State Bar Association number.

(2) All orders shall comply with RCW 34.05.461 and the requirements of this chapter.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-120, filed 6/3/93, effective 7/4/93.]

WAC 246-10-121 Notice to limited-English-speaking parties. When the program or the office of professional standards is notified or otherwise made aware that a limited-English-speaking person is a party in an adjudicative

proceeding, all notices concerning the hearing, including notices of hearing, continuance, and dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and, if necessary, responding to the notice.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-121, filed 6/3/93, effective 7/4/93.]

WAC 246-10-122 Interpreters. (1) A "hearing impaired person" means a person who, because of a hearing impairment or speech defect, cannot readily understand or communicate in spoken language. A "hearing impaired person" includes a person who is deaf, deaf and blind, or hard of hearing.

(2) A "limited-English-speaking person" means a person who because of a non-English-speaking cultural background cannot readily speak or understand the English language.

(3) If a hearing impaired person or a limited-English-speaking person is involved in an adjudicative proceeding and a need for an interpreter is made known to the office of professional standards, the presiding officer shall appoint an interpreter who is acceptable to the parties or, if the parties are unable to agree on an interpreter, the presiding officer shall select and appoint an interpreter.

(4) Before beginning to interpret, an interpreter shall take an oath or make affirmation that:

(a) A true interpretation shall be made to the impaired person of all the proceedings in a language or in a manner the impaired person understands; and

(b) The interpreter shall repeat the statements of the impaired person to the presiding officer, in the English language, to the best of the interpreter's skill and judgment.

(5) When an interpreter is used in a proceeding:

(a) The interpreter shall translate all statements made by other participants in the proceeding;

(b) The presiding officer shall ensure sufficient extra time is provided to permit translation; and

(c) The presiding officer shall ensure that the interpreter translates the entire proceeding to the hearing impaired person or limited-English-speaking person to the extent that the person has the same opportunity to understand the statements made as would a person not requiring an interpreter.

(6) An interpreter appointed under this section shall be entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The program shall pay the interpreter fee and expenses incurred for interpreters for license holders, applicants, or recipients of benefits. The party on whose behalf a witness requiring an interpreter appears shall pay for interpreter services for that witness.

(7) All proceedings shall be conducted consistent with chapters 2.42 and 2.43 RCW.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-122, filed 6/3/93, effective 7/4/93.]

WAC 246-10-123 Subpoenas. (1) The presiding officer, the secretary or designee, and attorneys for parties may issue subpoenas to residents of the state of Washington, to license holders and applicants for license, and to other persons or entities subject to jurisdiction under RCW 4.28.185.

(2) The presiding officer shall issue subpoenas pursuant to RCW 34.05.446(1) for parties not represented by counsel upon request of the party and upon a showing of relevance and reasonable scope of the testimony or evidence sought.

(3) The person on whose behalf the subpoena is issued shall pay any witness fees and expenses as provided in WAC 246-10-115 or costs for interpreters for such witnesses as provided in WAC 246-10-122.

(4) Attendance of persons subpoenaed and production of evidence may be required at any designated place in the state of Washington.

(5) Every subpoena shall:

(a) Comply with WAC 246-10-120;

(b) Identify the party causing issuance of the subpoena;

(c) State the title of the proceeding; and

(d) Command the person to whom the subpoena is directed to attend and give testimony and/or produce designated items under the person's control at a specified time and place.

(6) A subpoena may be served by any suitable person eighteen years of age or older by:

(a) Giving a copy to the person to whom the subpoena is addressed;

(b) Leaving a copy at the residence of the person to whom the subpoena is addressed with a person of suitable age and discretion;

(c) Sending a copy by mail to the current address on file with the department if the person is licensed by the department or has filed an application for a license with the department; or

(d) Sending a copy by certified mail with proof of receipt if the person is neither licensed by nor has applied for a license with the department.

(7) Proof of service may be made by:

(a) Affidavit of personal service;

(b) Certification by the person mailing the subpoena to a license holder or applicant; or

(c) Return or acknowledgment showing receipt by the person subpoenaed or his/her representative. Any person accepting certified or registered mail at the last known address of the person subpoenaed shall be considered an authorized representative.

(8) The presiding officer, upon motion made promptly and before the time specified for compliance in the subpoena, may:

(a) Quash or modify the subpoena if the subpoena is unreasonable or requires evidence not relevant to any matter at issue; or

(b) Condition denial of the motion upon just and reasonable conditions, including advancement of the reasonable cost by the person on whose behalf the subpoena is issued of producing the books, documents, or tangible things; or

(c) Issue a protective order under RCW 34.05.446.

(9) The department may seek enforcement of a subpoena under RCW 34.05.588(1) or proceed in default pursuant to WAC 246-10-204.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-123, filed 6/3/93, effective 7/4/93.]

WAC 246-10-124 Preliminary requirements. (1) An aggrieved applicant for an initial license or renewal of an existing license shall not be entitled to an adjudicative proceeding unless the applicant has submitted:

(a) A completed initial application or renewal application, as appropriate; and

(b) All applicable application, examination, or renewal fees payable in connection with such application or license.

(2) An aggrieved applicant shall not be entitled to an adjudicative proceeding with respect to the denial of an application submitted under WAC 246-290-100, 246-290-110, 246-290-120, 246-290-130, or 246-290-140 unless the applicant has submitted to the district engineer or other departmental employee responsible for reviewing the submittal, a certification that, to the best of the applicant's knowledge and belief, the submittal is complete and demonstrates compliance with the state's drinking water regulations. Certification with respect to water system plans, project reports, construction documents and other submittals requiring preparational review by a licensed professional engineer shall be provided on behalf of the applicant by the licensed professional engineer preparing or reviewing the submittal. Failure to comply with these preliminary requirements shall result in the denial of the application for adjudicative proceeding without further review.

(3) An affected party shall not be entitled to an adjudicative proceeding with respect to a decision made under WAC 246-293-190 unless:

(a) Except with respect to a county legislative authority, the applicant shall have complied with all preliminary requirements established under the coordinated water system plan approved by the county legislative authority and the department or, if the critical water supply service area's external boundaries have been approved but a coordinated water system plan has not been approved and adopted, then with any interim requirements imposed by the county legislative authority; and

(b) Within sixty days of the department's receipt of the request for an adjudicative proceeding, the applicant submits copies of the complete record of all proceedings conducted under the applicable coordinated water system plan or interim requirements. If such proceedings were taped or otherwise recorded, the record submitted to the department shall include a transcript of the hearing or hearings which shall be prepared and certified as correct by a registered professional court reporter.

(c) Failure to comply with the preliminary requirements outlined herein shall result in a denial of the hearing application without further review.

(4) WAC 246-293-430.

(a) An adjudicative proceeding shall not be conducted with respect to a departmental decision made under WAC 246-293-430 unless, within sixty days of the department's receipt of the request for an adjudicative proceeding, the applicant has, at his or her own expense, submitted a transcript of the hearing conducted under WAC 246-293-430 from tapes or other record of the hearing which the department shall make available for that purpose. The transcript shall be prepared and certified as correct by a registered professional court reporter. Failure to comply with preliminary requirements established under this section shall result in the dismissal of the hearing application without further review.

(b) If a request for an adjudicative proceeding has been timely filed under this section and a transcript of the record has been timely submitted, the department shall promptly provide the presiding officer with copies of all documents and exhibits admitted at the hearing conducted under WAC 246-293-430.

(c) The departmental employee responsible for the department's decision under WAC 246-293-430 shall provide a copy of his or her decision to the presiding officer and may submit documents or evidence not made part of the record at the hearing conducted under WAC 246-293-430. Copies of all such documents shall be provided to all other parties involved in the proceeding.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-124, filed 6/3/93, effective 7/4/93.]

WAC 246-10-201 Form and content of initiating documents. (1) Initiating documents shall include a clear and concise statement of the:

(a) Identity and authority of the person issuing the document;

(b) Factual basis for the action or proposed action set forth in the document;

(c) Statutes and rules alleged to be at issue;

(d) Identity of the party against whom the action is taken or proposed to be taken;

(e) Action or proposed action or penalties, including the statutory or rule authority for those actions or penalties; and

(f) Signature of the person issuing the document and the date signed.

(2) Initiating documents shall be accompanied by the following documents:

(a) Notice that the respondent may defend against the action or proposed action; and

(b) Form for requesting adjudicative proceeding.

(3) Initiating documents shall be served as described in WAC 246-10-109.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-201, filed 6/3/93, effective 7/4/93.]

WAC 246-10-202 Amendment of initiating documents. (1) Prior to the hearing date, initiating documents may be amended subject to the following conditions:

(a) Amended initiating documents shall meet the requirements of WAC 246-10-201(1);

(b) Amended initiating documents shall be accompanied by the documents described in WAC 246-10-201(2);

(c) Whenever amended initiating documents are issued, a new interval for response will begin, as described in WAC 246-110-203, unless the amendment benefits the respondent; and

(d) Issuance of amended initiating documents ends all obligations of the parties under the prior initiating documents.

(2) On the hearing date, the initiating documents may be amended subject to the following conditions:

(a) The documents may be amended upon motion of the state;

(b) The documents may not be amended without the approval of the presiding officer; and

(c) Upon motion of a party or upon his/her own initiative, the presiding officer may grant a continuance on all or part of the matter if necessary to afford the respondent an opportunity to prepare a defense to the amended documents.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-202, filed 6/3/93, effective 7/4/93.]

WAC 246-10-203 Request for adjudicative proceeding. A respondent may respond to an initiating document by filing an application for an adjudicative proceeding or by waiving the opportunity for adjudicative proceeding.

(1) If the respondent wishes to file an application for an adjudicative proceeding:

(a) An application for adjudicative proceeding must be filed in accordance with the following time periods:

(i) For matters under chapter 18.130 RCW, the Uniform Disciplinary Act, within twenty days of service of the initiating documents; and

(ii) For all other matters, within twenty-eight days of service of the initiating documents, unless otherwise provided by statute.

(b) The application for adjudicative proceeding shall be made on the Request for Adjudicative Proceeding Form accompanying the initiating documents or by a written document including substantially the same information.

(c) By filing a request for adjudicative proceeding, the responding party agrees to appear personally at the adjudicative proceeding or, if otherwise approved by the presiding officer, by telephone, unless appearance is waived as authorized in WAC 246-10-104(4).

(d) The application for adjudicative proceeding shall contain a response to the initiating documents, indicating whether each charge is admitted, denied, or not contested, and responses shall be subject to the following conditions:

(i) Once admitted or not contested, an allegation may not be denied; and

(ii) An allegation denied or not contested may later be admitted.

(e) When an allegation is admitted or not contested, it shall be conclusively deemed to be true for all further proceedings. No proof of the allegation need be submitted.

(f) The application for adjudicative proceeding shall specify the representative, if any, designated pursuant to WAC 246-10-108 and any request for interpreter. The responding party shall amend the name of the representative and need for interpreter immediately if circumstances change prior to the hearing.

(g) The application for adjudicative proceeding shall be filed at the office of professional standards at the address specified in WAC 246-10-102.

(2) A respondent may waive an adjudicative proceeding and submit a written statement and other documents in defense or in mitigation of the charges. Such waiver and documents shall be filed:

(a) In accordance with the timelines in subsection (1)(a) of this section; and

(b) At the address indicated in subsection (1)(g) of this section.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-203, filed 6/3/93, effective 7/4/93.]

WAC 246-10-204 Default. (1) If a party fails to respond to initiating documents according to WAC 246-10-203, that party will be deemed to have waived the right to a hearing, and the secretary shall enter a final order without further contact with that party.

(2) If a party requests an adjudicative proceeding but fails to appear, without leave to do so, at a scheduled settlement or prehearing conference, the presiding officer may issue an order of default. The order shall include notice of opportunity to request that the default order be vacated pursuant to RCW 34.05.440(3).

(3) If a party requests an adjudicative proceeding but fails to appear at the hearing, the presiding officer may issue an order of default in the same manner as subsection (2) of this section, or may proceed to hear the matter in the absence of the party and issue a final order.

(4) Final orders entered under this section shall meet the requirements of WAC 246-10-702 and shall contain:

(a) Findings of fact and conclusions of law based upon prima facie proof of the allegations contained in the initiating documents;

(b) A finding that there is no reason to believe that the party in default is in active military service;

(c) The penalties or conditions imposed by the order; and

(d) Notice of the opportunity to request reconsideration pursuant to RCW 34.05.470.

(5) Final and default orders entered under this section shall be served upon the parties in accordance with WAC 246-10-109.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-204, filed 6/3/93, effective 7/4/93.]

WAC 246-10-205 Scheduling orders. (1) Within thirty days after receipt of the application for adjudicative proceeding, the department shall:

(a) Examine the application;

(b) Notify the respondent of any obvious errors or omissions;

(c) Request any additional information the department wishes or is permitted by law to require; and

(d) Notify the respondent of the name, mailing address, and telephone number of an office that may be contacted regarding the application.

(2) Within ninety days after receipt of any additional information required to be submitted under subsection (1)(c) of this section or receipt of an application without obvious errors or omissions, whichever comes later, the office of professional standards shall:

(a) Approve the application for full adjudicative procedure and issue and serve on the parties a notice of the date, time, and place of the hearing; or

(b) Approve the application for a brief adjudicative procedure and issue and serve a notice of the date by which any additional written materials are to be submitted for consideration; or

(c) Deny the application according to RCW 34.05.416.

(3) The presiding officer may issue a scheduling order governing the course of the proceeding and the scheduling order may be modified by order of the presiding officer.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-205, filed 6/3/93, effective 7/4/93.]

WAC 246-10-301 Conduct of emergency adjudicative proceedings. (1) Summary action may be taken only after a review by the secretary or designee of such evidence, including affidavits, if appropriate, to establish:

(a) The existence of an immediate danger to the public health, safety, or welfare;

(b) The department's ability to address the danger through a summary action; and

(c) The summary action necessary to address the danger.

(2) No notice to any person potentially affected by a summary action shall be required prior to issuance of a summary action.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-301, filed 6/3/93, effective 7/4/93.]

WAC 246-10-302 Effect of summary action. (1) Summary action takes effect upon entry of the order. Entry shall be the date of signature unless otherwise specified.

(2) No person shall be required to comply with a summary action until service has been made or the person has knowledge of the order, whichever occurs first.

(3) A summary action shall be served as promptly as practicable, in accordance with WAC 246-10-109.

(4) A summary action shall not be subject to the posthearing process provided in WAC 246-10-701, et seq., but a summary action may be appealed to superior court as provided by law.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-302, filed 6/3/93, effective 7/4/93.]

WAC 246-10-303 Form and content of summary actions. (1) A summary action shall be entered in the form of an order containing findings of fact, conclusions of law, and the summary action imposed, as well as a statement of policy reasons for the decision.

(2) A summary action imposed by emergency adjudicative proceeding shall be limited to those actions necessary to alleviate an immediate danger to the public health, safety, or welfare.

(3) Initiating documents, and all other documents required by WAC 246-10-201, shall accompany a summary action order when served.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-303, filed 6/3/93, effective 7/4/93.]

WAC 246-10-304 Adjudicative proceedings upon summary action. Following summary action taken by the department, the respondent may:

(1) Request a prompt adjudicative proceeding conducted in accordance with this chapter; or

(2) Waive the prompt adjudicative proceeding and request an adjudicative proceeding conducted in accordance with this chapter;

(3) Waive the right to an adjudicative proceeding and submit a written statement to be considered prior to the entry of the final order; or

(4) Waive the opportunity to be heard.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-304, filed 6/3/93, effective 7/4/93.]

WAC 246-10-305 Opportunity for prompt adjudicative proceeding. (1) Any respondent affected by a summary action shall be provided the opportunity to request a prompt adjudicative proceeding. Notice of the opportunity shall be provided in the notice of opportunity to defend against the allegations that are the basis for the summary action. The form for requesting an adjudicative proceeding shall include the option of requesting a prompt adjudicative proceeding.

(2) Any respondent affected by a summary action may request a prompt adjudicative proceeding, may elect a regularly scheduled adjudicative proceeding in lieu of a prompt adjudicative proceeding, or may waive the opportunity for adjudicative proceeding in accordance with WAC 246-10-203.

(3) Any request for a prompt adjudicative proceeding must be filed within ten days of the service of the summary action.

(4) If requested by the respondent, a prompt adjudicative proceeding shall be conducted within twenty days of service of a summary action.

(5) Regardless of whether a prompt adjudicative proceeding is requested, the matter shall be resolved as quickly as feasible in accordance with all other applicable rules.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-305, filed 6/3/93, effective 7/4/93.]

WAC 246-10-306 Proceedings prior to prompt adjudicative proceeding. A settlement conference may be requested, a settlement may be offered, and a prehearing conference may be conducted prior to a prompt adjudicative proceeding. Prehearing proceedings shall not delay a prompt adjudicative proceeding except by mutual agreement of the parties.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-306, filed 6/3/93, effective 7/4/93.]

WAC 246-10-401 Settlement conference. (1) Following a request for an adjudicative proceeding, the office of professional standards may schedule a settlement conference. The parties shall be notified of the date, time, and place of the settlement conference.

(2) The purpose of the settlement conference shall be to attempt to reach agreement on the issues and the order to be entered. Any agreement of the parties is subject to final approval by the secretary or designee.

(3) The respondent shall attend the settlement conference as scheduled and may also be represented as provided in WAC 246-10-108. Representatives of the department will also attend. Other persons may attend by agreement of the parties.

(4) Either party may bring documents or other materials to the settlement conference for the purpose of settlement

negotiations. No testimony will be taken. No documents or information submitted at the settlement conference will be admitted at the adjudicative proceeding unless stipulated by the parties or otherwise admitted into evidence by the presiding officer.

(5) If a settlement offer has been made in writing to the respondent and it is signed and returned by the respondent to the office of professional standards prior to the settlement conference, all subsequent scheduled dates are continued pending final review of the settlement by the secretary or designee.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-401, filed 6/3/93, effective 7/4/93.]

WAC 246-10-402 Discovery. The parties are encouraged to exchange information and documents related to the case prior to the adjudicative proceeding. Formal discovery may be had at the discretion of the presiding officer.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-402, filed 6/3/93, effective 7/4/93.]

WAC 246-10-403 Motions. (1) The presiding officer shall rule on motions. The presiding officer may rule on motions without oral argument or may request or permit the parties to argue the motion in person or by telephone. Oral argument may be limited in time at the discretion of the presiding officer.

(2) All prehearing motions, including discovery and evidentiary motions, shall be made in writing to the presiding officer prior to the dates set in the scheduling order.

(3) Motions for continuance must be made in writing within forty-five days following service of the scheduling order. If the adjudicative proceeding is scheduled to take place fewer than forty-five days from service of the scheduling order, motions for continuance must be made within ten days of service of the scheduling order, but in no event fewer than five days prior to the hearing.

(4) The presiding officer may grant a continuance when a motion for continuance is not submitted within the time limits contained in subsection (3) of this section in a bona fide emergency.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-403, filed 6/3/93, effective 7/4/93.]

WAC 246-10-404 Prehearing conference. (1) The presiding officer may schedule a prehearing conference to be held prior to the hearing. Parties shall be notified of the time and place of the conference in the scheduling order.

(2) The presiding officer shall conduct the prehearing conference and shall issue rulings related to prehearing motions and evidentiary issues. The rulings shall govern the conduct of subsequent proceedings.

(3) The prehearing conference shall be recorded unless recording is waived by the parties. All offers of proof and objections concerning matters raised at the prehearing conference must be made on the record at the prehearing conference.

(4) Following the prehearing conference, the presiding officer shall issue a written prehearing order which will:

(a) Identify the issues to be considered at the hearing and indicate which party has the burden of proof on these issues;

(b) Specify the facts which are admitted or not contested by the parties;

(c) Identify those documents and exhibits that will be admitted at hearing and those which may, by agreement, be distributed prior to hearing;

(d) Identify expert and lay witnesses that may be called at hearing and the issues to which those witnesses may testify;

(e) Rule on motions;

(f) Accept amendments to the pleadings;

(g) Address such other issues or matters as may be reasonably anticipated to arise and which may aid in the disposition of the proceedings; and

(h) Rule on objections made in any preserved testimony.

(5) Following the prehearing conference, the presiding officer may issue an order directing that the matter be heard as a brief adjudicative proceeding, pursuant to WAC 246-10-501, et seq.

(6) Documentary evidence not offered in the prehearing conference shall not be received into evidence at the adjudicative proceeding in the absence of a clear showing that the offering party had good cause for failing to produce the evidence at the prehearing conference.

(7) Witnesses not identified during the prehearing conference shall not be allowed to testify at the adjudicative proceeding in the absence of a clear showing that the party offering the testimony of such witness had good cause for failing to identify the witness at the prehearing conference.

(8) If the authenticity of documents submitted at the prehearing conference is not challenged at the prehearing conference, the documents shall be deemed authentic. However, a party shall be permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to object at the prehearing conference.

(9) Nothing in these rules shall prohibit the presiding officer from conducting a conference at any time, including during the hearing. The presiding officer shall state on the record the results of such conference.

(10) A party bound by a stipulation or admission of record may withdraw it in whole or in part only upon a determination by the presiding officer or hearing officer that:

(a) The stipulation or admission was made inadvertently or as a bona fide mistake of fact or law; and

(b) The withdrawal will not unjustly prejudice the rights of the other parties.

(11) In an appeal to superior court involving issues addressed in the prehearing order, the record of the prehearing conference, the prehearing order, and any orders issued by the presiding officer pursuant to WAC 246-10-403, shall be the record.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-404, filed 6/3/93, effective 7/4/93.]

WAC 246-10-405 Protective orders. The presiding officer may issue a protective order at his or her discretion:

(1) To protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense;

(2) To preserve confidentiality related to health care records or provider-client information;

(3) To protect examination processes;

(4) To protect the identity of a person supplying information to the department where the person indicates a desire for nondisclosure unless that person testifies or has been called to testify at an adjudicative proceeding; or

(5) To comply with applicable state or federal law.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-405, filed 6/3/93, effective 7/4/93.]

WAC 246-10-501 Application of brief adjudicative proceedings. (1) If an adjudicative proceeding has been requested, a brief adjudicative proceeding will be conducted where the matter involves one or more of the following:

(a) A determination of whether an applicant for a professional, business, or facility license meets the minimum criteria for an unrestricted license and the department proposes to deny such a license or to issue a restricted license;

(b) An application to approve a water system plan under WAC 246-290-100;

(c) An application to approve a project report under WAC 246-290-110;

(d) An application for source approval under WAC 246-290-130;

(e) An application to approve construction documents under WAC 246-290-120;

(f) An application to approve an existing water system under WAC 246-290-140;

(g) An application to approve a new public water system within a critical water supply service area under WAC 246-293-190;

(h) A decision with respect to service area conflicts under WAC 246-293-430;

(i) A determination as to whether a person is in compliance with the terms and conditions of a final order previously issued by the department;

(j) Any approval of a school or curriculum when such approval by the department is required or authorized by statute or rule.

(2) If an adjudicative proceeding has been requested, a brief adjudicative proceeding may be conducted at the discretion of the presiding officer when it appears that protection of the public interest does not require that the department provide notice and an opportunity to participate to persons other than the parties and:

(a) Only legal issues exist; or

(b) Both parties have agreed to a brief proceeding.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-501, filed 6/3/93, effective 7/4/93.]

WAC 246-10-502 Preliminary record in brief adjudicative proceedings. (1) The preliminary record with respect to an application for a professional, business, or facility license shall consist of the following, or for approval of a school or curriculum:

(a) The application for the license or approval and all associated documents;

(b) All documents relied on by the program in proposing to deny the application;

(c) All correspondence between the applicant for license or approval and the program regarding the application.

(2) Preliminary record.

(a) The preliminary record with respect to decisions made under WAC 246-290-100, 246-290-110, 246-290-120, 246-290-130, and 246-290-140 shall consist of the decision document, all documents constituting the applicant's submittal and such other documents as the applicant or the departmental employee reviewing the submittal may wish to include in the preliminary record.

(b) WAC 246-293-190.

(i) If proceedings are required and have been conducted by local agencies under the applicable CWSP, the preliminary record shall consist of the record submitted to the department under WAC 246-10-124(3).

(ii) If hearings are not required or have not been conducted by local agencies under the applicable CWSP or if the external boundaries of the coordination act area have been approved but a CWSP has not been adopted, then the preliminary record shall consist of such documents as the presiding officer may solicit from the affected parties.

(c) The preliminary record with respect to a decision made under WAC 246-293-430 shall consist of the record submitted to the presiding officer under WAC 246-10-124(4).

(3) The preliminary record with respect to compliance with prior department orders shall consist of:

(a) The official department file of the proceeding in which the order was issued;

(b) All matters submitted by the person to whom the order is directed purporting to demonstrate compliance with the order;

(c) All documents relied on by the department in asserting noncompliance; and

(d) All correspondence between the department and the person to whom the order is directed respecting compliance.

(4) The preliminary record with respect to matters submitted to a brief adjudicative proceeding under WAC 246-10-501(2) shall be as agreed by the parties.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-502, filed 6/3/93, effective 7/4/93.]

WAC 246-10-503 Conduct of brief adjudicative proceedings. (1) Brief adjudicative proceedings shall be conducted by a presiding officer designated by the assistant secretary having responsibility for the program that issued the initiating document that is the subject of the proceeding. The presiding officer shall have agency expertise in the subject matter but shall not have personally participated in the decision to issue the initiating document.

(2) The parties or their representatives may present written documentation in addition to the preliminary record. The presiding officer shall designate the date by which written documents must be submitted by the parties.

(3) The presiding officer may, in his or her discretion, entertain oral argument from the parties or their representatives.

(4) No witnesses may appear to testify.

(5) In addition to the record, the presiding officer may consider agency expertise as a basis for decision.

(6) Within fifteen days of the final date for submission of materials or oral argument, if any, the presiding officer shall enter an initial order in accordance with WAC 246-10-608.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-503, filed 6/3/93, effective 7/4/93.]

WAC 246-10-504 Effectiveness of orders on brief adjudicative proceedings. (1) Initial orders on brief adjudicative proceedings shall become final twenty-one days after service of the order unless:

(a) Review has been requested pursuant to WAC 246-10-701; or

(b) On his or her own initiative, the secretary determines to review the matter and provides notice to the parties of the date by which a determination shall be made.

(2) If review is taken under subsection (1) of this section, a written order containing findings of fact, conclusions of law, and order shall be entered and served upon the parties.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-504, filed 6/3/93, effective 7/4/93.]

WAC 246-10-505 Agency record in brief proceedings. The agency record of brief adjudicative proceedings shall consist of:

(1) The preliminary record as set forth in WAC 246-10-502;

(2) All initiating documents including the notice of opportunity to defend;

(3) The request for adjudicative proceeding;

(4) All documents submitted in the proceeding;

(5) Any transcript or recording of any arguments presented; and

(6) All orders issued in the case.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-505, filed 6/3/93, effective 7/4/93.]

WAC 246-10-601 Notice of adjudicative proceeding. Notice of an adjudicative proceeding shall be issued pursuant to RCW 34.05.434.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-601, filed 6/3/93, effective 7/4/93.]

WAC 246-10-602 Conduct of adjudicative proceeding. (1) The adjudicative proceeding shall be conducted as provided in RCW 34.05.449 through 34.05.455.

(2) The presiding officer may take the following actions to the extent not already determined in a prehearing order:

(a) Conduct the hearing de novo;

(b) Determine the order of presentation of evidence;

(c) Administer oaths and affirmations;

(d) Issue subpoenas;

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

(f) Receive relevant evidence;

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

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

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

(j) Determine whether to permit or require oral argument or briefs and determine the time limits for submission thereof;

(k) Permit photographic and recording equipment at hearing subject to conditions necessary to preserve confidentiality and prevent disruption;

(l) Permit a person to waive any right conferred upon that person by chapter 34.05 RCW or this chapter, except as precluded by law; and

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

(3) The presiding officer shall:

(a) Apply as the first source of law governing an issue those statutes and rules deemed applicable to the issue;

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

(c) Not declare any statute or rule invalid.

(4) If the validity of any statute or rule is raised as an issue, the presiding officer may permit arguments to be made on the record concerning the issue for the purpose of subsequent review.

(5) A party may move to disqualify the presiding officer pursuant to RCW 34.05.425(3).

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-602, filed 6/3/93, effective 7/4/93.]

WAC 246-10-603 Evidence. (1) The presiding officer shall rule on objections to the admissibility of evidence pursuant to RCW 34.05.452 unless those objections have been addressed in the prehearing order.

(2) The refusal of a witness to answer any question ruled proper shall be grounds for the presiding officer, at his/her discretion, to strike some or all prior testimony by that witness on related matters or to grant a continuance to allow a party to seek a court order to compel the witness to answer.

(3) Each person called as a witness in an adjudicative proceeding shall swear or affirm that the evidence about to be given in the adjudicative proceeding shall be the truth under the provisions of RCW 5.28.020 through 5.28.060.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-603, filed 6/3/93, effective 7/4/93.]

WAC 246-10-604 Proposed order. At the conclusion of the hearing or by a date specified by the presiding officer, each party shall submit to the presiding officer proposed findings of fact and conclusions of law and a proposed order, except as may be ordered by the presiding officer.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-604, filed 6/3/93, effective 7/4/93.]

WAC 246-10-605 Issuance of final order. If the adjudicative proceeding is conducted by a presiding officer authorized to make the final decision, the presiding officer shall:

(1) Issue a final order containing findings of fact and conclusions of law and an order; and

(2) Serve a copy of the order on each party and any designated representative of the party.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-605, filed 6/3/93, effective 7/4/93.]

WAC 246-10-606 Standard of proof. The order shall be based on the kind of evidence upon which reasonably prudent persons are accustomed to rely in the conduct of their affairs. In all cases involving an application for license the burden shall be on the applicant to establish that the application meets all applicable criteria. In all other cases the burden is on the department to prove the alleged factual basis set forth in the initiating document. Except as otherwise provided by statute, the burden in all cases is a preponderance of the evidence.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-606, filed 6/3/93, effective 7/4/93.]

WAC 246-10-607 Consolidated proceedings. (1) When two or more applications for adjudicative proceeding involve a similar issue, the applications may be consolidated by the presiding officer and the hearings conducted together. The presiding officer may consolidate on his/her own motion or upon the request of a party.

(2) A party scheduled for a consolidated proceeding may request to withdraw from the consolidated proceeding in favor of an individual proceeding. A request to withdraw from a consolidated proceeding shall be granted if the motion is filed before the presiding officer has made any discretionary ruling in the matter and before the hearing date. The presiding officer may grant a motion to withdraw from a consolidated proceeding at any time when good cause is shown.

(3) Each respondent in a consolidated proceeding shall retain the right to representation.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-607, filed 6/3/93, effective 7/4/93.]

WAC 246-10-608 Initial order. If the adjudicative proceeding is conducted by a presiding officer who is not authorized to make the final decision, the presiding officer shall:

(1) Issue an initial order containing proposed findings of fact, conclusions of law, and a proposed order;

(2) Serve a copy of the initial order on each party and any designated representative of a party; and

(3) Forward the initial order and record of the adjudicative proceeding to the office of professional standards.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-608, filed 6/3/93, effective 7/4/93.]

WAC 246-10-701 Appeal from initial order. (1) Any party may file a written petition for administrative review of an initial order issued under WAC 246-10-503 or 246-10-608 stating the specific grounds upon which exception is taken and the relief requested.

(2) Petitions for administrative review must be served upon the opposing party and filed with the office of professional standards within twenty-one days of service of the initial order.

(3) The opposing party may file a response to a petition for administrative review filed as provided in this section. The response shall be filed at the place specified in subsection (2) of this section. The party filing the response shall serve a copy of the response upon the party requesting administrative review. If the initial order was entered pursuant to WAC 246-10-503, the response shall be filed within ten days of service of the petition. In all other matters, the response shall be filed within twenty days of service of the petition.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-701, filed 6/3/93, effective 7/4/93.]

WAC 246-10-702 Final orders. (1) The form and content of final orders shall be as follows:

(a) Final orders shall contain findings of fact, conclusions of law, and an order, and shall be signed by the secretary or by a designee of the secretary.

(b) Final orders may adopt by reference the initial order in whole or in part.

(c) Final orders may modify or revise the initial order in whole or in part.

(2) Final orders shall be served upon the parties and their representatives as provided in WAC 246-10-109.

(3) Final orders shall be issued following:

(a) A review of the record;

(b) A review of the initial order, if any;

(c) A review of any request for review of the initial order and any response thereto; and

(d) Consideration of protection of the public health and welfare.

(4) Unless a later date is stated in the final order, final orders shall be effective when entered but a party shall not be required to comply with a final order until the order is served upon that party.

(5) Final orders may contain orders that specified portions of the agency record shall not be disclosed as public records if necessary to protect privacy interests, the public welfare, or vital governmental functions. Such orders shall include but are not limited to protective orders issued during the proceeding or pursuant to WAC 246-10-405.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-702, filed 6/3/93, effective 7/4/93.]

WAC 246-10-703 Stay of final orders. No final order will be stayed except by its own terms or by order of a court of competent jurisdiction.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-703, filed 6/3/93, effective 7/4/93.]

WAC 246-10-704 Reconsideration of final orders. (1) Within ten days of service of a final order, either party may file a petition for reconsideration, stating the specific grounds upon which reconsideration is requested and the relief requested.

(2) Grounds for reconsideration shall be limited to:

(a) Specific errors of fact or law; or

(b) Implementation of the final order would require department activities inconsistent with current department practice.

(3) Petitions for reconsideration must be served upon the opposing party and filed with the office of professional standards within ten days of service of the final order.

(4) If reconsideration is requested based on an error of fact, the request for reconsideration shall contain specific reference to the record. If reconsideration is requested based on testimony of record, the party requesting consideration shall submit a copy of the transcript of the adjudicative proceeding or shall specify the date by which the transcript will be submitted, and shall submit specific reference to the transcript by a date determined by the presiding officer.

(5) The petition for reconsideration is denied if, within twenty days of the date the petition is filed, the secretary or designee:

(a) Denies the petition;

(b) Does not act upon the petition; or

(c) Does not serve the parties with notice of the date by which he/she will act on the petition.

(6) If the secretary or designee determines to act upon the petition, the opposing party shall be provided at least ten days in which to file a response to the petition.

(7) Disposition of petitions for reconsideration shall be in the form of a written order denying the petition, granting the petition, and dissolving or modifying the final order, or granting the petition and setting the matter for further proceedings.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-704, filed 6/3/93, effective 7/4/93.]

WAC 246-10-705 Agency record of adjudicative proceedings. (1) The department shall maintain an official record of each adjudicative proceeding.

(2) The record shall include:

(a) Notices of all proceedings;

(b) Any prehearing order;

(c) Any motions, pleadings, briefs, petitions, requests, and rulings thereon;

(d) Evidence received or considered;

(e) A statement of matters officially noted;

(f) Offers of proof and objections and rulings thereon;

(g) Any proposed findings, requested orders, and exceptions;

(h) Any recording of the hearing and any transcript of all or part of the hearing considered before final disposition of the matter;

(i) Any final order, initial order, or order on reconsideration; and

(j) Matters placed on the record following an ex parte communication, if any.

(3) The record shall be subject to disclosure as provided by chapter 42.17 RCW, the Public Records Act, and by WAC 246-10-114, except as limited by protective orders and orders contained in the final order.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-705, filed 6/3/93, effective 7/4/93.]

WAC 246-10-706 Judicial review. (1) Judicial review of actions taken under this chapter shall be as provided in RCW 34.05.510, et seq.

(2) Notice of the opportunity for judicial review shall be provided in all final orders.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-706, filed 6/3/93, effective 7/4/93.]

WAC 246-10-707 Vacating an order for reason of default or withdrawal. (1) A party against whom an order for reason of default is entered shall have the right to file a written petition requesting that the order be vacated.

(2) The petition to vacate shall state the grounds relied upon.

(3) The petition shall be filed at the office of professional standards.

(4) If, in the opinion of the presiding officer, good cause to grant the motion to vacate is shown, the presiding officer shall grant the motion and reinstate the application for adjudicative proceeding and may impose conditions on licensure pending final adjudication of the matter.

[Statutory Authority: RCW 43.70.040. 93-13-005 (Order 369), § 246-10-707, filed 6/3/93, effective 7/4/93.]

Chapter 246-11 WAC
MODEL PROCEDURAL RULES FOR BOARDS

WAC

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WAC 246-11-001 Purpose and application of chapter. (1) This chapter contains model rules for adjudicative proceedings authorized to be conducted under the authority of a board having disciplining authority under the Uniform Disciplinary Act, chapter 18.130 RCW. Each board may adopt these rules as contained in this chapter or as modified.

(2) This chapter, as modified and adopted by the board, shall apply to adjudicative proceedings authorized to be conducted under the authority of the board.

(3) This chapter applies to adjudicative proceedings begun on or after the effective date of this chapter in programs administered by the board. For purposes of this section, "begun" shall mean the receipt by the appropriate office of an application for an adjudicative proceeding. These rules shall be the exclusive rules governing adjudicative proceedings under the jurisdiction of the board.

(4) To the extent that these rules differ by inclusion, deletion, or content from the model rules adopted by the chief administrative law judge pursuant to RCW 34.05.250, this chapter shall prevail in order to provide a process consistent with the organization of the department and the board.

(5) Where a provision of this chapter conflicts with another chapter of Title 246 WAC, the provision of this chapter shall prevail.

(6) Where a provision of this chapter conflicts with a provision of the Revised Code of Washington, the statute shall prevail.

[Statutory Authority: RCW 18.130.050(1), 34.05.220 and 4.24.250. 93-08-003 (Order 347), § 246-11-001, filed 3/24/93, effective 4/24/93.]

WAC 246-11-010 Definitions. As used in these rules of practice and procedure, the following terms shall have the meaning set forth in this section unless the context clearly indicates otherwise. Other terms shall have their ordinary meaning unless defined elsewhere in this chapter.

"Adjudicative proceeding" or "hearing" shall mean a proceeding required by statute or constitutional right and conducted under the rules of this chapter, which provides an opportunity to be heard by the board prior to the entry of a final order under this chapter.

"Board" shall mean a disciplining authority under RCW 18.130.040 (2)(b).

"Brief adjudicative proceeding" shall mean an adjudicative proceeding or hearing, the scope or conduct of which is limited as provided in this chapter.

"Department" shall mean the Washington state department of health and, where appropriate, the secretary of the Washington state department of health.

"Filing" shall mean receipt by the office of professional standards.

"Hearings officer" shall mean a person appointed by the board to preside over some proceedings as permitted by this chapter.

"Initiating document" shall mean a written agency document which initiates action against a license holder or applicant for license and which creates the right to an adjudicative proceeding. It may be denominated a statement of charges, notice of intent to deny, or by any other designation indicating the action or proposed action to be taken.

"License" shall have the meaning set forth in RCW 34.05.010 and includes license to practice the profession for which the board is the disciplining authority and any approval of school or curriculum required by law or rule to be obtained from the board.

"Office of professional standards" shall mean the unit responsible for prehearing adjudicative proceedings, whose address is:

Department of Health
Office of Professional Standards
2413 Pacific Avenue
PO Box 47872
Olympia, WA 98504-7872

"Presiding officer" shall mean the person who is assigned to conduct an adjudicative proceeding and may either be a member of the board or an administrative law judge employed by the office of administrative hearings.

"Program" shall mean the administrative unit within the department responsible for implementation of that chapter of Title 18 RCW establishing the board or its powers and responsibilities.

"Prompt adjudicative proceeding" or "prompt hearing" shall mean a hearing conducted at the request of the license holder or applicant for license following summary action taken in accord with this chapter against that license holder or applicant.

"Protective order" shall mean an order issued under this chapter which limits the use of, access to, or disclosure of information or evidence.

"Respondent" shall mean a license holder or applicant for license under the jurisdiction of the board who is named in an initiating document.

"Secretary" shall mean the secretary of the department of health or his/her designee.

"Summary action" shall mean an agency action to address an immediate danger to the public health, safety, or welfare and shall include, but not be limited to, a cease and desist order, an order of summary suspension, and an order of summary restriction of a license.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-010, filed 3/24/93, effective 4/24/93.]

WAC 246-11-020 Signature authority. (1) A person designated by the board shall sign all initiating documents and orders issued under this chapter.

(2) Authority to sign shall be indicated by designation of the title of the person signing and shall not require any other affirmation, affidavit, or allegation.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-020, filed 3/24/93, effective 4/24/93.]

WAC 246-11-030 Appearance of parties. If a respondent requests an adjudicative proceeding to contest the action, that party shall appear at all stages of the proceeding except as otherwise provided in this section.

(1) If the respondent is represented as provided in this chapter, the respondent shall appear personally at the hearing and at any scheduled settlement conference but need not appear at the prehearing conference or at presentation of motions.

(2) Parties may be represented by counsel at all proceedings.

(3) The respondent may appear by telephone at any portion of the proceedings conducted by telephone, in the discretion of the presiding officer or hearings officer following reasonable advance notice to the presiding officer or hearings officer and to the opposing party.

(4) The requirement of personal appearance may be waived for good cause in the discretion of the presiding officer or hearings officer.

(5) Failure to appear as provided in this chapter shall be grounds for taking final action by default.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-030, filed 3/24/93, effective 4/24/93.]

WAC 246-11-040 Computation of time. (1) When computing a period of time prescribed or allowed by an applicable statute or rule, the day of the act, event, or default from which the designated period of time begins to run shall not be included.

(2) The last day of the computed period shall be included unless the last day is a Saturday, Sunday, or legal holiday.

(3) When the last day is a Saturday, Sunday, or legal holiday, the period shall run until the end of the next day which is not a Saturday, Sunday, or legal holiday.

(4) When the period of time prescribed or allowed is seven days or less, any intermediate Saturday, Sunday, and legal holiday shall be excluded from the computation.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-040, filed 3/24/93, effective 4/24/93.]

WAC 246-11-050 Notarization, certification, and authentication. (1) A person's sworn written statement, declaration, verification, certificate, oath, or affidavit may be authenticated by an unsworn written statement which is executed in substantially the following form:

> I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
>
> _____ _____
>
> (date and place) (Signature)

(2) Documents or records may be authenticated by a certification, as provided in subsection (1) of this section, from the custodian of the records or other qualified person that the documents or records are what they purport to be.

(3) Signature of any attorney shall be accompanied by and authenticated by that attorney's Washington State Bar Association number.

(4) Documents prepared and submitted by a party who is not represented by an attorney shall be signed and dated by that party and shall include that party's current address.

(5) Signature by a party or an attorney on a document shall constitute a certificate by the party or attorney that he/she has read the document, believes there are grounds to support it, and has not submitted the document for delay, harassment, or needless increase in the cost of a proceeding.

(6) Compliance with certification requirements of subsections (1) and (2) of this section creates a rebuttable presumption that a document is authentic.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-050, filed 3/24/93, effective 4/24/93.]

WAC 246-11-060 Current address. Each license holder and applicant shall provide current mailing address and all subsequent address changes to the program. Whenever service upon any such person is required by these rules, the most recent address provided may be used unless the program has actual knowledge that the person resides at a different address.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-060, filed 3/24/93, effective 4/24/93.]

WAC 246-11-070 Representation. (1) License holders, applicants for license, and recipients of benefits may be represented subject to the following conditions:

(a) A license holder or applicant for license may represent himself/herself or may be represented by an attorney who has complied with the admission to practice rules of the supreme court of the state of Washington;

(b) Every attorney representing a license holder or applicant for license shall file a notice of appearance with the board upon commencing representation, and shall file a notice of withdrawal of counsel with the board upon terminating representation.

(c) No license holder or applicant may be represented in an adjudicative proceeding by an employee of the department.

(2) No current or former employee of the department may appear as an expert, character witness, or representative of any party other than the state of Washington if he/she took an active part in investigating or evaluating the case or represented the agency in the matter, unless written permission of the secretary is granted. No current or former member of the attorney general's office staff who participated personally and substantially in investigating or evaluating the matter at issue while so employed may represent a party or otherwise participate in a related proceeding without first having obtained the written consent of the attorney general's office.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-070, filed 3/24/93, effective 4/24/93.]

WAC 246-11-080 Service and filing. (1) A party filing a pleading, brief, or paper other than an initiating document or application for an adjudicative proceeding as required or permitted by these rules, shall serve a copy of the paper upon the opposing party or any designated representative of the opposing party prior to or simultaneous with filing.

(2) Unless otherwise provided by law, filing and service shall be made by personal service; first class, registered, or certified mail; or commercial parcel delivery company.

(3) Filing shall be complete upon actual receipt during normal business hours at the board's office, unless filing is directed in writing to be made to another address.

(4) Service shall be complete when personal service is made; mail is properly stamped, addressed, and deposited in the United States mail; or a parcel is delivered to a parcel delivery company with charges prepaid.

(5) Proof of service shall consist of filing as required by these rules, together with one of the following:

(a) An acknowledgement of service;

(b) A certificate of service including the date the papers were served, the parties upon whom served, the signature of the serving party, and a statement that service was completed by:

(i) Personal service; or

(ii) Mailing in the United States mail or shipping by commercial parcel service a copy properly addressed with postage and fees prepaid to each party and each designated representative.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-080, filed 3/24/93, effective 4/24/93.]

WAC 246-11-090 Jurisdiction. (1) The board has jurisdiction over all licenses issued by the board and over all holders of and applicants for licenses. Such jurisdiction is retained even if an applicant requests to withdraw the application, or a licensee surrenders or fails to renew a license.

(2) The department has jurisdiction over unlicensed practice of any activity for which a license is required.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-090, filed 3/24/93, effective 4/24/93.]

WAC 246-11-100 Telephone proceedings. (1) The presiding officer or hearings officer may conduct all or part of the proceedings or permit a party or witness to appear by telephone or other electronic means if each participant in the proceedings has an opportunity to participate in, hear, and, if technically and economically feasible, see the entire proceeding while it is taking place. Cost of such appearance may be assessed to the party so appearing or on whose behalf the witness appears.

(2) If all or part of the proceedings is conducted as provided in subsection (1) of this section, the parties shall file and serve copies of all documentary evidence no less than three days prior to the proceeding. The presiding officer or hearings officer may, for good cause, allow exceptions to this requirement.

[Statutory Authority: RCW 18.130.050(1) and 4.24.250. 93-08-003 (Order 347), § 246-11-100, filed 3/24/93, effective 4/24/93.]

WAC 246-11-110 Hearing location. The presiding officer or hearings officer shall designate sites for the conduct of proceedings taking into account accessibility, efficiency, and economy.

[Statutory Authority: RCW 18.130.050(1) and 18.130.060(3). 93-08-003 (Order 347), § 246-11-110, filed 3/24/93, effective 4/24/93.]

WAC 246-11-120 Good faith requirement. Good faith shall be the standard for compliance with these rules. Failure to make a good faith effort to comply with these rules shall be grounds for sanctions as provided in this chapter.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-120, filed 3/24/93, effective 4/24/93.]

WAC 246-11-130 Public records. (1) All papers, exhibits, transcripts, and other materials required by or submitted in accordance with this chapter shall be considered public records.

(2) Release of information on a request for public records shall be subject to the following limitations:

(a) Release of health care information shall comply with chapter 70.02 RCW and rules promulgated thereunder;

(b) Protective orders issued pursuant to WAC 246-11-400 shall prevail;

(c) Initiating documents may be released after service upon the license holder or applicant but no other records shall be released until a final order is entered and served; and

(d) Chapter 42.17 RCW shall govern the release of records.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-130, filed 3/24/93, effective 4/24/93.]

WAC 246-11-140 Expenses and witness fees. (1) Fees and expenses shall be paid at the following rates to witnesses appearing under subpoena by the party requesting the appearance:

(a) Fees shall be paid at the daily rate established for jurors in superior court of Thurston County; and

(b) Expenses shall be paid at the rate established for employees of the state of Washington, or as otherwise required by law.

(2) Fees for an expert witness shall be negotiated by and paid by the party requesting services of the expert.

(3) All expenses incurred in connection with proceedings under this chapter shall be paid by the party incurring the expense.

(4) The program shall pay expenses associated with:

(a) The facility in which proceedings are conducted; and

(b) Recording of the proceedings.

(5) Expenses related to preparation and distribution of the transcript of proceedings shall be paid by the party filing a motion or request for review of an initial order or petition for reconsideration, appealing a final order, or otherwise requesting the transcript.

[Statutory Authority: RCW 18.130.050(1), 18.130.060(3) and 34.05.566. 93-08-003 (Order 347), § 246-11-140, filed 3/24/93, effective 4/24/93.]

WAC 246-11-150 Immunity. The legislature has determined that persons who file complaints with or provide information to the department or board regarding health care practitioners licensed by the board or department are immune from civil liability, provided that such persons have acted in good faith. RCW 4.24.240 through 4.24.260, 18.130.170, 18.130.180, and 18.130.300 set forth the provisions under which immunity is granted.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-150, filed 3/24/93, effective 4/24/93.]

WAC 246-11-160 Official notice and agency expertise. (1) Official notice may be taken as provided in RCW 34.05.452(5).

(2) The board, through its designated presiding officer or hearings officer, may use its expertise and specialized knowledge to evaluate and draw inferences from the evidence presented to it.

[Statutory Authority: RCW 18.130.050(1) and 34.05.452(5). 93-08-003 (Order 347), § 246-11-160, filed 3/24/93, effective 4/24/93.]

WAC 246-11-170 Sanctions. (1) Orders may include sanctions against either party.

(2) Grounds for sanctions may include:

(a) Failure to comply with these rules or orders of the presiding officer; and

(b) Willful interference with the progress of proceedings.

(3) Sanctions may include:

(a) Dismissal of the matter;

(b) Proceeding in default; and

(c) Other sanctions as appropriate.

(4) The order shall state the grounds upon which any sanctions are imposed.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-170, filed 3/24/93, effective 4/24/93.]

WAC 246-11-180 Intervention. (1) The presiding officer or hearings officer may grant a petition for intervention pursuant to RCW 34.05.443.

(2) A request to intervene shall be handled as a prehearing motion and shall be subject to the dates contained in the scheduling order. Within the sound exercise of discretion, the presiding officer may allow intervention if:

(a) The intervenor is not a party to the matter but has a substantial interest in outcome of the matter and the interest of the intervenor is not adequately represented by a party, or other good cause exists; and

(b) Any representative of the intervenor meets the requirements of WAC 246-11-070.

(3) A person shall not be allowed to intervene if that person had notice of the board's decision and, upon timely application, would have been able to appear as a party in the matter in which intervention is sought, but failed to make such timely application.

(4) If intervention is granted, the intervenor shall be subject to these rules on the same basis as the other parties to the proceeding, unless otherwise limited in the order granting intervention.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-180, filed 3/24/93, effective 4/24/93.]

WAC 246-11-190 Form of pleadings and orders. (1) Pleadings, orders, and other papers filed, served, or entered under this chapter shall be:

(a) Captioned with the name of the state of Washington, the name of the board, and the title and cause number, if any, of the proceeding; and

(b) Signed by the person filing, serving, or entering the document. When that person is an attorney representing a party, the signature block shall include the attorney's Washington State Bar Association number.

(2) All orders shall comply with RCW 34.05.461 and the requirements of this chapter.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-190, filed 3/24/93, effective 4/24/93.]

WAC 246-11-200 Notice to limited-English-speaking parties. When the program or the office of professional standards is notified or otherwise made aware that a limited-English-speaking person is a party in an adjudicative proceeding, all notices concerning the hearing, including notices of hearing, continuance, and dismissal, shall either be in the primary language of the party or shall include a notice in the primary language of the party which describes the significance of the notice and how the party may receive assistance in understanding and, if necessary, responding to the notice.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-200, filed 3/24/93, effective 4/24/93.]

WAC 246-11-210 Interpreters. (1) A "hearing impaired person" means a person who, because of a hearing impairment or speech defect cannot readily understand or communicate in spoken language. A "hearing impaired person" includes a person who is deaf, deaf and blind, or hard of hearing.

(2) A "limited-English-speaking person" means a person who because of a non-English speaking cultural background cannot readily speak or understand the English language.

(3) If a hearing impaired person or a limited-English-speaking person is involved in an adjudicative proceeding and a need for an interpreter is made known to the office of professional standards, the presiding officer shall appoint an interpreter who is acceptable to the parties or, if the parties are unable to agree on an interpreter, the presiding officer shall select and appoint an interpreter.

(4) Before beginning to interpret, an interpreter shall take an oath or make affirmation that:

(a) A true interpretation shall be made to the impaired person of all the proceedings in a language or in a manner the impaired person understands; and

(b) The interpreter shall repeat the statements of the impaired person to the presiding officer, in the English language, to the best of the interpreter's skill and judgment.

(5) When an interpreter is used in a proceeding:

(a) The interpreter shall translate all statements made by other participants in the proceeding;

(b) The presiding officer shall ensure sufficient extra time is provided to permit translation; and

(c) The presiding officer shall ensure that the interpreter translates the entire proceeding to the hearing impaired person or limited-English-speaking person to the extent that

the person has the same opportunity to understand the statements made as would a person not requiring an interpreter.

(6) An interpreter appointed under this section shall be entitled to a reasonable fee for services, including waiting time and reimbursement for actual necessary travel expenses. The program shall pay the interpreter fee and expenses incurred for interpreters for license holders, applicants, or recipients of benefits. The party on whose behalf a witness requiring an interpreter appears shall pay for interpreter services for that witness.

(7) All proceedings shall be conducted consistent with chapters 2.42 and 2.43 RCW.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-210, filed 3/24/93, effective 4/24/93.]

WAC 246-11-220 Subpoenas. (1) The board, through the presiding officer, hearings officer, or other designated person, and attorneys for parties may issue subpoenas to residents of the state of Washington, to license holders and applicants for license, and to other persons or entities subject to jurisdiction under RCW 4.28.185.

(2) The presiding officer or hearings officer shall issue subpoenas pursuant to RCW 34.05.446(1) for parties not represented by counsel upon request of the party and upon a showing of relevance and reasonable scope of the testimony or evidence sought.

(3) The person on whose behalf the subpoena is issued shall pay any witness fees and expenses as provided in WAC 246-11-140 or costs for interpreters for such witnesses as provided in WAC 246-11-210.

(4) Attendance of persons subpoenaed and production of evidence may be required at any designated place in the state of Washington.

(5) Every subpoena shall:

(a) Comply with WAC 246-11-190;

(b) Identify the party causing issuance of the subpoena;

(c) State the title of the proceeding; and

(d) Command the person to whom the subpoena is directed to attend and give testimony and/or produce designated items under the person's control at a specified time and place.

(6) A subpoena may be served by any suitable person eighteen years of age or older by:

(a) Giving a copy to the person to whom the subpoena is addressed;

(b) Leaving a copy at the residence of the person to whom the subpoena is addressed with a person of suitable age and discretion;

(c) Sending a copy by mail to the current address on file with the program if the person is licensed by the board or has filed an application for a license with the board; or

(d) Sending a copy by certified mail with proof of receipt if the person is neither licensed by nor has applied for a license with the board.

(7) Proof of service may be made by:

(a) Affidavit of personal service;

(b) Certification by the person mailing the subpoena to a license holder or applicant; or

(c) Return or acknowledgment showing receipt by the person subpoenaed or his/her representative. Any person accepting certified or registered mail at the last known address of the person subpoenaed shall be considered an authorized representative.

(8) The presiding officer or hearings officer, upon motion made promptly and before the time specified for compliance in the subpoena, may:

(a) Quash or modify the subpoena if the subpoena is unreasonable or requires evidence not relevant to any matter at issue; or

(b) Condition denial of the motion upon just and reasonable conditions, including advancement of the reasonable cost by the person on whose behalf the subpoena is issued of producing the books, documents, or tangible things; or

(c) Issue a protective order under RCW 34.05.446.

(9) The board may seek enforcement of a subpoena under RCW 34.05.588(1) or proceed in default pursuant to WAC 246-11-280.

[Statutory Authority: RCW 18.130.050(1), 4.24.240, 4.24.250 and 4.24.260. 93-08-003 (Order 347), § 246-11-220, filed 3/24/93, effective 4/24/93.]

WAC 246-11-230 Hearings officer. (1) The board may appoint one or more persons as hearings officer to preside over some or all proceedings under this chapter not required by statute to be conducted by the presiding officer.

(2) Any person appointed as hearings officer shall be an employee of the department.

(3) Decisions and rulings of the hearings officer shall become final rulings unless appealed to the presiding officer as provided in WAC 246-11-550.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-230, filed 3/24/93, effective 4/24/93.]

WAC 246-11-250 Form and content of initiating documents. (1) Initiating documents shall include a clear and concise statement of the:

(a) Identity and authority of the person issuing the document;

(b) Factual basis for the action or proposed action set forth in the document;

(c) Statutes and rules alleged to be at issue;

(d) Identity of the party against whom the action is taken or proposed to be taken;

(e) Action or proposed action or penalties, including the statutory or rule authority for those actions or penalties; and

(f) Signature of the person issuing the document and the date signed.

(2) Initiating documents shall be accompanied by the following documents:

(a) Notice that the respondent may defend against the action or proposed action; and

(b) Form for requesting adjudicative proceeding.

(3) Initiating documents shall be served as described in WAC 246-11-080.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-250, filed 3/24/93, effective 4/24/93.]

WAC 246-11-260 Amendment of initiating documents. (1) Prior to the hearing date, initiating documents may be amended subject to the following conditions:

(a) Amended initiating documents shall meet the requirements of WAC 246-11-250(1);

(b) Amended initiating documents shall be accompanied by the documents described in WAC 246-11-250(2);

(c) Whenever amended initiating documents are issued, a new interval for response will begin, as described in WAC 246-11-270, unless the amendment benefits the respondent; and

(d) Issuance of amended initiating documents ends all obligations of the parties under the prior initiating documents.

(2) On the hearing date, the initiating documents may be amended subject to the following conditions:

(a) The documents may be amended upon motion of the state;

(b) The documents may not be amended without the approval of the presiding officer; and

(c) Upon motion of a party or upon his/her own initiative, the presiding officer may grant a continuance on all or part of the matter if necessary to afford the respondent an opportunity to prepare a defense to the amended documents.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-260, filed 3/24/93, effective 4/24/93.]

WAC 246-11-270 Request for adjudicative proceeding. A respondent may respond to an initiating document by filing an application for an adjudicative proceeding or by waiving the opportunity for adjudicative proceeding.

(1) If the respondent wishes to file an application for an adjudicative proceeding:

(a) An application for adjudicative proceeding must be filed in accordance with the following time periods:

(i) For matters under chapter 18.130 RCW, the Uniform Disciplinary Act, within twenty days of service of the initiating documents; and

(ii) For all other matters, within twenty-eight days of service of the initiating documents, unless otherwise provided by statute.

(b) The application for adjudicative proceeding shall be made on the Request for Adjudicative Proceeding form accompanying the initiating documents or by a written document including substantially the same information.

(c) By filing a request for adjudicative proceeding, the responding party agrees to appear personally at the adjudicative proceeding or, if otherwise approved by the presiding officer, by telephone, unless appearance is waived as authorized in WAC 246-11-130(4).

(d) The application for adjudicative proceeding shall contain a response to the initiating documents, indicating whether each charge is admitted, denied or not contested, and responses shall be subject to the following conditions:

(i) Once admitted or not contested, an allegation may not be denied; and

(ii) An allegation denied or not contested may later be admitted.

(e) When an allegation is admitted or not contested, it shall be conclusively deemed to be true for all further proceedings. No proof of the allegation need be submitted.

(f) The application for adjudicative proceeding shall specify the representative, if any, designated pursuant to WAC 246-11-070 and any request for interpreter. The responding party shall amend the name of the representative and need for interpreter immediately if circumstances change prior to the hearing.

(g) The application for adjudicative proceeding shall be filed at the board's office.

(2) A respondent may waive an adjudicative proceeding and submit a written statement and other documents in defense or in mitigation of the charges. Such waiver and documents shall be filed:

(a) In accordance with the timelines in subsection (1)(a) of this section; and

(b) At the address indicated in subsection (1)(g) of this section.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-270, filed 3/24/93, effective 4/24/93.]

WAC 246-11-280 Default. (1) If a party fails to respond to initiating documents according to WAC 246-11-270, that party will be deemed to have waived the right to a hearing, and the board shall enter a final order without further contact with that party.

(2) If a party requests an adjudicative proceeding but fails to appear, without leave to do so, at a scheduled settlement or prehearing conference, the presiding officer or hearings officer may issue an order of default. The order shall include notice of opportunity to request that the default order be vacated pursuant to RCW 34.05.440(3).

(3) If a party requests an adjudicative proceeding but fails to appear at the hearing, the presiding officer may issue an order of default in the same manner as subsection (2) of this section, or may proceed to hear the matter in the absence of the party and issue a final order.

(4) Final orders entered under this section shall contain:

(a) Findings of fact and conclusions of law based upon prima facie proof of the allegations contained in the initiating documents;

(b) A finding that there is no reason to believe that the party in default is in active military service;

(c) The penalties or conditions imposed by the order; and

(d) Notice of the opportunity to request reconsideration pursuant to RCW 34.05.470.

(5) Final and default orders entered under this section shall be served upon the parties in accordance with WAC 246-11-080.

[Statutory Authority: RCW 18.130.050(1), 34.05.220, 34.05.440 and 34.05.470. 93-08-003 (Order 347), § 246-11-280, filed 3/24/93, effective 4/24/93.]

WAC 246-11-290 Scheduling orders. (1) Within thirty days after receipt of the application for adjudicative proceeding, the board or designee thereof, shall:

(a) Examine the application;

(b) Notify the respondent of any obvious errors or omissions;

(c) Request any additional information the board or designee wishes or is permitted by law to require; and

(d) Notify the respondent of the name, mailing address, and telephone number of an office that may be contacted regarding the application.

(2) Within ninety days after receipt of any additional information required to be submitted under subsection (1)(c) of this section or receipt of an application without obvious errors or omissions, whichever comes later, the board or designee shall:

(a) Approve the application for full adjudicative procedure and issue and serve on the parties a notice of the date, time, and place of the hearing; or

(b) Approve the application for a brief adjudicative procedure and issue and serve a notice of the date by which any additional written materials are to be submitted for consideration; or

(c) Deny the application according to RCW 34.05.416.

(3) The presiding officer or hearings officer may issue a scheduling order governing the course of the proceeding and the scheduling order may be modified by order of the presiding officer or hearings officer.

[Statutory Authority: RCW 18.130.050(1) and 34.05.419. 93-08-003 (Order 347), § 246-11-290, filed 3/24/93, effective 4/24/93.]

WAC 246-11-300 Conduct of emergency adjudicative proceedings. (1) Summary action may be taken only after a review by the board or designee of such evidence, including affidavits, if appropriate, to establish:

(a) The existence of an immediate danger to the public health, safety, or welfare;

(b) The board's ability to address the danger through a summary action, and

(c) The summary action necessary to address the danger.

(2) No notice to any person potentially affected by a summary action shall be required prior to issuance of a summary action.

[Statutory Authority: RCW 18.130.050(1), 34.05.422 and 34.05.479. 93-08-003 (Order 347), § 246-11-300, filed 3/24/93, effective 4/24/93.]

WAC 246-11-310 Effect of summary action. (1) Summary action takes effect upon entry of the order.

(2) No person shall be required to comply with a summary action until service has been made or the person has knowledge of the order, whichever occurs first.

(3) A summary action shall be served as promptly as practicable, in accordance with WAC 246-11-080.

(4) A summary action shall not be subject to the post hearing process provided in WAC 246-11-550 through 246-11-610, but a summary action may be appealed to superior court as provided by law.

[Statutory Authority: RCW 18.130.050(1), 34.05.422 and 34.05.479. 93-08-003 (Order 347), § 246-11-310, filed 3/24/93, effective 4/24/93.]

WAC 246-11-320 Form and content of summary actions. (1) A summary action shall be entered in the form of an order containing findings of fact, conclusions of law, and the summary action imposed, as well as a statement of policy reasons for the decision.

(2) A summary action imposed by emergency adjudicative proceeding shall be limited to those actions necessary to alleviate an immediate danger to the public health, safety, or welfare.

(3) Initiating documents, and all other documents required by WAC 246-11-250 shall accompany a summary action order when served.

[Statutory Authority: RCW 18.130.050(1), 34.05.473 and 34.05.479. 93-08-003 (Order 347), § 246-11-320, filed 3/24/93, effective 4/24/93.]

WAC 246-11-330 Adjudicative proceedings upon summary action. Following summary action taken by the board, the respondent may:

(1) Request a prompt adjudicative proceeding conducted in accordance with this chapter; or

(2) Waive the prompt adjudicative proceeding and request an adjudicative proceeding conducted in accordance with this chapter;

(3) Waive the right to an adjudicative proceeding and submit a written statement to be considered prior to the entry of the final order; or

(4) Waive the opportunity to be heard.

[Statutory Authority: RCW 18.130.050(1) and 34.05.479. 93-08-003 (Order 347), § 246-11-330, filed 3/24/93, effective 4/24/93.]

WAC 246-11-340 Opportunity for prompt adjudicative proceeding. (1) Any respondent affected by a summary action shall be provided the opportunity to request a prompt adjudicative proceeding. Notice of the opportunity shall be provided in the notice of opportunity to defend against the allegations that are the basis for the summary action. The form for requesting an adjudicative proceeding shall include the option of requesting a prompt adjudicative proceeding.

(2) Any respondent affected by a summary action may request an prompt adjudicative proceeding, may elect a regularly scheduled adjudicative proceeding in lieu of a prompt adjudicative proceeding, or may waive the opportunity for adjudicative proceeding in accord with WAC 246-11-270.

(3) Any request for a prompt adjudicative proceeding must be filed within ten days of the service of the summary action.

(4) If requested by the respondent, a prompt adjudicative proceeding shall be conducted within twenty days of service of a summary action.

(5) Regardless whether a prompt adjudicative proceeding is requested, the matter shall be resolved as quickly as feasible in accordance with all other applicable rules.

[Statutory Authority: RCW 18.130.050(1) and 34.05.479. 93-08-003 (Order 347), § 246-11-340, filed 3/24/93, effective 4/24/93.]

WAC 246-11-350 Proceedings prior to prompt adjudicative proceeding. A settlement conference may be requested, a settlement may be offered, and a prehearing conference may be conducted prior to a prompt adjudicative proceeding. Prehearing proceedings shall not delay a prompt adjudicative proceeding except by mutual agreement of the parties.

[Statutory Authority: RCW 18.130.050(1) and 34.05.479. 93-08-003 (Order 347), § 246-11-350, filed 3/24/93, effective 4/24/93.]

WAC 246-11-360 Settlement conference. (1) Following a request for an adjudicative proceeding, the presiding officer or hearings officer may schedule a settlement conference. The parties shall be notified of the date, time, and place of the settlement conference.

(2) The purpose of the settlement conference shall be to attempt to reach agreement on the issues and the order to be entered. Any agreement of the parties is subject to final approval by the board.

(3) The respondent shall attend the settlement conference as scheduled and may also be represented as provided in WAC 246-11-070. Representatives of the board and/or department will also attend. Other persons may attend by agreement of the parties.

(4) Either party may bring documents or other materials to the settlement conference for the purpose of settlement negotiations. No testimony will be taken. No documents or information submitted at the settlement conference will be admitted at the adjudicative proceeding unless stipulated by the parties or otherwise admitted into evidence by the presiding officer.

(5) If a settlement offer has been made in writing to the respondent and it is signed and returned by the respondent to the board prior to the settlement conference, all subsequent scheduled dates are continued pending final review of the settlement by the board.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-360, filed 3/24/93, effective 4/24/93.]

WAC 246-11-370 Discovery. The parties are encouraged to exchange information and documents related to the case prior to the adjudicative proceeding. Formal discovery may be had at the discretion of the presiding officer.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-370, filed 3/24/93, effective 4/24/93.]

WAC 246-11-380 Motions. (1) The presiding officer shall rule on motions or may appoint a hearings officer to rule on motions. The presiding officer or hearings officer may rule on motions without oral argument or may request or permit the parties to argue the motion in person or by telephone. Oral argument may be limited in time at the discretion of the presiding officer.

(2) All prehearing motions, including discovery and evidentiary motions, shall be made in writing to the presiding officer or hearings officer prior to the dates set in the scheduling order.

(3) Motions for continuance must be made in writing within forty-five days following service of the scheduling order. If the adjudicative proceeding is scheduled to take place fewer than forty-five days from service of the scheduling order, motions for continuance must be made within ten days of service of the scheduling order. In no event shall a motion for continuance be made fewer than five days prior to the hearing.

(4) The presiding officer or hearings officer may grant a continuance when a motion for continuance is not submitted within the time limits contained in subsection (3) of this section in a bona fide emergency.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-380, filed 3/24/93, effective 4/24/93.]

WAC 246-11-390 Prehearing conference. (1) The presiding officer or hearings officer may schedule a prehearing conference to be held prior to the hearing. Parties shall be notified of the time and place of the conference in the scheduling order.

(2) The presiding officer or hearings officer shall conduct the prehearing conference and shall issue rulings related to prehearing motions and evidentiary issues. The rulings shall govern the conduct of subsequent proceedings.

(3) The prehearing conference shall be recorded unless recording is waived by the parties. All offers of proof and objections concerning matters raised at the prehearing conference must be made on the record at the prehearing conference.

(4) Following the prehearing conference, the presiding officer or hearings officer shall issue a written prehearing order which will:

(a) Identify the issues to be considered at the hearing and indicate which party has the burden of proof on these issues;

(b) Specify the facts which are admitted or not contested by the parties;

(c) Identify those documents and exhibits that will be admitted at hearing and those which may, by agreement, be distributed prior to hearing;

(d) Identify expert and lay witnesses that may be called at hearing and the issues to which those witnesses may testify;

(e) Rule on motions;

(f) Accept amendments to the pleadings;

(g) Address such other issues or matters as may be reasonably anticipated to arise and which may aid in the disposition of the proceedings; and

(h) Rule on objections made in any preserved testimony.

(5) Following the prehearing conference, the presiding officer or hearings officer may issue an order directing that the matter be heard as a brief adjudicative proceeding, pursuant to WAC 246-11-420 through 246-11-450.

(6) Documentary evidence not offered in the prehearing conference shall not be received into evidence at the adjudicative proceeding in the absence of a clear showing that the offering party had good cause for failing to produce the evidence at the prehearing conference.

(7) Witnesses not identified during the prehearing conference shall not be allowed to testify at the adjudicative proceeding in the absence of a clear showing that the party offering the testimony of such witness had good cause for failing to identify the witness at the prehearing conference.

(8) If the authenticity of documents submitted at the prehearing conference is not challenged at the prehearing conference, the documents shall be deemed authentic. However, a party shall be permitted to challenge such authenticity at a later time upon a clear showing of good cause for failure to object at the prehearing conference.

(9) Nothing in these rules shall prohibit the presiding officer or hearings officer from conducting a conference at any time, including during the hearing. The presiding officer or hearings officer shall state on the record the results of such conference.

(10) A party bound by a stipulation or admission of record may withdraw it in whole or in part only upon a determination by the presiding officer or hearing officer that:

(a) The stipulation or admission was made inadvertently or as a bona fide mistake of fact or law; and

(b) The withdrawal will not unjustly prejudice the rights of the other parties.

(11) In an appeal to superior court involving issues addressed in the prehearing order, the record of the prehearing conference, the prehearing order and any orders issued by the presiding officer pursuant to WAC 246-11-380, shall be the record.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-390, filed 3/24/93, effective 4/24/93.]

WAC 246-11-400 Protective orders. The presiding officer or hearings officer may issue a protective order at his or her discretion:

(1) To protect a party or person from annoyance, embarrassment, oppression, or undue burden or expense;

(2) To preserve confidentiality related to health care records or provider-client information;

(3) To protect examination processes;

(4) To protect the identity of a person supplying information to the department or board where the person indicates a desire for nondisclosure unless that person testifies or has been called to testify at an adjudicative proceeding; or

(5) To comply with applicable state or federal law.

[Statutory Authority: RCW 18.130.050(1) and 34.05.446. 93-08-003 (Order 347), § 246-11-400, filed 3/24/93, effective 4/24/93.]

WAC 246-11-420 Application of brief adjudicative proceedings. (1) If an adjudicative proceeding has been requested, a brief adjudicative proceeding will be conducted where the matter involves one or more of the following:

(a) A determination of whether an applicant for a license meets the minimum criteria for an unrestricted license and the board proposes to deny such a license or to issue a restricted license;

(b) A determination as to whether a person is in compliance with the terms and conditions of a final order previously issued by the board; and

(c) Any approval of a school or curriculum when such approval by the board is required by statute or rule.

(2) If an adjudicative proceeding has been requested, a brief adjudicative proceeding may be conducted at the discretion of the presiding officer when it appears that:

(a) Only legal issues exist; or

(b) Both parties have agreed to a brief proceeding; and

(c) The protection of the public interest does not require that the board provide notice and an opportunity to participate to persons other than the parties.

[Statutory Authority: RCW 18.130.050(1) and 34.05.482. 93-08-003 (Order 347), § 246-11-420, filed 3/24/93, effective 4/24/93.]

WAC 246-11-430 Conduct of brief adjudicative proceedings. (1) Brief adjudicative proceedings shall be conducted by a presiding officer or hearings officer designated by the board. The presiding officer or hearings officer shall have agency expertise in the subject matter but shall not have personally participated in the decision to issue the initiating document.

(2) The parties or their representatives may present written documentation. The presiding officer or hearings officer shall designate the date by which written documents must be submitted by the parties.

(3) The presiding officer or hearings officer may, in his or her discretion, entertain oral argument from the parties or their representatives.

(4) No witnesses may appear to testify.

(5) In addition to the record, the presiding officer or hearings officer may consider health care expertise as a basis for decision.

(6) Within fifteen days of the final date for submission of materials or oral argument, if any, the presiding officer or hearings officer shall enter an initial order in accordance with WAC 246-11-540.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-430, filed 3/24/93, effective 4/24/93.]

WAC 246-11-440 Effectiveness of orders on brief adjudicative proceedings. (1) Initial orders on brief adjudicative proceedings shall become final twenty-one days after service of the order unless:

(a) Review has been requested pursuant to WAC 246-11-550; or

(b) On its own initiative, the board determines to review the matter and provides notice to the parties of the date by which a determination shall be made.

(2) If review is taken under subsection (1) of this section, a written order containing findings of fact, conclusions of law, and order shall be entered and served upon the parties.

[Statutory Authority: RCW 18.130.050(1), 34.05.455, 34.05.485, 34.05.488 and 34.05.491. 93-08-003 (Order 347), § 246-11-440, filed 3/24/93, effective 4/24/93.]

WAC 246-11-450 Agency record in brief proceedings. The agency record of brief adjudicative proceedings shall consist of:

(1) All initiating documents including the notice of opportunity to defend;

(2) The request for adjudicative proceeding;

(3) All documents submitted in the proceeding;

(4) Any transcript or recording of any testimony or arguments presented; and

(5) All orders issued in the case.

[Statutory Authority: RCW 18.130.050(1) and 34.05.494. 93-08-003 (Order 347), § 246-11-450, filed 3/24/93, effective 4/24/93.]

WAC 246-11-470 Notice of adjudicative proceeding. Notice of an adjudicative proceeding shall be issued pursuant to RCW 34.05.434.

[Statutory Authority: RCW 18.130.050(1) and 34.05.434. 93-08-003 (Order 347), § 246-11-470, filed 3/24/93, effective 4/24/93.]

WAC 246-11-480 Conduct of adjudicative proceeding. (1) The adjudicative proceeding shall be conducted as provided in RCW 34.05.449 through 34.05.455.

(2) The presiding officer may take the following actions to the extent not already determined in a prehearing order:

(a) Conduct the hearing de novo;

(b) Determine the order of presentation of evidence;

(c) Administer oaths and affirmations;

(d) Issue subpoenas;

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

(f) Receive relevant evidence;

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

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

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

(j) Determine whether to permit or require oral argument or briefs and determine the time limits for submission thereof;

(k) Permit photographic and recording equipment at hearing subject to conditions necessary to preserve confidentiality and prevent disruption;

(l) Permit a person to waive any right conferred upon that person by chapter 34.05 RCW or this chapter, except as precluded by law; and

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

(3) The presiding officer shall:

(a) Apply as the first source of law governing an issue those statutes and rules deemed applicable to the issue;

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

(c) Not declare any statute or rule invalid.

(4) If the validity of any statute or rule is raised as an issue, the presiding officer may permit arguments to be made on the record concerning the issue for the purpose of subsequent review.

(5) A party may move to disqualify the presiding officer pursuant to RCW 34.05.425(3).

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-480, filed 3/24/93, effective 4/24/93.]

WAC 246-11-490 Evidence. (1) The presiding officer shall rule on objections to the admissibility of evidence pursuant to RCW 34.05.452 unless those objections have been addressed in the prehearing order.

(2) The refusal of a witness to answer any question ruled proper shall be grounds for the presiding officer, at his/her discretion, to strike some or all prior testimony by that witness on related matters or to grant a continuance to allow a party to seek a court order to compel the witness to answer.

(3) Each person called as a witness in an adjudicative proceeding shall swear or affirm that the evidence about to be given in the adjudicative proceeding shall be the truth under the provisions of RCW 5.28.020 through 5.28.060.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-490, filed 3/24/93, effective 4/24/93.]

WAC 246-11-500 Proposed order. At the conclusion of the hearing or by a date specified by the presiding officer, each party shall submit to the presiding officer proposed findings of fact and conclusions of law and a proposed order, except as may be ordered by the presiding officer.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-500, filed 3/24/93, effective 4/24/93.]

WAC 246-11-510 Issuance of final order. If the adjudicative proceeding is conducted by a presiding officer authorized to make the final decision, the presiding officer shall:

(1) Issue a final order containing findings of fact and conclusions of law and an order; and

(2) Serve a copy of the order on each party and any designated representative of the party.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-510, filed 3/24/93, effective 4/24/93.]

WAC 246-11-520 Standard of proof. The order shall be based on the kind of evidence upon which reasonably prudent persons are accustomed to rely in the conduct of their affairs. In all cases involving an application for license the burden shall be on the applicant to establish that the application meets all applicable criteria. In all other cases the burden is on the department to prove the alleged factual basis set forth in the initiating document. Except as otherwise provided by statute, the burden in all cases is a preponderance of the evidence.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-520, filed 3/24/93, effective 4/24/93.]

WAC 246-11-530 Consolidated proceedings. (1) When two or more applications for adjudicative proceeding involve a similar issue, the applications may be consolidated by the presiding officer or hearings officer and the hearings conducted together. The presiding officer or hearings officer may consolidate on his/her own motion or upon the request of a party.

(2) A party scheduled for a consolidated proceeding may request to withdraw from the consolidated proceeding in favor of an individual proceeding. A request to withdraw from a consolidated proceeding shall be granted if the motion is filed before the presiding officer or hearings officer has made any discretionary ruling in the matter and before the hearing date. The presiding officer or hearings officer may grant a motion to withdraw from a consolidated proceeding at any time when good cause is shown.

(3) Each respondent in a consolidated proceeding shall retain the right to representation.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-530, filed 3/24/93, effective 4/24/93.]

WAC 246-11-540 Initial order. If the adjudicative proceeding is conducted by a presiding officer who is not authorized to make the final decision, the presiding officer shall:

(1) Issue an initial order containing proposed findings of fact, conclusions of law, and a proposed order;

(2) Serve a copy of the initial order on each party and any designated representative of a party; and

(3) Forward the initial order and record of the adjudicative proceeding to the office of the board.

[Statutory Authority: RCW 18.130.050(1). 93-08-003 (Order 347), § 246-11-540, filed 3/24/93, effective 4/24/93.]

WAC 246-11-550 Appeal from initial order. (1) Any party may file a written petition for administrative review of an initial order issued under WAC 246-11-430 or WAC 246-11-540 stating the specific grounds upon which exception is taken and the relief requested.

(2) Petitions for administrative review must be served upon the opposing party and filed with the office of the board within twenty days of service of the initial order.

(3) Within twenty days of service of a petition for administrative review is filed as provided in this section, the opposing party may file a response at the place specified in subsection (2) of this section. The party filing the response shall serve a copy of the response upon the party requesting administrative review.

[Statutory Authority: RCW 18.130.050(1) and 34.05.464. 93-08-003 (Order 347), § 246-11-550, filed 3/24/93, effective 4/24/93.]

WAC 246-11-560 Final orders. (1) The form and content of final orders shall be as follows:

(a) Final orders shall contain findings of fact, conclusions of law, and an order, and shall be signed by the presiding officer.

(b) Final orders may adopt by reference the initial order in whole or in part.

(c) Final orders may modify or revise the initial order in whole or in part.

(2) Final orders shall be served upon the parties and their representatives as provided in WAC 246-11-080.

(3) Final orders shall be issued following:

(a) A review of the record;

(b) A review of the initial order, if any;

(c) A review of any request for review of the initial order and any response thereto; and

(d) Consideration of protection of the public health and welfare.

(4) Unless a later date is stated in the final order, final orders shall be effective when entered but a party shall not be required to comply with a final order until the order is served upon that party.

(5) Final orders may contain orders that specified portions of the agency record shall not be disclosed as public records if necessary to protect privacy interests, the public welfare, or vital governmental functions. Such orders shall include but are not limited to protective orders issued during the proceeding or pursuant to WAC 246-11-400.

[Statutory Authority: RCW 18.130.050(1), 34.05.464, 34.05.473 and chapter 42.17 RCW. 93-08-003 (Order 347), § 246-11-560, filed 3/24/93, effective 4/24/93.]

WAC 246-11-570 Stay of final orders. No final order will be stayed except by its own terms or by order of a court of competent jurisdiction.

[Statutory Authority: RCW 18.130.050(1) and 34.05.467. 93-08-003 (Order 347), § 246-11-570, filed 3/24/93, effective 4/24/93.]

WAC 246-11-580 Reconsideration of final orders. (1) Within ten days of service of a final order, either party may file a petition for reconsideration, stating the specific grounds upon which reconsideration is requested and the relief requested.

(2) Grounds for reconsideration shall be limited to:

(a) Specific errors of fact or law; or

(b) Implementation of the final order would require department activities inconsistent with current department practice.

(3) Petitions for reconsideration must be served upon the opposing party and filed with the office of the board within ten days of service of the final order.

(4) If reconsideration is requested based on an error of fact, the request for reconsideration shall contain specific reference to the record. If reconsideration is requested based on testimony of record, the party requesting consideration shall submit a copy of the transcript of the adjudicative proceeding or shall specify the date by which the transcript will be submitted, and shall submit specific reference to the transcript by a date determined by the presiding officer.

(5) The petition for reconsideration is denied if, within twenty days of the date the petition is filed, the presiding officer:

(a) Denies the petition;

(b) Does not act upon the petition; or

(c) Does not serve the parties with notice of the date by which he/she will act on the petition.

(6) If the presiding officer determines to act upon the petition, the opposing party shall be provided at least ten days in which to file a response to the petition.

(7) Disposition of petitions for reconsideration shall be in the form of a written order denying the petition, granting the petition and dissolving or modifying the final order, or granting the petition and setting the matter for further proceedings.

[Statutory Authority: RCW 18.130.050(1) and 34.05.470. 93-08-003 (Order 347), § 246-11-580, filed 3/24/93, effective 4/24/93.]

WAC 246-11-590 Agency record of adjudicative proceedings. (1) The department shall maintain an official record of each adjudicative proceeding.

(2) The record shall include:

(a) Notices of all proceedings;

(b) Any prehearing order;

(c) Any motions, pleadings, briefs, petitions, requests, and rulings thereon;

(d) Evidence received or considered;

(e) A statement of matters officially noted;

(f) Offers of proof and objections and rulings thereon;

(g) Any proposed findings, requested orders, and exceptions;

(h) Any recording of the hearing and any transcript of all or part of the hearing considered before final disposition of the matter;

(i) Any final order, initial order, or order on reconsideration; and

(j) Matters placed on the record following an ex parte communication, if any.

(3) The record shall be subject to disclosure as provided by RCW 42.17.250 through 42.17.340, and by WAC 246-11-

130, except as limited by protective orders and orders contained in the final order.

[Statutory Authority: RCW 18.130.050(1), 34.05.476 and chapter 42.17 RCW. 93-08-003 (Order 347), § 246-11-590, filed 3/24/93, effective 4/24/93.]

WAC 246-11-600 Judicial review. (1) Judicial review of actions taken under this chapter shall be as provided in RCW 34.05.510 et seq.

(2) Notice of the opportunity for judicial review shall be provided in all final orders.

[Statutory Authority: RCW 18.130.050(1) and 34.05.510. 93-08-003 (Order 347), § 246-11-600, filed 3/24/93, effective 4/24/93.]

WAC 246-11-610 Vacating an order for reason of default or withdrawal. (1) A party against whom an order for reason of default is entered shall have the right to file a written petition requesting that the order be vacated.

(2) The petition to vacate shall state the grounds relied upon.

(3) The petition shall be filed at the office of the board.

(4) If, in the opinion of the presiding officer, good cause to grant the motion to vacate is shown, the presiding officer shall grant the motion and reinstate the application for adjudicative proceeding and may impose conditions on licensure pending final adjudication of the matter.

[Statutory Authority: RCW 18.130.050(1) and 34.05.220. 93-08-003 (Order 347), § 246-11-610, filed 3/24/93, effective 4/24/93.]

Chapter 246-100 WAC
COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

246-100-011 Definitions.
246-100-041 Responsibilities and duties—State health officer.
246-100-042 Reporting of blood lead levels.
246-100-076 Reportable diseases and conditions.
246-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases.

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

(1) "Acquired immunodeficiency syndrome (AIDS)" means illness, disease, or conditions defined and described by the Centers for Disease Control, U.S. Public Health Service, Morbidity and Mortality Weekly Report (MMWR), December 18, 1992, Volume 41, Number RR-17.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(16) "Health care facility" means:

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

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

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

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

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

(18) "HIV testing" means conducting a laboratory test or sequence of tests to detect the human immunodeficiency virus (HIV) or antibodies to HIV performed in accordance with requirements to WAC 246-100-207. To assure that the protection, including but not limited to, pre- and post-test counseling, consent, and confidentiality afforded to HIV testing as described in chapter 246-100 WAC also applies to the enumeration of CD4+ (T4) lymphocyte counts (CD4+ counts) and CD4+ (T4) percents of total lymphocytes (CD4+ percents) when used to diagnose HIV infection, CD4+ counts and CD4+ percents will be presumed HIV testing except when shown by clear and convincing evidence to be for use in the following circumstances:

(a) Monitoring previously diagnosed infection with HIV;

(b) Monitoring organ or bone marrow transplants;

(c) Monitoring chemotherapy;

(d) Medical research; or

(e) Diagnosis or monitoring of congenital immunodeficiency states or autoimmune states not related to HIV.

The burden of proving the existence of one or more of the circumstances identified in (a) through (e) of this subsection shall be on the person asserting such existence.

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

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

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

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

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

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

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

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

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

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

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

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

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

(e) Appropriate referral for other community support services.

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

(a) Helping an individual to understand:

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

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

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

(iv) The dangers of HIV infection; and

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

(29) "Principal health care provider" means the attending physician or other health care provider recognized as primarily responsible for diagnosis and treatment of a patient or, in the absence of such, the health care provider initiating diagnostic testing or therapy for a patient.

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

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

(32) "School" means a facility for programs of education as defined in RCW 28A.210.070 (preschool and kindergarten through grade twelve).

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

(a) Acute pelvic inflammatory disease;

(b) Chancroid;

(c) Chlamydia trachomatis infection;

(d) Genital and neonatal herpes simplex;

(e) Genital human papilloma virus infection;

(f) Gonorrhea;

(g) Granuloma inguinale;

(h) Hepatitis B infection;

(i) Human immunodeficiency virus infection (HIV) and acquired immunodeficiency syndrome (AIDS);

(j) Lymphogranuloma venereum;

(k) Nongonococcal urethritis (NGU); and

(l) Syphilis.

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

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

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

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

[Statutory Authority: Chapter 70.24 RCW. 93-08-036 (Order 354B), § 246-100-011, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050 and 70.24.130. 92-02-019 (Order 225B), § 246-100-011, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-100-011, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.24 RCW. 89-07-095 (Order 325), § 248-100-011, filed 3/22/89; 88-17-057 (Order 317), § 248-100-011, filed 8/17/88. Statutory Authority: RCW 43.20.050. 88-07-063 (Order 308), § 248-100-011, filed 3/16/88; 87-11-047 (Order 302), § 248-100-011, filed 5/19/87.]

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

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

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

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

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

(A) Additional reporting requirements, and

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

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

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

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

(A) Actions required, and

(B) Reason for the addition.

(c) Eliminate the requirement for laboratories to report CD4+ counts and CD4+ percents as specified in WAC 246-100-236 if state and federal funding of HIV/AIDS-related health services do not depend on numbers of reported AIDS cases or if less than ten percent of cases reported are discovered through laboratory reporting of CD4+ count and CD4+ percent results.

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

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

[Statutory Authority: Chapter 70.24 RCW. 93-08-036 (Order 354B), § 246-100-041, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-041, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-041, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-041, filed 5/19/87.]

WAC 246-100-042 Reporting of blood lead levels. (1) Pursuant to WAC 246-100-041, the state health officer finds as follows:

(a) Adverse health effects resulting from elevated levels of lead in the blood has been acknowledged as a public health concern throughout the United States;

(b) Epidemiologic investigation based on reports of the results of blood level tests may contribute to the understanding of the condition, its prevalence within the state of Washington, and especially the extent to which the condition affects both children and those who may be exposed to lead in the work place;

(c) Rapid follow-up and appropriate management of potentially hazardous blood lead levels is necessary to assure safe public health, and assists in development of programs to prevent future lead over-exposure.

(2) **Definitions.** For the purposes of this section, the following words and phrases have the following meanings:

(a) "Blood lead level" means a measurement of lead content in whole blood.

(b) "Reporting organization" means any medical laboratory which performs blood lead analysis at a site within the state of Washington; or any individual or organization which sends blood specimens to an out-of-state medical laboratory for lead testing, including in-state organizations which receive blood specimens from other in-state individuals or organizations, and then send those specimens to an out-of-state testing laboratory.

(c) "Testing laboratory" means a medical laboratory which performs a blood lead analysis.

(3) **Reporting of blood lead levels.**

(a) A reporting organization shall report all blood lead levels to the department of health, including those which are within normal limits. The department of health shall send a copy of any report with a blood lead level equal to or greater than 40 micrograms per deciliter in adults, or equal to or greater than 10 micrograms per deciliter in children less than 15 years of age, to the local health department serving the jurisdiction in which the tested person resides.

(b) An individual or organization which sends blood specimens to an out-of-state laboratory may fulfill its reporting obligation by arranging for the testing laboratory to submit adequate reports.

(c) Reports shall be made in a format approved by the department.

(d) For blood lead levels equal to or greater than 40 micrograms per deciliter for adults, or equal to or greater than 20 micrograms per deciliter in children less than 15 years of age, the department must be notified by telephone, fax or mail within seven calendar days of the date test was performed, or if the test was performed by an out-of-state laboratory the date when the test result was received. Telephone reports must be supplemented by a written report submitted no later than the fifth business day of the next month after the telephone contact. In event age of patient is not known, the reporting organization shall follow the reporting schedule for children less than 15 years of age.

(e) For blood lead levels equal to or greater than 20 micrograms per deciliter in adults, or equal to or greater than

10 micrograms per deciliter in children less than 15 years of age, a report shall be made to the department no later than the fifth business day of the next month after the month in which the test was performed, or if the test was performed by an out-of-state laboratory the month during which the test result was received. In the event age of patient is not known, the reporting organization shall follow the reporting schedule for children less than 15 years of age.

(f) Information to be reported to the department for blood lead levels specified in parts (3)(d) and (3)(e) shall include the following:

(i) Name of the person tested;

(ii) Name of the reporting organization;

(iii) Name of the testing laboratory;

(iv) Date specimen received;

(v) Blood lead level of person tested;

(vi) Name of health care provider ordering test;

(vii) Address or telephone number of health care provider ordering test, if available;

(viii) Date of birth or the age of the person tested, if available;

(ix) Sex of person tested, if available;

(x) Race and ethnicity of person tested, if available;

(xi) Whether blood specimen is venous or capillary, if available;

(xii) Free erythrocyte or zinc protoporphyrin or zinc protoporphyrin/heme ratio, if performed, when available;

(xiii) Address and occupation of the person tested, or if a child the parents' occupation, if available;

(xiv) Name, address and telephone number of the employer, or if a child the parents' employer, if available;

(g) For all other blood lead levels, the reporting organization must either report the information specified in (3)(f) or submit a monthly summary report by the fifth day of the next month. The monthly summary must be categorized by the number of tests performed on specimens for children less than 15 years of age, the number of tests performed for individuals 15 years of age or older and the number of tests performed where patient's age is unknown. In each category the number of tests must be sorted by one of the following geographic indicators: patient county of residence, or patient postal zip code of residence, or provider county of practice, or provider postal zip code of practice.

(4) **Responsibilities of health care providers.** Upon request of a representative of the department of health or the department of labor and industries, a health care provider who has ordered a blood lead test shall provide the patient's address and telephone number to the department of health or the department of labor and industries, and when known the following information:

(a) Circumstances of lead exposure;

(b) Employer's name, address and telephone number, or, if a child, the same information on the employers of the parents;

(c) Occupation of person tested, or, if a child, occupation of parents;

(d) Type of industry of employer of person tested, or, if a child, type of industry of the employers of the parents;

(e) Reason for drawing lead level.

(5) **Confidentiality.**

(a) The medical laboratory report and all patient information provided by the health care provider shall be maintained in a confidential manner as with other disease reports and are not subject to public disclosure in any form under which the patient may be identified.

(b) The department of labor and industries shall have full access to information collected pursuant to this section, for the purposes of research, analysis, and follow-up of blood lead levels.

(6) This rule shall apply to tests performed for blood specimens drawn between May 15, 1993 and May 14, 1996.

[Statutory Authority: RCW 43.20.050(3). 93-10-038 (Order 358), § 246-100-042, filed 4/28/93, effective 5/29/93.]

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

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

(i) Anthrax,

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

(iii) Cholera,

(iv) Diphtheria, noncutaneous,

(v) Measles (rubeola),

(vi) Paralytic shellfish poisoning,

(vii) Plague,

(viii) Poliomyelitis, and

(ix) Rabies.

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

(i) Brucellosis,

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

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

(iv) Hepatitis A and B, acute,

(v) Leptospirosis,

(vi) Listeriosis,

(vii) Meningococcal disease,

(viii) Paratyphoid fever (see salmonellosis),

(ix) Pertussis,

(x) Rubella, including congenital,

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

(xii) Shigellosis,

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

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

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

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

(i) Acquired immunodeficiency syndrome (AIDS) class IV human immunodeficiency virus (HIV, HTLV III, or LAV) disease (as classified by the Centers for Disease Control, U.S. Public Health Service, Morbidity and Mortality Weekly Report (MMWR), May 23, 1986, Volume 35, Number 20), and class P-2 pediatric HIV illness (as classi-

fied by the Centers for Disease Control, U.S. Public Health Service, MMWR, April 24, 1987, Volume 36, Number 15),

(ii) Amebiasis,
(iii) Campylobacteriosis,
(iv) Chancroid,
(v) Chlamydia trachomatis infection,
(vi) Ecoli 0157:H7 infection,
(vii) Encephalitis, viral,
(viii) Giardiasis,
(ix) Gonorrhea,
(x) Granuloma inguinale,
(xi) Herpes simplex, initial genital infection,
(xii) Herpes simplex, neonatal,
(xiii) Hepatitis non-A, non-B, and unspecified,
(xiv) Kawasaki syndrome,
(xv) Legionellosis,
(xvi) Leprosy (Hansen's disease),
(xvii) Lyme disease,
(xviii) Lymphogranuloma venereum,
(xix) Malaria,
(xx) Mycobacteriosis, including tuberculosis,
(xxi) Mumps,
(xxii) Nongonococcal urethritis,
(xxiii) Pelvic inflammatory disease, acute,
(xxiv) Pseudomonas folliculitis of suspected waterborne origin,
(xxv) Psittacosis,
(xxvi) Q fever,
(xxvii) Relapsing fever (borreliosis),
(xxviii) Reye Syndrome,
(xxix) Rheumatic fever,
(xxx) Rocky mountain spotted fever,
(xxxi) Syphilis—other (see also Category B),
(xxxii) Tetanus,
(xxxiii) Tick paralysis,
(xxxiv) Toxic shock syndrome,
(xxxv) Trichinosis,
(xxxvi) Tuberculosis,
(xxxvii) Tularemia,
(xxxviii) Vibriosis,
(xxxix) Yersiniosis, and
(xxxx) Severe adverse reaction to immunization.

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

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

[Statutory Authority: Chapter 70.24 RCW. 93-08-036 (Order 354B), § 246-100-076, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-076, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-076, filed 12/27/90, effective 1/31/91; 87-11-047 (Order 302), § 248-100-076, filed 5/19/87.]

WAC 246-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases. (1) By December 31, 1987, medical laboratories shall:

(a) Report each positive culture or other suggestive test results to the local health officer by phone, written report, or submission of specimen within two working days, unless specified otherwise, for:

(i) Anthrax (Bacillus anthracis),
(ii) Botulism (Clostridium botulinum),
(iii) Cholera (Vibrio cholerae),
(iv) Diphtheria (Corynebacterium diphtheriae) - toxigenic strains,
(v) Gonorrhea (Neisseria gonorrhoeae) (report within seven days),
(vi) Measles (rubeola) (measles virus),
(vii) Plague (Yersinia pestis),
(viii) Rabies (rabies virus),
(ix) Brucellosis (Brucella species),
(x) Leptospirosis (Leptospira interrogans),
(xi) Listeria infection of blood or spinal fluid (Listeria monocytogenes),
(xii) Meningococcal infection of blood or spinal fluid (N. meningitidis),
(xiii) Pertussis (Bordetella pertussis),
(xiv) Salmonellosis (Salmonella species),
(xv) Shigellosis (Shigella species), and
(xvi) Hepatitis A (positive anti-HAV IgM).

(b) Send a copy of the state form accompanying specimen submitted as required in WAC 246-100-231 or identifying information including:

(i) Type of specimen tested (e.g., serum or sputum),
(ii) Test result,
(iii) Name of reporting laboratory,
(iv) Date of report,
(v) Name of requesting health care provider or health care facility, and
(vi) Name of patient.

(2) By December 31, 1987, medical laboratories shall report positive cultures or other suggestive test results for chlamydial infection (chlamydia trachomatis) to local health departments monthly including either:

(a) Identifying information specified in subsection (1)(b)(i-vi) of this section, or

(b) Aggregate numbers of positive tests including age, sex, and site of infection when known.

(3) Medical laboratories shall label or stamp reports appropriately with information indicating "reportable disease" and the telephone number of the local health department, if such labels or stamps are provided by the local health department.

(4) State and local health officers and health departments receiving reports from medical laboratories shall:

(a) Allow time for the laboratory to notify the principal health care provider prior to contact if:

(i) Delay is unlikely to jeopardize public health, and
(ii) The laboratory requests a delay.

(b) Try to contact the principal health care provider and discuss circumstances prior to contact of a patient when possible.

(5) By April 15, 1993, medical laboratories performing CD4+ (T4) tests shall submit to the state HIV/AIDS office

quarterly reports on the enumeration of CD4+ (T4) lymphocyte counts (CD4+ counts) and CD4+ (T4) percents of total lymphocytes (CD4+ percents) for specimens submitted after January 1, 1993, of patients aged thirteen or older with CD4+ counts less than two hundred or CD4+ percents less than fourteen. Laboratories may, but are not required to, exclude information concerning specimens which are unrelated to HIV infection or performed in conjunction with medical research, but otherwise shall report the following information:

(a) Patient-specific identifier or anonymous code or, if authorized by the patient, the patient's name submitted to the laboratory; and

(b) Name of the patient's health care provider; and

(c) Address of patient's health care provider; and

(d) CD4+ count (and CD4+ percent if available); and

(e) Date of CD4+ count or CD4+ percent.

[Statutory Authority: Chapter 70.24 RCW. 93-08-036 (Order 354B), § 246-100-236, filed 4/1/93, effective 5/2/93. Statutory Authority: RCW 43.20.050. 92-02-019 (Order 225B), § 246-100-236, filed 12/23/91, effective 1/23/92; 91-02-051 (Order 124B), recodified as § 246-100-236, filed 12/27/90, effective 1/31/91; 88-07-063 (Order 308), § 248-100-236, filed 3/16/88; 87-11-047 (Order 302), § 248-100-236, filed 5/19/87.]

Chapter 246-220 WAC
RADIATION PROTECTION—GENERAL PROVISIONS

WAC

246-220-002 Purpose.
246-220-007 Statement of philosophy.
246-220-010 Definitions.
246-220-080 Prohibited uses.
246-220-090 Communications.
246-220-120 Appendix B—Information on transportation special form licensed material.
246-220-130 Appendix C—The international system of units (SI).

WAC 246-220-002 Purpose. It is the purpose of these regulations to state such requirements as shall be applied to the use of all ionizing radiation, radiation machines, and radioactive materials to ensure the maximum protection of the public health and the maximum safety to all persons at, or in the vicinity of, the place of use, storage, or disposal thereof. These regulations are intended to be consistent with the best use of radiation machines and radioactive materials.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-002, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-002, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-030, filed 12/11/86; Order 1095, § 402-12-030, filed 2/6/76; Order 1, § 402-12-030, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-220-007 Statement of philosophy. In accordance with the recommendations of the Environmental Protection Agency, formerly the Federal Radiation Council, approved by the president of the United States of America, persons engaged in activities under licenses issued by the Washington state department of health pursuant to the Atomic Energy Act of 1954, as amended, shall, in addition to complying with the requirements set forth in chapter 246-221 WAC, make every reasonable effort to maintain radiation exposures, and releases of radioactive materials in effluents to unrestricted areas, as low as is reasonably achievable. Such persons should make particular efforts to keep the radiation exposure of an embryo or fetus as low as is reasonably achievable during the entire gestation period as recommended by the National Council on Radiation Protection and Measurements. The term "as low as is reasonably achievable" means making every reasonable effort to maintain exposures to radiation as far below the dose limits in these regulations as is practical, consistent with the purpose for which the licensed or registered activity is undertaken, taking into account the state of technology, the economics of improvements in relation to the state of technology, the economics of improvements in relation to benefits to the public health and safety, and other socioeconomic considerations, and in relation to the utilization of nuclear energy, ionizing radiation, and radioactive materials in the public interest.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-007, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-007, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-007, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-10-010, filed 12/8/80; Order 1095, § 402-10-010, filed 2/6/76.]

WAC 246-220-010 Definitions. As used in these regulations, these terms have the definitions set forth below. Additional definitions used only in a certain part will be found in that part.

(1) "A_1" means the maximum activity of special form radioactive material permitted to be transported in a Type A package. "A_2" means the maximum activity of normal form radioactive material permitted to be transported in a Type A package. A_1 and A_2 values are assigned to individual radionuclides and are tabulated in Appendix A of WAC 246-220-110. Methods of calculating values are also given.

(2) "Absorbed dose" means the energy imparted by ionizing radiation per unit mass of irradiated material. The units of absorbed dose are the gray (Gy) and the rad.

(3) "Accelerator produced material" means any material made radioactive by exposing it in a particle accelerator.

(4) "Act" means Nuclear energy and radiation, chapter 70.98 RCW.

(5) "Activity" means the rate of disintegration or transformation or decay of radioactive material. The units of activity are the becquerel (Bq) and the curie (Ci).

(6) "Adult" means an individual eighteen or more years of age.

(7) "Agreement state" means any state with which the United States Nuclear Regulatory Commission has entered into an effective agreement under section 274 b. of the Atomic Energy Act of 1954, as amended (73 Stat. 689).

(8) "Airborne radioactive material" means any radioactive material dispersed in the air in the form of particulates, dusts, fumes, mists, vapors, or gases.

(9) "Airborne radioactivity area" means a room, enclosure, or operating area in which airborne radioactive material exists in concentrations (a) in excess of the derived air concentration (DAC) specified in WAC 246-221-290, Appendix A, or (b) to such a degree that an individual present in the area without respiratory protective equipment

could exceed, during the hours an individual is present in a week, an intake of 0.6 percent of the annual limit on intake (ALI) or twelve DAC-hours.

(10) "Annual limit on intake" (ALI) means the derived limit for the amount of radioactive material taken into the body of an adult worker by inhalation or ingestion in a year. ALI is the smaller value of intake of a given radionuclide in a year by the reference man that would result in a committed effective dose equivalent of 0.05 Sv (5 rem) or a committed dose equivalent of 0.5 Sv (50 rem) to any individual organ or tissue. ALI values for intake by ingestion and by inhalation of selected radionuclides are given in WAC 246-221-290.

(11) "Background radiation" means radiation from cosmic sources; naturally occurring radioactive materials, including radon, except as a decay product of source or special nuclear material, and including global fallout as it exists in the environment from the testing of nuclear explosive devices. "Background radiation" does not include sources of radiation from radioactive materials regulated by the department.

(12) "Becquerel" (Bq) means the SI unit of activity. One becquerel is equal to 1 disintegration or transformation per second (s^{-1}).

(13) "Bioassay" means the determination of kinds, quantities or concentrations, and, in some cases, the locations of radioactive material in the human body, whether by direct measurement, in vivo counting, or by analysis and evaluation of materials excreted or removed from the human body. For purposes of these regulations, "radiobioassay" is an equivalent term.

(14) "Brachytherapy" means a method of radiation therapy in which sealed sources are utilized to deliver a radiation dose at a distance of up to a few centimeters, by surface, intracavitary, or interstitial application.

(15) "Byproduct material" means: (a) Any radioactive material (except special nuclear material) yielded in or made radioactive by exposure to the radiation incident to the process of producing or utilizing special nuclear material, and (b) the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content, including discrete surface wastes resulting from uranium or thorium solution extraction processes. Underground ore bodies depleted by these solution extraction operations do not constitute "byproduct material" within this definition.

(16) "Calendar quarter" means not less than twelve consecutive weeks nor more than fourteen consecutive weeks. The first calendar quarter of each year shall begin in January and subsequent calendar quarters shall be so arranged such that no day is included in more than one calendar quarter and no day in any one year is omitted from inclusion within a calendar quarter. No licensee or registrant shall change the method of determining calendar quarters for purposes of these regulations except at the beginning of a calendar year.

(17) "Calibration" means the determination of (a) the response or reading of an instrument relative to a series of known radiation values over the range of the instrument, or (b) the strength of a source of radiation relative to a standard.

(18) "CFR" means Code of Federal Regulations.

(19) "Class" means a classification scheme for inhaled material according to its rate of clearance from the pulmonary region of the lung. Materials are classified as D, W, or Y, which applies to a range of clearance half-times: For Class D, Days, of less than ten days, for Class W, Weeks, from ten to one hundred days, and for Class Y, Years, of greater than one hundred days. For purposes of these regulations, "lung class" and "inhalation class" are equivalent terms. For "class of waste" see WAC 246-249-040.

(20) "Collective dose" means the sum of the individual doses received in a given period of time by a specified population from exposure to a specified source of radiation.

(21) "Committed dose equivalent" ($H_{T,50}$) means the dose equivalent to organs or tissues of reference (T) that will be received from an intake of radioactive material by an individual during the fifty-year period following the intake.

(22) "Committed effective dose equivalent" ($H_{E,50}$) is the sum of the products of the weighting factors applicable to each of the body organs or tissues that are irradiated and the committed dose equivalent to each of these organs or tissues ($H_{E,50} = \Sigma\, w_T H_{T,50}$).

(23) "Controlled area." See "Restricted area."

(24) "Curie" means a unit of quantity of radioactivity. One curie (Ci) is that quantity of radioactive material which decays at the rate of 3.7×10^{10} transformations per second (tps).

(25) "Declared pregnant woman" means a woman who has voluntarily informed her employer, in writing, of her pregnancy, and her estimated date of conception.

(26) "Deep dose equivalent" (H_d), which applies to external whole body exposure, means the dose equivalent at a tissue depth of 1 centimeter (1000 mg/cm^2).

(27) "Department" means the department of health, division of radiation protection, which has been designated as the state radiation control agency.

(28) "Depleted uranium" means the source material uranium in which the isotope Uranium-235 is less than 0.711 percent by weight of the total uranium present. Depleted uranium does not include special nuclear material.

(29) "Derived air concentration" (DAC) means the concentration of a given radionuclide in air which, if breathed by the reference man for a working year of two thousand hours under conditions of light work, results in an intake of one ALI. For purposes of these regulations, the condition of light work is an inhalation rate of 1.2 cubic meters of air per hour for two thousand hours in a year. DAC values are given in WAC 246-221-290.

(30) "Derived air concentration-hour" (DAC-hour) means the product of the concentration of radioactive material in air, expressed as a fraction or multiple of the derived air concentration for each radionuclide, and the time of exposure to that radionuclide, in hours. A licensee or registrant may take two thousand DAC-hours to represent one ALI, equivalent to a committed effective dose equivalent of 0.05 Sv (5 rem).

(31) "Dose" is a generic term that means absorbed dose, dose equivalent, effective dose equivalent, committed dose equivalent, committed effective dose equivalent, total organ dose equivalent, or total effective dose equivalent. For purposes of these regulations, "radiation dose" is an equivalent term.

(32) "Dose commitment" means the total radiation dose to a part of the body that will result from retention in the body of radioactive material. For purposes of estimating the dose commitment, it is assumed that from the time of intake the period of exposure to retained material will not exceed fifty years.

(33) "Dose equivalent (H_T)" means the product of the absorbed dose in tissue, quality factor, and all other necessary modifying factors at the location of interest. The units of dose equivalent are the sievert (Sv) and rem.

(34) "Dose limits" means the permissible upper bounds of radiation doses established in accordance with these regulations. For purposes of these regulations, "limits" is an equivalent term.

(35) "Dosimetry processor" means a person that processes and evaluates individual monitoring devices in order to determine the radiation dose delivered to the monitoring devices.

(36) "dpm" means disintegrations per minute. See also "curie."

(37) "Effective dose equivalent (H_E)" means the sum of the products of the dose equivalent to each organ or tissue (H_T) and the weighting factor (w_T) applicable to each of the body organs or tissues that are irradiated ($H_E = \Sigma\ w_T H_T$).

(38) "Embryo/fetus" means the developing human organism from conception until the time of birth.

(39) "Entrance or access point" means any opening through which an individual or extremity of an individual could gain access to radiation areas or to licensed radioactive materials. This includes entry or exit portals of sufficient size to permit human entry, without respect to their intended use.

(40) "Exposure" means (a), when used as a verb, being exposed to ionizing radiation or to radioactive material, or (b), when used as a noun, the quotient of ΔQ by Δm where "ΔQ" is the absolute value of the total charge of the ions of one sign produced in air when all the electrons (negatrons and positrons) liberated by photons in a volume element of air having mass "Δm" are completely stopped in air. The special unit of exposure is the roentgen (R) and the SI equivalent is the coulomb per kilogram. One roentgen is equal to 2.58×10^{-4} coulomb per kilogram of air.

(41) "Exposure rate" means the exposure per unit of time, such as roentgen per minute and milliroentgen per hour.

(42) "External dose" means that portion of the dose equivalent received from any source of radiation outside the body.

(43) "Extremity" means hand, elbow, arm below the elbow, foot, knee, and leg below the knee.

(44) "Eye dose equivalent" means the external dose equivalent to the lens of the eye at a tissue depth of 0.3 centimeter (300 mg/cm^2).

(45) "Former United States Atomic Energy Commission (AEC) or United States Nuclear Regulatory Commission (NRC) licensed facilities" means nuclear reactors, nuclear fuel reprocessing plants, uranium enrichment plants, or critical mass experimental facilities where AEC or NRC licenses have been terminated.

(46) "Generally applicable environmental radiation standards" means standards issued by the United States Environmental Protection Agency (EPA) under the authority of the Atomic Energy Act of 1954, as amended, that impose limits on radiation exposures or levels, or concentrations or quantities of radioactive material, in the general environment outside the boundaries of locations under the control of persons possessing or using radioactive material.

(47) "Gray" (Gy) means the SI unit of absorbed dose. One gray is equal to an absorbed dose of 1 joule/kilogram (100 rad).

(48) "Healing arts" means the disciplines of medicine, dentistry, osteopathy, chiropractic, podiatry, and veterinary medicine.

(49) "High radiation area" means any area, accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 1 mSv (0.1 rem) in one hour at 30 centimeters from any source of radiation or from any surface that the radiation penetrates. For purposes of these regulations, rooms or areas in which diagnostic x-ray systems are used for healing arts purposes are not considered high radiation areas.

(50) "Highway route controlled quantity" means a quantity of radioactive material in a single package which exceeds:

(a) 3,000 times the A_1 or A_2 quantity as appropriate; or

(b) 30,000 curies, whichever is less.

(51) "Human use" means the intentional internal or external administration of radiation or radioactive material to human beings.

(52) "Immediate" or "immediately" means as soon as possible but no later than four hours after the initiating condition.

(53) "IND" means investigatory new drug for which an exemption has been claimed under the United States Food, Drug and Cosmetic Act (Title 10 CFR).

(54) "Individual" means any human being.

(55) "Individual monitoring" means the assessment of:

(a) Dose equivalent (i) by the use of individual monitoring devices or (ii) by the use of survey data; or

(b) Committed effective dose equivalent (i) by bioassay or (ii) by determination of the time-weighted air concentrations to which an individual has been exposed, that is, DAC-hours.

(56) "Individual monitoring devices" means devices designed to be worn by a single individual for the assessment of dose equivalent. For purposes of these regulations, individual monitoring equipment, personnel monitoring device, personnel dosimeter, and dosimeter are equivalent terms. Examples of individual monitoring devices are film badges, thermoluminescent dosimeters (TLDs), pocket ionization chambers, and personal air sampling devices.

(57) "Inspection" means an official examination or observation by the department including but not limited to, tests, surveys, and monitoring to determine compliance with rules, regulations, orders, requirements and conditions of the department.

(58) "Interlock" means a device arranged or connected such that the occurrence of an event or condition is required before a second event or condition can occur or continue to occur.

(59) "Internal dose" means that portion of the dose equivalent received from radioactive material taken into the body.

(60) "Irretrievable source" means any sealed source containing licensed material which is pulled off or not connected to the wireline downhole and for which all reasonable effort at recovery, as determined by the department, has been expended.

(61) "License" means a license issued by the department in accordance with the regulations adopted by the department.

(62) "Licensed material" means radioactive material received, possessed, used, transferred, or disposed under a general or specific license issued by the department.

(63) "Licensee" means any person who is licensed by the department in accordance with these regulations and the act.

(64) "Licensing state" means any state with regulations equivalent to the suggested state regulations for control of radiation relating to, and an effective program for, the regulatory control of NARM and which has been granted final designation by the Conference of Radiation Control Program Directors, Inc.

(65) "Lost or missing licensed material" means licensed material whose location is unknown. This definition includes licensed material that has been shipped but has not reached its planned destination and whose location cannot be readily traced in the transportation system.

(66) "Major processor" means a user processing, handling, or manufacturing radioactive material exceeding Type A quantities as unsealed sources or material, or exceeding four times Type B quantities as sealed sources, but does not include nuclear medicine programs, universities, industrial radiographers, or small industrial programs. Type A and B quantities are defined in Section 71.4 of 10 CFR Part 71.

(67) "Member of the public" means an individual who does not meet the definition of a worker as defined in this subsection. A worker is considered a member of the public when not engaged in work for his or her employer.

(68) "Minor" means an individual less than eighteen years of age.

(69) "Monitoring" means the measurement of radiation, radioactive material concentrations, surface area activities or quantities of radioactive material and the use of the results of these measurements to evaluate potential exposures and doses. For purposes of these regulations, radiation monitoring and radiation protection monitoring are equivalent terms.

(70) "NARM" means any naturally occurring or accelerator-produced radioactive material. It does not include by-product, source, or special nuclear material. For the purpose of meeting the definition of a Licensing State by the Conference of Radiation Control Program Directors, Inc. (CRCPD), NARM refers only to discrete sources of NRAM. Diffuse sources of NARM are excluded from consideration by the CRCPD for Licensing State designation purposes.

(71) "Natural radioactivity" means radioactivity of naturally occurring nuclides.

(72) "NDA" means a new drug application which has been submitted to the United States Food and Drug Administration.

(73) "Nonstochastic effect" means a health effect, the severity of which varies with the dose and for which a threshold is believed to exist. Radiation-induced cataract formation is an example of a nonstochastic effect. For purposes of these regulations, a "deterministic effect" is an equivalent term.

(74) "Normal form radioactive material" means radioactive material which has not been demonstrated to qualify as "special form radioactive material."

(75) "Nuclear Regulatory Commission" (NRC) means the United States Nuclear Regulatory Commission or its duly authorized representatives.

(76) "Nuclear waste" as used in WAC 246-232-090(5) means any quantity of source or byproduct material, (not including radiography sources being returned to the manufacturer) required to be in Type B packaging while transported to, through, or across state boundaries to a disposal site, or to a collection point for transport to a disposal site. Nuclear waste, as used in these regulations, is a special classification of radioactive waste.

(77) "Occupational dose" means the dose received by a worker in the course of employment from exposure to sources of radiation, whether in the possession of the licensee, registrant, or other person. Occupational dose does not include dose received: From background radiation, as a patient from medical practices, from voluntary participation in medical research programs, or as a member of the public.

(78) "Ore refineries" means all processors of a radioactive material ore.

(79) "Package" means the packaging together with its radioactive contents as presented for transport.

(80) "Particle accelerator" means any machine capable of accelerating electrons, protons, deuterons, or other charged particles in a vacuum and of discharging the resultant particulate or other radiation into a medium at energies usually in excess of 1 MeV.

(81) "Permittee" means a person who has applied for, and received, a valid site use permit for use of the low-level waste disposal facility at Hanford, Washington.

(82) "Person" means any individual, corporation, partnership, firm, association, trust, estate, public or private institution, group, agency, political subdivision of this state, any other state or political subdivision or agency thereof, and any legal successor, representative, agent or agency of the foregoing, but shall not include federal government agencies.

(83) "Personal supervision" means supervision such that the supervisor is physically present at the facility and in such proximity that contact can be maintained and immediate assistance given as required.

(84) "Personnel monitoring equipment." See individual monitoring devices.

(85) "Pharmacist" means an individual licensed by this state to compound and dispense drugs, and poisons.

(86) "Physician" means an individual licensed by this state to prescribe and dispense drugs in the practice of medicine.

(87) "Planned special exposure" means an infrequent exposure to radiation, separate from and in addition to the annual occupational dose limits.

(88) "Practitioner" means an individual licensed by the state in the practice of a healing art (i.e., physician, dentist, podiatrist, chiropractor, etc.).

(89) "Public dose" means the dose received by a member of the public from exposure to sources of radiation under the licensee's or registrant's control. It does not include occupational dose, dose received from background radiation, dose received as a patient from medical practices, or dose from voluntary participation in medical research programs.

(90) "Qualified expert" means an individual who has demonstrated to the satisfaction of the department he/she has the knowledge, training, and experience to measure ionizing radiation, to evaluate safety techniques, and to advise regarding radiation protection needs. The department reserves the right to recognize the qualifications of an individual in specific areas of radiation protection.

(91) "Quality factor" (Q) means the modifying factor, listed in Tables I and II, that is used to derive dose equivalent from absorbed dose.

TABLE I

QUALITY FACTORS AND ABSORBED DOSE EQUIVALENCIES

TYPE OF RADIATION	Quality Factor (Q)	Absorbed Dose Equal to A Unit Dose Equivalent[a]
X, gamma, or beta radiation and high-speed electrons	1	1
Alpha particles, multiple-charged particles, fission fragments and heavy particles of unknown charge	20	0.05
Neutrons of unknown energy	10	0.1
High-energy protons	10	0.1

[a] Absorbed dose in rad equal to 1 rem or the absorbed dose in gray equal to 1 Sv.

If it is more convenient to measure the neutron fluence rate rather than to determine the neutron dose equivalent rate in sievert per hour or rem per hour as required for Table I, then 0.01 Sv (1 rem) of neutron radiation of unknown energies may, for purposes of these regulations, be assumed to result from a total fluence of 25 million neutrons per square centimeter incident upon the body. If sufficient information exists to estimate the approximate energy distribution of the neutrons, the licensee or registrant may use the fluence rate per unit dose equivalent or the appropriate Q value from Table II to convert a measured tissue dose in gray or rad to dose equivalent in sievert or rem.

TABLE II

MEAN QUALITY FACTORS, Q, AND FLUENCE PER UNIT DOSE EQUIVALENT FOR MONOENERGETIC NEUTRONS

	Neutron Energy (MeV)	Quality Factor[a] (Q)	Fluence per Unit Dose Equivalent[b] (neutrons cm^{-2} rem^{-1})	Fluence per Unit Dose Equivalent[b] (neutrons cm^{-2} Sv^{-1})
(thermal)	2.5×10^{-8}	2	980×10^6	980×10^8
	1×10^{-7}	2	980×10^6	980×10^8
	1×10^{-6}	2	810×10^6	810×10^8
	1×10^{-5}	2	810×10^6	810×10^8
	1×10^{-4}	2	840×10^6	840×10^8
	1×10^{-3}	2	980×10^6	980×10^8
	1×10^{-2}	2.5	1010×10^6	1010×10^8
	1×10^{-1}	7.5	170×10^6	170×10^8
	5×10^{-1}	11	39×10^6	39×10^8
	1	11	27×10^6	27×10^8
	2.5	9	29×10^6	29×10^8
	5	8	23×10^6	23×10^8
	7	7	24×10^6	24×10^8
	10	6.5	24×10^6	24×10^8
	14	7.5	17×10^6	17×10^8
	20	8	16×10^6	16×10^8
	40	7	14×10^6	14×10^8
	60	5.5	16×10^6	16×10^8
	1×10^2	4	20×10^6	20×10^8
	2×10^2	3.5	19×10^6	19×10^8
	3×10^2	3.5	16×10^6	16×10^8
	4×10^2	3.5	14×10^6	14×10^8

[a] Value of quality factor (Q) at the point where the dose equivalent is maximum in a 30-cm diameter cylinder tissue-equivalent phantom.

[b] Monoenergetic neutrons incident normally on a 30-cm diameter cylinder tissue-equivalent phantom.

(92) "Quarter" means a period of time equal to one-fourth of the year observed by the licensee, approximately thirteen consecutive weeks, providing that the beginning of the first quarter in a year coincides with the starting date of the year and that no day is omitted or duplicated in consecutive quarters.

(93) "Rad" means the special unit of absorbed dose. One rad equals one-hundredth of a joule per kilogram of material; for example, if tissue is the material of interest, then 1 rad equals 100 ergs per gram of tissue. One rad is equal to an absorbed dose of 100 erg/gram or 0.01 joule/kilogram (0.01 gray).

(94) "Radiation" means alpha particles, beta particles, gamma rays, x-rays, neutrons, high-speed electrons, high-speed protons, and other particles capable of producing ions. For purposes of these regulations, ionizing radiation is an equivalent term. Radiation, as used in these regulations, does not include magnetic fields or nonionizing radiation, such as radiowaves or microwaves, visible, infrared, or ultraviolet light.

(95) "Radiation area" means any area, accessible to individuals, in which radiation levels could result in an individual receiving a dose equivalent in excess of 0.05 mSv (0.005 rem) in one hour at thirty centimeters from the source of radiation or from any surface that the radiation penetrates.

(96) "Radiation machine" means any device capable of producing ionizing radiation except those devices with radioactive materials as the only source of radiation.

(97) "Radiation safety officer" means an individual who has the knowledge and responsibility to apply appropriate radiation protection regulations and has been assigned such responsibility by the licensee or registrant.

(98) "Radiation source." See "Source of radiation."

(99) "Radioactive material" means any material (solid, liquid, or gas) which emits radiation spontaneously.

(100) "Radioactive waste" means any radioactive material which is no longer of use and intended for disposal or treatment for the purposes of disposal.

(101) "Radioactivity" means the transformation of unstable atomic nuclei by the emission of radiation.

(102) "Reference man" means a hypothetical aggregation of human physical and physiological characteristics determined by international consensus. These characteristics may be used by researchers and public health workers to standardize results of experiments and to relate biological insult to a common base.

(103) "Registrable item" means any radiation machine except those exempted by RCW 70.98.180 or exempted by the department pursuant to the authority of RCW 70.98.080.

(104) "Registrant" means any person who is registered by the department or is legally obligated to register with the department in accordance with these regulations and the act.

(105) "Registration" means registration with the department in accordance with the regulations adopted by the department.

(106) "Regulations of the United States Department of Transportation" means the regulations in 49 CFR Parts 170-189, 14 CFR Part 103, and 46 CFR Part 146.

(107) "Rem" means the special unit of any of the quantities expressed as dose equivalent. The dose equivalent in rem is equal to the absorbed dose in rad multiplied by the quality factor (1 rem = 0.01 Sv).

(108) "Research and development" means: (a) Theoretical analysis, exploration, or experimentation; or (b) the extension of investigative findings and theories of a scientific or technical nature into practical application for experimental and demonstration purposes, including the experimental production and testing of models, devices, equipment, materials, and processes. Research and development does not include the internal or external administration of radiation or radioactive material to human beings.

(109) "Respiratory protective equipment" means an apparatus, such as a respirator, used to reduce an individual's intake of airborne radioactive materials.

(110) "Restricted area" means any area to which access is limited by the licensee or registrant for purposes of protecting individuals against undue risks from exposure to radiation and radioactive material. "Restricted area" shall not include any areas used for residential quarters, although a separate room or rooms in a residential building may be set apart as a restricted area.

(111) "Roentgen" (R) means the special unit of exposure. One roentgen equals 2.58×10^{-4} coulombs/kilogram of air.

(112) "Sanitary sewerage" means a system of public sewers for carrying off waste water and refuse, but excluding sewage treatment facilities, septic tanks, and leach fields owned or operated by the licensee or registrant.

(113) "Sealed source" means any device containing radioactive material to be used as a source of radiation which has been constructed in such a manner as to prevent the escape of any radioactive material.

(114) "Shallow dose equivalent" (H_s), which applies to the external exposure of the skin or an extremity, means the dose equivalent at a tissue depth of 0.007 centimeter (7 mg/cm^2) averaged over an area of 1 square centimeter.

(115) "SI" means an abbreviation of the International System of Units.

(116) "Sievert" means the SI unit of any of the quantities expressed as dose equivalent. The dose equivalent in sievert is equal to the absorbed dose in gray multiplied by the quality factor (1 Sv = 100 rem).

(117) "Site boundary" means that line beyond which the land or property is not owned, leased, or otherwise controlled by the licensee or registrant.

(118) "Source container" means a device in which radioactive material is transported or stored.

(119) "Source material" means: (a) Uranium or thorium, or any combination thereof, in any physical or chemical form, or (b) ores which contain by weight one-twentieth of one percent (0.05 percent) or more of (i) uranium, (ii) thorium, or (iii) any combination thereof. Source material does not include special nuclear material.

(120) "Source material milling" means the extraction or concentration of uranium or thorium from any ore processing primarily for its source material content.

(121) "Source of radiation" means any radioactive material, or any device or equipment emitting or capable of producing ionizing radiation.

(122) "Special form radioactive material" means radioactive material which satisfies the following conditions:

(a) It is either a single solid piece or is contained in a sealed capsule that can only be opened by destroying the capsule;

(b) The piece or capsule has at least one dimension not less than five millimeters (0.197 inch); and

(c) It satisfies the test requirements specified by the United States Nuclear Regulatory Commission. A special form encapsulation designed in accordance with the United States Nuclear Regulatory Commission requirements in ef-

fect on June 30, 1983, and constructed prior to July 1, 1985, may continue to be used. A special form encapsulation either designed or constructed after June 30, 1985, must meet requirements of this definition applicable at the time of its design or construction.

(123) "Special nuclear material" means:

(a) Plutonium, uranium-233, uranium enriched in the isotope 233 or in the isotope 235, and any other material that the United States Nuclear Regulatory Commission, pursuant to the provisions of section 51 of the Atomic Energy Act of 1954, as amended, determines to be special nuclear material, but does not include source material; or

(b) Any material artificially enriched in any of the foregoing, but does not include source material.

(124) "Special nuclear material in quantities not sufficient to form a critical mass" means uranium enriched in the isotope U-235 in quantities not exceeding three hundred fifty grams of contained U-235; Uranium-233 in quantities not exceeding two hundred grams; Plutonium in quantities not exceeding two hundred grams; or any combination of them in accordance with the following formula: For each kind of special nuclear material, determine the ratio between the quantity of that special nuclear material and the quantity specified above for the same kind of special nuclear material. The sum of such ratios for all of the kinds of special nuclear material in combination shall not exceed "1" (i.e., unity). For example, the following quantities in combination would not exceed the limitation and are within the formula:

$$\frac{175(\text{grams contained U-235})}{350} + \frac{50(\text{grams U-233})}{200} + \frac{50(\text{grams Pu})}{200} < 1$$

(125) "State" as used in WAC 246-232-090(5) means the several states of the union, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Commonwealth of the Northern Mariana Islands.

(126) "Stochastic effect" means a health effect that occurs randomly and for which the probability of the effect occurring, rather than its severity, is assumed to be a linear function of dose without threshold. Hereditary effects and cancer incidence are examples of stochastic effects. For purposes of these regulations, probabilistic effect is an equivalent term.

(127) "Survey" means an evaluation of the radiological conditions and potential hazards incident to the production, use, release, disposal, or presence of sources of radiation. When appropriate, such evaluation includes, but is not limited to, tests, physical examinations, calculations and measurements of levels of radiation or concentration of radioactive material present.

(128) "Test" means (a) the process of verifying compliance with an applicable regulation, or (b) a method for determining the characteristics or condition of sources of radiation or components thereof.

(129) "These regulations" mean all parts of the rules for radiation protection of the state of Washington.

(130) "Total effective dose equivalent" (TEDE) means the sum of the deep dose equivalent for external exposures and the committed effective dose equivalent for internal exposures.

(131) "Total organ dose equivalent (TODE)" means the sum of the deep dose equivalent and the committed dose equivalent to the organ or tissue receiving the highest dose.

(132) "Type A packaging" means packaging designed in accordance with 49 CFR 173.411 and 173.412 to retain its integral containment and shielding under normal conditions of transport as demonstrated by tests described in 49 CFR 173.465 or 173.466 as appropriate. The contents are limited to A_1 or A_2 quantities. The package does not require competent authority approval.

(133) "Type A quantity" means a quantity of radioactive material less than or equal to the A_1 or A_2 value for a single radionuclide, or for which the sum of the fractions does not exceed unity for a mixture of radionuclides.

(134) "Type B packaging" means packaging approved by the United States Nuclear Regulatory Commission for the transport of quantities of radioactivity in excess of A_1 or A_2. It is defined in detail in 10 CFR 71.4.

(135) "Type B quantity" means a quantity of radioactive material in excess of a Type A quantity. It requires Type B packaging for transportation.

(136) "United States Department of Energy" means the Department of Energy established by Public Law 95-91, August 4, 1977, 91 Stat. 565, 42 U.S.C. 7101 et seq., to the extent that the department exercises functions formerly vested in the United States Atomic Energy Commission, its chairman, members, officers and components and transferred to the United States Energy Research and Development Administration and to the administrator thereof pursuant to sections 104 (b), (c) and (d) of the Energy Reorganization Act of 1974 (Public Law 93-438, October 11, 1974, 88 Stat. 1233 at 1237, 42 U.S.C. 5814 effective January 19, 1975) and retransferred to the Secretary of Energy pursuant to section 301(a) of the Department of Energy Organization Act (Public Law 95-91, August 4, 1977, 91 Stat. 565 at 577-578, 42 U.S.C. 7151, effective October 1, 1977).

(137) "Unrefined and unprocessed ore" means ore in its natural form prior to any processing, such as grinding, roasting, beneficiating, or refining.

(138) "Unrestricted area" (uncontrolled area) means any area which is not a restricted area and where the external dose will not exceed 2 mrem in any one hour. In addition, the public dose, taking into account occupancy factors, will not exceed 100 mrem total effective dose equivalent in any one year.

(139) "Very high radiation area" means an area, accessible to individuals, in which radiation levels could result in an individual receiving an absorbed dose in excess of 5 Gy (500 rad) in one hour at one meter from a source of radiation or from any surface that the radiation penetrates.

(140) "Waste handling licensees" mean persons licensed to receive and store radioactive wastes prior to disposal and/or persons licensed to dispose of radioactive waste.

(141) "Week" means seven consecutive days starting on Sunday.

(142) "Weighting factor" w_T for an organ or tissue (T) means the proportion of the risk of stochastic effects resulting from irradiation of that organ or tissue to the total risk of stochastic effects when the whole body is irradiated uniformly. For calculating the effective dose equivalent, the values of w_T are:

ORGAN DOSE WEIGHTING FACTORS

Organ or Tissue	w_T
Gonads	0.25
Breast	0.15
Red bone marrow	0.12
Lung	0.12
Thyroid	0.03
Bone surfaces	0.03
Remainder	0.30[a]
Whole Body	1.00[b]

[a] 0.30 results from 0.06 for each of 5 "remainder" organs, excluding the skin and the lens of the eye, that receive the highest doses.

[b] For the purpose of weighting the external whole body dose, for adding it to the internal dose, a single weighting factor, w_T = 1.0, has been specified. The use of other weighting factors for external exposure will be approved on a case-by-case basis until such time as specific guidance is issued.

(143) "Whole body" means, for purposes of external exposure, head, trunk including male gonads, arms above the elbow, or legs above the knee.

(144) "Worker" means an individual engaged in work under a license or registration issued by the department and controlled by a licensee or registrant. Where the licensee or registrant is an individual rather than one of the other legal entities defined under "person," the radiation exposure limits for the worker also apply to the individual who is the licensee or registrant. If students of age eighteen years or older are subjected routinely to work involving radiation, then the students are considered to be occupational workers. Individuals of less than eighteen years of age shall meet the requirements of WAC 246-221-050.

(145) "Working level" (WL) means any combination of short-lived radon daughters in 1 liter of air that will result in the ultimate emission of 1.3×10^5 MeV of potential alpha particle energy. The short-lived radon daughters are — for radon-222: polonium-218, lead-214, bismuth-214, and polonium-214; and for radon-220: polonium-216, lead-212, bismuth-212, and polonium-212.

(146) "Working level month" (WLM) means an exposure to one working level for one hundred seventy hours — two thousand working hours per year divided by twelve months per year is approximately equal to one hundred seventy hours per month.

(147) "Year" means the period of time beginning in January used to determine compliance with the provisions of these regulations. The licensee or registrant may change the starting date of the year used to determine compliance by the licensee or registrant provided that the change is made at the beginning of the year and that no day is omitted or duplicated in consecutive years.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-050, filed 12/11/86; 83-19-050 (Order 2026), § 402-12-050, filed 9/16/83. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-12-050, filed 7/28/81. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-050, filed 12/8/80; Order 1095, § 402-12-050, filed 2/6/76; Order 708, § 402-12-050, filed 8/24/72; Order 1, § 402-12-050, filed 7/2/71; Order 1, § 402-12-050, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-220-080 Prohibited uses. (1) Hand-held fluoroscopic screens shall not be used unless listed in the Registry of Sealed Sources and Devices or accepted for certifications by the United States Food and Drug Administration, Center for Devices and Radiological Health.

(2) Shoe-fitting fluoroscopic devices shall not be used.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-080, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-080, filed 12/27/90, effective 1/31/91; Order 1095, § 402-12-150, filed 2/6/76.]

WAC 246-220-090 Communications. All communications and reports concerning these regulations, and applications filed thereunder, should be addressed to the Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827. The emergency telephone number in Seattle, is 206-682-5327 or 206 (NUCLEAR).

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-090, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-12-160, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-160, filed 12/8/80; Order 1095, § 402-12-160, filed 2/6/76.]

WAC 246-220-120 Appendix B—Information on transportation special form licensed material. (1) *"Special form"* means any of the following physical forms of licensed material:

(a) The material is in solid form having no dimension less than 0.5 millimeter or at least one dimension greater than five millimeters; does not melt, sublime, or ignite in air at a temperature of 1,000 degrees Fahrenheit; will not shatter or crumble if subjected to the percussion test described in this section; and is not dissolved or converted into dispersible form to the extent of more than 0.005 percent by weight by immersion for one week in water at 68 degrees Fahrenheit or in air at 86 degrees Fahrenheit; or

(b) The material is securely contained in a capsule having no dimension less than 0.5 millimeter or at least one dimension greater than five millimeters, which will retain its contents if subjected to the tests prescribed in this section; and which is constructed of materials which do not melt, sublime, or ignite in air at 1,475 degrees Fahrenheit, and do not dissolve, or convert into dispersible form, to the extent of more than 0.005 percent by weight by immersion for one week in water at 68 degrees Fahrenheit or in air at 86 degrees Fahrenheit.

(2) *Tests for special form licensed material.*

(a) Free drop - A free drop through a distance of thirty feet onto a flat essentially unyielding horizontal surface,

striking the surface in such a position as to suffer maximum damage.

(b) Percussion - Impact of the flat circular end of a one inch diameter steel rod weighing three pounds, dropped through a distance of forty inches. The capsule or material shall be placed on a sheet of lead, of hardness number 3.5 to 4.5 on the Vickers scale, and not more than one inch thick, supported by a smooth essentially unyielding surface.

(c) Heating - Heating in air to a temperature of 1,475 degrees Fahrenheit and remaining at that temperature for a period of ten minutes.

(d) Immersion - Immersion for twenty-four hours in water at room temperature. The water shall be at pH 6-pH 8, with a maximum conductivity of ten micromhos per centimeter.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-120, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-12-210, filed 12/11/86; Order 1095, § 402-12-210, filed 2/6/76.]

WAC 246-220-130 Appendix C—The international system of units (SI). Conversion factors.

Multiply	by	to obtain
becquerels	2.703×10^{-11}	curies
becquerels	2.703×10^{-8}	millicuries
curies	3.700×10^{10}	becquerels
curies	2.220×10^{12}	disintegrations/min (dpm)
curies	10^{3}	millicuries
curies	10^{6}	microcuries
curies	10^{12}	picocuries
dis/min (dpm)	4.505×10^{-10}	millicuries
dis/min (dpm)	4.505×10^{-7}	microcuries
dis/sec (Bq)	2.703×10^{-8}	millicuries
dis/sec (Bq)	2.703×10^{-5}	microcuries
gray	100	rad
microcuries	3.700×10^{4}	becquerels
microcuries	2.220×10^{6}	disintegrations/min (dpm)
millicuries	3.700×10^{7}	becquerels
millicuries	2.220×10^{9}	disintegrations/min (dpm)
rad	0.01	gray
rem	0.01	sievert
sievert	100	rem

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-220-130, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-220-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-220-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-12-250, filed 12/8/80.]

Chapter 246-221 WAC
RADIATION PROTECTION STANDARDS

WAC

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246-221-290 Appendix A—Annual limits on intake (ALI) and derived air concentrations (DAC) of radionuclides for occupational exposure; effluent concentrations; concentrations for release to sanitary sewerage.
246-221-300 Appendix B—Minimum quantities of radioactive material requiring labeling.

WAC 246-221-001 Purpose and scope. (1) This chapter establishes standards for protection against radiation hazards. Except as otherwise specifically provided, this chapter applies to all licensees or registrants. The requirements of this chapter are designed to control the receipt, possession, use, transfer, and disposal of sources of radiation by any licensee or registrant so the total dose to an individual, including doses resulting from all sources of radiation other than background radiation, does not exceed the standards for protection against radiation prescribed in this chapter.

(2) The limits in this chapter do not apply to doses due to background radiation, to exposure of patients to radiation for the purpose of medical diagnosis or therapy, or to voluntary participation in medical research programs.

(3) Nothing in this chapter shall be interpreted as limiting actions that may be necessary to protect health and safety in an emergency.

(4) The definitions contained in WAC 246-220-010 also apply to this chapter. WAC 246-220-007, Statement of philosophy, is directly applicable to this chapter.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-001, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-001, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-001, filed 12/27/90, effective 1/31/91; Order 1095,

§ 402-24-010, filed 2/6/76; Order 1, § 402-24-010, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-005 Radiation protection programs. (1) Each specific licensee shall develop, document, and implement a radiation protection program sufficient to ensure compliance with the provisions of this chapter.

(2) The licensee shall use, to the extent practicable, procedures and engineering controls based upon sound radiation protection principles to achieve occupational doses and doses to members of the public that are as low as is reasonably achievable (ALARA).

(3) The licensee shall review the radiation protection program content and implementation at the frequency specified in the license.

(4) Each licensee shall maintain records of the radiation protection program, including:

(a) The provisions of the program; and

(b) Audits, where required, and other reviews of program content and implementation.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-005, filed 12/9/93, effective 1/9/94.]

WAC 246-221-010 Occupational dose limits for adults. (1) The licensee or registrant shall control the occupational dose to individual adults, except for planned special exposures pursuant to WAC 246-221-030, to the following dose limits:

(a) An annual limit, which is the more limiting of:

(i) The total effective dose equivalent being equal to 0.05 Sv (5 rem); or

(ii) The sum of the deep dose equivalent and the committed dose equivalent to any individual organ or tissue other than the lens of the eye being equal to 0.50 Sv (50 rem).

(b) The annual limits to the lens of the eye, to the skin, and to the extremities which are:

(i) An eye dose equivalent of 0.15 Sv (15 rem); and

(ii) A shallow dose equivalent of 0.50 Sv (50 rem) to the skin or to any extremity.

(2) Doses received in excess of the annual limits, including doses received during accidents, emergencies, and planned special exposures, must be subtracted from the limits specified in WAC 246-221-030 for planned special exposures that the individual may receive during the current year and during the individual's lifetime.

(3) The assigned deep dose equivalent and shallow dose equivalent shall be for the portion of the body receiving the highest exposure. The deep dose equivalent, eye dose equivalent and shallow dose equivalent may be assessed from surveys or other radiation measurements for the purpose of demonstrating compliance with the occupational dose limits, if the individual monitoring device was not in the region of highest potential exposure, or the results of individual monitoring are unavailable.

(4) Derived air concentration (DAC) and annual limit on intake (ALI) values are specified in WAC 246-221-290 and may be used to determine the individual's dose and to demonstrate compliance with the occupational dose limits.

(5) Notwithstanding the annual dose limits, the licensee shall limit the soluble uranium intake by an individual to 10 milligrams in a week in consideration of chemical toxicity.

(6) The licensee or registrant shall reduce the dose that an individual may be allowed to receive in the current year by the amount of occupational dose received while employed by any other person during the current year as determined in accordance with WAC 246-221-020.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-010, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-020, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-020, filed 12/8/80; Order 1095, § 402-24-020, filed 2/6/76; Order 1, § 402-24-020, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-015 Compliance with requirements for summation of external and internal doses. (1) If the licensee is required to monitor pursuant to both WAC 246-221-090 and 246-221-100, the licensee shall demonstrate compliance with the dose limits by summing external and internal doses. If the licensee is required to monitor only pursuant to WAC 246-221-090 or only pursuant to WAC 246-221-100, then summation is not required to demonstrate compliance with the dose limits. The licensee may demonstrate compliance with the requirements for summation of external and internal doses pursuant to subsections (2), (3), and (4) of this section. The dose equivalents for the lens of the eye, the skin, and the extremities are not included in the summation, but are subject to separate limits.

(2) **Intake by inhalation.** If the only intake of radionuclides is by inhalation, the total effective dose equivalent limit is not exceeded if the sum of the deep dose equivalent divided by the total effective dose equivalent limit, and one of the following, does not exceed unity:

(a) The sum of the fractions of the inhalation ALI for each radionuclide; or

(b) The total number of derived air concentration-hours (DAC-hours) for all radionuclides divided by two thousand; or

(c) The sum of the calculated committed effective dose equivalents to all significantly irradiated organs or tissues (T) calculated from bioassay data using appropriate biological models and expressed as a fraction of the annual limit. For purposes of this requirement, an organ or tissue is deemed to be significantly irradiated if, for that organ or tissue, the product of the weighting factors, w_T, and the committed dose equivalent, $H_{T,50}$, per unit intake is greater than ten percent of the maximum weighted value of H_{50}, that is, $w_T H_{T,50}$, per unit intake for any organ or tissue.

(3) **Intake by oral ingestion.** If the occupationally exposed individual also receives an intake of radionuclides by oral ingestion greater than ten percent of the applicable oral ALI, the licensee shall account for this intake and include it in demonstrating compliance with the limits.

(4) **Intake through wounds or absorption through skin.** The licensee shall evaluate and, to the extent practical, account for intakes through wounds or skin absorption. The intake through intact skin has been included in the calculation of DAC for hydrogen-3 and does not need to be evaluated or accounted for pursuant to this section.

(5) **External dose from airborne radioactive material.** Licensees shall, when determining the dose from airborne radioactive material, include the contribution to the deep dose equivalent, eye dose equivalent, and shallow dose equivalent from external exposure to the radioactive cloud. Airborne radioactivity measurements and DAC values shall not be used as the primary means to assess the deep dose equivalent when the airborne radioactive material includes radionuclides other than noble gases or if the cloud of airborne radioactive material is not relatively uniform. The determination of the deep dose equivalent to an individual shall be based upon measurements using instruments or individual monitoring devices.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-015, filed 12/9/93, effective 1/9/94.]

WAC 246-221-020 Determination of prior occupational dose. (1) For each individual who may enter the licensee's or registrant's restricted area and is likely to receive, in a year, an occupational dose requiring monitoring pursuant to WAC 246-221-090 and 246-221-100, the licensee or registrant shall:

(a) Determine the occupational radiation dose received during the current year; and

(b) Attempt to obtain the records of lifetime cumulative occupational radiation dose.

(2) Prior to permitting an individual to participate in a planned special exposure, the licensee or registrant shall determine:

(a) The internal and external doses from all previous planned special exposures; and

(b) All doses in excess of the limits, including doses received during accidents and emergencies, received during the lifetime of the individual.

(3) In complying with the requirements of subsection (1) of this section, a licensee or registrant may:

(a) Accept, as a record of the occupational dose that the individual received during the current year, a written signed statement from the individual, or from the individual's most recent employer for work involving radiation exposure, that discloses the nature and the amount of any occupational dose that the individual received during the current year; and

(b) Accept, as the record of lifetime cumulative radiation dose, an up-to-date Form RHF-4A, or equivalent, signed by the individual and countersigned by an appropriate official of the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant; and

(c) Obtain reports of the individual's dose equivalent from the most recent employer for work involving radiation exposure, or the individual's current employer, if the individual is not employed by the licensee or registrant, by telephone, telegram, facsimile, or letter. The licensee or registrant shall request a written verification of the dose data if the authenticity of the transmitted report cannot be established.

(4) The licensee or registrant shall record the exposure history, as required by subsection (1) of this section, on Form RHF-4A, or other clear and legible record, of all the information required on that form. The form or record shall show each period in which the individual received occupational exposure to radiation or radioactive material and shall be signed by the individual who received the exposure. For each period for which the licensee or registrant obtains reports, the licensee or registrant shall use the dose shown in the report in preparing Form RHF-4A. For any period in which the licensee or registrant does not obtain a report, the licensee or registrant shall place a notation on Form RHF-4A indicating the periods of time for which data are not available.

(5) Licensees or registrants are not required to reevaluate the separate external dose equivalents and internal committed dose equivalents or intakes of radionuclides assessed under the regulations in effect before January 1, 1994. Further, occupational exposure histories obtained and recorded on Form RHF-4 before January 1, 1994, would not have included effective dose equivalent, but may be used in the absence of specific information on the intake of radionuclides by the individual.

(6) If the licensee or registrant is unable to obtain a complete record of an individual's current and previously accumulated occupational dose, the licensee or registrant shall assume:

(a) In establishing administrative controls under WAC 246-221-010(6) for the current year, that the allowable dose limit for the individual is reduced by 12.5 mSv (1.25 rem) for each calendar quarter for which records were unavailable and the individual was engaged in activities that could have resulted in occupational radiation exposure; and

(b) That the individual is not available for planned special exposures.

(7) The licensee or registrant shall retain the records on Form RHF-4A or equivalent until the department terminates each pertinent license requiring this record. The licensee or registrant shall retain records used in preparing Form RHF-4 or RHF-4A for three years after the record is made.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-020, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-024, filed 12/8/80; Order 1095, § 402-24-024, filed 2/6/76.]

WAC 246-221-030 Requirements for planned special exposures. A licensee or registrant may authorize an adult worker to receive doses in addition to and accounted for separately from the doses received under the limits specified in WAC 246-221-010 provided that each of the following conditions is satisfied:

(1) The licensee or registrant authorizes a planned special exposure only in an exceptional situation when alternatives that might avoid the higher exposure are unavailable or impractical.

(2) The licensee or registrant, and employer if the employer is not the licensee or registrant, specifically authorizes the planned special exposure, in writing, before the exposure occurs.

(3) Before a planned special exposure, the licensee or registrant ensures that each individual involved is:

(a) Informed of the purpose of the planned operation; and

(b) Informed of the estimated doses and associated potential risks and specific radiation levels or other conditions that might be involved in performing the task; and

(c) Instructed in the measures to be taken to keep the dose ALARA considering other risks that may be present.

(4) Prior to permitting an individual to participate in a planned special exposure, the licensee or registrant ascertains prior doses as required by WAC 246-221-020(2) during the lifetime of the individual for each individual involved.

(5) Subject to WAC 246-221-010(2), the licensee or registrant shall not authorize a planned special exposure that would cause an individual to receive a dose from all planned special exposures and all doses in excess of the limits to exceed:

(a) The numerical values of any of the dose limits in WAC 246-221-010(1) in any year; and

(b) Five times the annual dose limits in WAC 246-221-010(1) during the individual's lifetime.

(6) The licensee or registrant maintains records that describe:

(a) The exceptional circumstances requiring the use of a planned special exposure; and

(b) The name of the management official who authorized the planned special exposure and a copy of the signed authorization; and

(c) What actions were necessary; and

(d) Why the actions were necessary; and

(e) What precautions were taken to assure that doses were maintained ALARA; and

(f) What individual and collective doses were expected to result.

(7) The licensee or registrant records the best estimate of the dose resulting from the planned special exposure in the individual's record and informs the individual, in writing, of the dose within thirty days from the date of the planned special exposure. The dose from planned special exposures shall not be considered in controlling future occupational dose of the individual pursuant to WAC 246-221-010(1) but shall be included in evaluations required by subsections (4) and (5) of this section.

(8) The licensee or registrant submits a written report in accordance with WAC 246-221-265.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-030, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-027, filed 12/8/80.]

WAC 246-221-040 Determination of internal exposure of individuals to concentrations of radioactive materials in restricted areas. For purposes of assessing dose used to determine compliance with occupational dose equivalent limits, the licensee shall, when required under WAC 246-221-100, take suitable and timely measurements of:

(a) Concentrations of radioactive materials in air in work areas; or

(b) Quantities of radionuclides in the body; or

(c) Quantities of radionuclides excreted from the body; or

(d) Combinations of these measurements.

(2) Unless respiratory protective equipment is used, as provided in WAC 246-221-117, or the assessment of intake is based on bioassays, the licensee shall assume that an individual inhales radioactive material at the airborne concentration in which the individual is present.

(3) When specific information on the physical and biochemical properties of the radionuclides taken into the body or the behavior or the material in an individual is known, the licensee may:

(a) Use that information to calculate the committed effective dose equivalent, and, if used, the licensee shall document that information in the individual's record; and

(b) Upon prior approval of the department, adjust the DAC or ALI values to reflect the actual physical and chemical characteristics of airborne radioactive material, for example, aerosol size distribution or density; and

(c) Separately assess the contribution of fractional intakes of Class D, W, or Y compounds of a given radionuclide to the committed effective dose equivalent. See WAC 246-221-290.

(4) If the licensee chooses to assess intakes of Class Y material using the measurements given in subsection (1)(b) or (c) of this section, the licensee may delay the recording and reporting of the assessments for periods up to seven months, unless otherwise required by WAC 246-221-250 or 246-221-260. This delay permits the licensee to make additional measurements basic to the assessments.

(5) If the identity and concentration of each radionuclide in a mixture are known, the fraction of the DAC applicable to the mixture for use in calculating DAC-hours shall be either:

(a) The sum of the ratios of the concentration to the appropriate DAC value, that is, D, W, or Y, from WAC 246-221-290 for each radionuclide in the mixture; or

(b) The ratio of the total concentration for all radionuclides in the mixture to the most restrictive DAC value for any radionuclide in the mixture.

(6) If the identity of each radionuclide in a mixture is known, but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture shall be the most restrictive DAC of any radionuclide in the mixture.

(7) When a mixture of radionuclides in air exists, a licensee may disregard certain radionuclides in the mixture if:

(a) The licensee uses the total activity of the mixture in demonstrating compliance with the dose limits in WAC 246-221-010 and in complying with the monitoring requirements in WAC 246-221-100; and

(b) The concentration of any radionuclide disregarded is less than ten percent of its DAC; and

(c) The sum of these percentages for all of the radionuclides disregarded in the mixture does not exceed thirty percent.

(8) When determining the committed effective dose equivalent, the following information may be considered:

(a) In order to calculate the committed effective dose equivalent, the licensee may assume that the inhalation of one ALI, or an exposure of 2,000 DAC-hours, results in a committed effective dose equivalent of 0.05 Sv (5 rem) for

radionuclides that have their ALIs or DACs based on the committed effective dose equivalent.

(b) For an ALI and the associated DAC determined by the nonstochastic organ dose limit of 0.50 Sv (50 rem), the intake of radionuclides that would result in a committed effective dose equivalent of 0.05 Sv (5 rem), that is, the stochastic ALI, is listed in parentheses in Table I of WAC 246-221-290. The licensee may, as a simplifying assumption, use the stochastic ALIs to determine committed effective dose equivalent. However, if the licensee uses the stochastic ALIs, the licensee shall also demonstrate that the limit in WAC 246-221-010 (1)(a)(ii) is met.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-040, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-030, filed 12/8/80; Order 1095, § 402-24-030, filed 2/6/76; Order 1, § 402-24-030, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-050 Occupational dose limits for minors. No licensee or registrant shall possess, use, or transfer sources of radiation in such a manner as to cause any occupationally exposed individual who is under 18 years of age, to receive a dose in excess of 10 percent of the annual occupational dose limits specified in WAC 246-221-010(1).

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-050, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-050, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-035, filed 12/8/80; Order 1095, § 402-24-035, filed 2/6/76.]

WAC 246-221-055 Dose to an embryo/fetus. (1) The licensee or registrant shall ensure that the dose to an embryo/fetus during the entire pregnancy, due to occupational exposure of a declared pregnant woman, does not exceed 5 mSv (0.5 rem).

(2) Once pregnancy has been declared, the licensee or registrant shall make every effort to avoid substantial variation above a uniform monthly exposure rate to a declared pregnant woman so as to satisfy the limit in subsection (1) of this section.

(3) If by the time the woman declares pregnancy to the licensee or registrant, the dose to the embryo/fetus has exceeded 4.5 mSv (0.45 rem), the licensee or registrant shall be deemed to be in compliance with subsection (1) of this section if the additional dose to the embryo/fetus does not exceed 0.50 mSv (0.05 rem) during the remainder of the pregnancy.

(4) The dose to an embryo/fetus shall be taken as the sum of:

(a) The calculated dose equivalent to the embryo/fetus resulting from external exposure of the declared pregnant woman or, in the absence of this information, the deep dose equivalent to the declared pregnant woman; and

(b) The dose to the embryo/fetus from radionuclides in the embryo/fetus and radionuclides in the declared pregnant woman.

(5) The licensee or registrant shall maintain the records of dose to an embryo/fetus with the records of dose to the declared pregnant woman. The declaration of pregnancy, including the estimated date of conception, shall also be kept on file, but may be maintained separately from the dose records.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-055, filed 12/9/93, effective 1/9/94.]

WAC 246-221-060 Dose limits for individual members of the public. (1) Each licensee or registrant shall conduct operations so that:

(a) The total effective dose equivalent to individual members of the public from the licensed or registered operation does not exceed 1 mSv (0.1 rem) in a year, exclusive of the dose contribution from the licensee's or registrant's disposal of radioactive material into sanitary sewerage in accordance with WAC 246-221-190; and

(b) The dose in any unrestricted area from external sources does not exceed 0.02 mSv (0.002 rem) in any one hour.

(2) If the licensee or registrant permits members of the public to have access to restricted areas, they shall be escorted and the limits for members of the public continue to apply to those individuals.

(3) Notwithstanding subsection (1) of this section, a licensee or registrant may continue to operate a facility constructed and put into operation prior to January 1, 1994, where the annual dose limit for an individual member of the public is more than 1 mSv (0.1 rem) and less than 5 mSv (0.5 rem) total effective dose equivalent, provided:

(a) The facility's approved operating conditions for each radiation source remain the same. Any increase in the following operating conditions shall require reevaluation and/or modification of the facility shielding applicable to the source of radiation to meet the 1 mSv (0.1 rem) total effective dose equivalent limit for individual members of the public: size of the radiation source, workload, or occupancy factors associated with the source of radiation; and

(b) Any change in the permanent shielding of the facility due to remodeling, repair or replacement shall require the facility to meet the 1 mSv (0.1 rem) total effective dose equivalent limit for individual members of the public for areas affected by that portion of the shielding.

(4) Each licensee or registrant shall maintain records sufficient to demonstrate compliance with the dose limit for individual members of the public.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-060, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-060, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-040, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-040, filed 12/8/80; Order 1095, § 402-24-040, filed 2/6/76; Order 1, § 402-24-040, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-070 Compliance with dose limits for individual members of the public. (1) The licensee shall make or cause to be made surveys of radiation levels in unrestricted areas and radioactive materials in effluents released to unrestricted areas to demonstrate compliance with

the dose limits for individual members of the public in WAC 246-221-060.

(2) A licensee shall show compliance with the annual dose limit in WAC 246-221-060 by:

(a) Demonstrating by measurement or calculation that the total effective dose equivalent to the individual likely to receive the highest dose from the licensed operation does not exceed the annual dose limit; or

(b) Demonstrating that:

(i) The annual average concentrations of radioactive material released in gaseous and liquid effluents at the boundary of the unrestricted area do not exceed the values specified in Table II of WAC 246-221-290; and

(ii) If an individual were continually present in an unrestricted area, the dose from external sources would not exceed 0.02 mSv (0.002 rem) in an hour and 0.50 mSv (0.05 rem) in a year.

(3) Upon approval from the department, the licensee may adjust the effluent concentration values in WAC 246-221-290, Table II, for members of the public, to take into account the actual physical and chemical characteristics of the effluents, such as, aerosol size distribution, solubility, density, radioactive decay equilibrium, and chemical form.

(4) The provisions of this section do not apply to disposal of radioactive material into sanitary sewerage systems, which is governed by WAC 246-221-190.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-070, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-070, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-050, filed 12/11/86; Order 1095, § 402-24-050, filed 2/6/76; Order 1, § 402-24-050, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-080 Leak tests. (1) Each sealed radioactive source possessed under the provisions of a specific license, other than hydrogen-3 (tritium), with a half-life greater than thirty days and in any form other than gas, shall be tested and results obtained for leakage and/or contamination prior to initial use and at six-month intervals or as specified by the license, except that each source designed for the purpose of emitting alpha particles shall be tested at intervals not to exceed three months. If at any other time there is reason to suspect that a sealed source might have been damaged, it shall be tested for leakage and results obtained before further use. In the absence of a certificate from a transferor indicating that a test for leakage has been made within six months prior to the transfer (three months for a source designed to emit alpha particles), the sealed source shall not be put into use until tested and the results received.

(2) Leak tests shall be capable of detecting the presence of 185 Bq (0.005 microcurie) of removable contamination. The results of leak tests made pursuant to subsection (1) of this section shall be recorded in units of becquerel or microcuries and shall be maintained for inspection by the department. Any test conducted pursuant to subsection (1) which reveals the presence of 185 Bq (0.005 microcurie) or more of removable contamination shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the source from use shall take action to prevent the spread of contamination and shall cause it to be decontaminated and repaired or to be disposed in accordance with WAC 246-232-080. If a sealed source shows evidence of leaking, a report shall be filed with the department within five days of the test, describing the equipment involved, the test results, and the corrective action taken.

(3) Test samples shall be taken from the sealed source or from the internal surfaces or the opening of the container in which the sealed source is stored or from surfaces of devices or equipment in which the sealed source is permanently mounted. Tests for contamination and leakage may be made by wiping appropriate accessible surfaces on which one might expect contamination to accumulate and measuring these wipes for transferred contamination. Test samples shall also be taken from the interior surfaces of the container in which a sealed source of radium is stored.

(4) Leak tests are required for sealed radioactive sources that are greater than 3.7 MBq (100 microcuries) for beta and gamma emitting sources and greater than 370 KBq (10 microcuries) for sources designed to emit alpha particles.

(5) Tests for leakage or contamination shall be performed by persons specifically authorized by the department, an agreement state, a licensing state, or the United States Nuclear Regulatory Commission to perform such services.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-080, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-060, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-060, filed 12/8/80; Order 1095, § 402-24-060, filed 2/6/76; Order 1, § 402-24-060, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-090 Personnel monitoring for external dose. Each licensee or registrant shall monitor occupational exposure from sources of radiation at levels sufficient to demonstrate compliance with the occupational dose limits of WAC 246-221-010, 246-221-030, 246-221-050 and 246-221-055.

(1) Each licensee or registrant shall supply and shall require the use of individual monitoring devices by:

(a) Each adult likely to receive, in one year from sources external to the body, a dose in excess of ten percent of the applicable limits specified in WAC 246-221-010(1).

(b) Each minor or declared pregnant woman likely to receive, in one year from sources external to the body, a dose in excess of ten percent of the applicable limits specified in WAC 246-221-050 or 246-221-055.

(c) Each individual who enters a high or very high radiation area.

(2) Personnel monitoring devices assigned to an individual:

(a) Shall not intentionally be exposed to give a false or erroneous reading;

(b) Shall be assigned to one individual per exposure interval (i.e., weekly, monthly) and used to determine exposure for that individual only;

(c) Shall not be worn by any individual other than that individual originally assigned to the device;

(d) Personnel monitoring devices that are exposed while not being worn by the assigned individual shall be processed and recorded as soon as possible. A replacement monitoring

device shall be assigned to the individual immediately. A record of the circumstances of the exposure shall be retained.

(3) All personnel dosimeters, except for direct and indirect reading pocket ionization chambers and those dosimeters used to measure the dose to any extremities, that require processing to determine the radiation dose and that are utilized by licensees or registrants to comply with subsection (1) of this section, with other applicable provisions of chapters 246-220 through 246-255 WAC, or with conditions specified in a licensee's license must be processed and evaluated by a dosimetry processor:

(a) Holding current personnel dosimetry accreditation from either the National Voluntary Laboratory Accreditation Program (NVLAP) of the National Institute of Standards and Technology (formerly known as the National Bureau of Standards) or the United States Department of Energy Laboratory Accreditation Program for Personnel Dosimetry Systems (DOELAP); and

(b) Approved in this accreditation process for the type of radiation or radiations included in the NVLAP or DOELAP program that most closely approximate the type of radiation or radiations for which the individual wearing the dosimeter is monitored.

(4) For the purposes of this section "dosimetry processor" means an individual or an organization that processes and evaluates personnel monitoring devices in order to determine the radiation dose delivered to the device.

(5) Each licensee or registrant shall maintain records of doses received by all individuals for whom monitoring was required pursuant to subsection (1) of this section, and records of doses received during planned special exposures, accidents, and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:

(a) The deep dose equivalent to the whole body, eye dose equivalent, shallow dose equivalent to the skin, and shallow dose equivalent to the extremities; and

(b) The total effective dose equivalent when required by WAC 246-221-015; and

(c) The total of the deep dose equivalent and the committed dose to the organ receiving the highest total dose (total organ dose equivalent).

(6) The licensee or registrant shall maintain the records specified in subsection (5) of this section on department Form RHF-5A, in accordance with the instructions provided thereon, or in clear and legible records containing all the information required by Form RHF-5A; and shall update the information at least annually.

(7) Each licensee or registrant shall ensure that individuals, for whom they are required to monitor occupational doses in accordance with subsection (1) of this section, wear individual monitoring devices as follows:

(a) An individual monitoring device used for monitoring the dose to the whole body shall be worn at the unshielded or least shielded location of the whole body likely to receive the highest exposure. When a protective apron is worn, the location of the individual monitoring device is typically at the neck (collar).

(b) Any additional individual monitoring device used for monitoring the dose to an embryo/fetus of a declared pregnant woman, pursuant to WAC 246-221-055(1), shall be located at the waist under any protective apron being worn by the woman.

(c) An individual monitoring device used for monitoring the eye dose equivalent, to demonstrate compliance with WAC 246-221-010 (1)(b)(i), shall be located at the neck (collar), outside any protective apron being worn by the monitored individual, or at an unshielded location closer to the eye.

(d) An individual monitoring device used for monitoring the dose to the extremities, to demonstrate compliance with WAC 246-221-010 (1)(b)(ii), shall be worn on the extremity likely to receive the highest exposure. Each individual monitoring device shall be oriented to measure the highest dose to the extremity being monitored.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-090, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 92-06-008 (Order 245), § 246-221-090, filed 2/21/92, effective 3/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-070, filed 12/8/80; Order 1095, § 402-24-070, filed 2/6/76; Order 708, § 402-24-070, filed 8/24/72; Order 1, § 402-24-070, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-100 Personnel monitoring for internal dose. (1) Each licensee shall monitor, to determine compliance with WAC 246-221-040, the occupational intake of radioactive material by and assess the committed effective dose equivalent to:

(a) Adults likely to receive, in 1 year, an intake in excess of ten percent of the applicable ALI in Table I, Columns 1 and 2, of WAC 246-221-290; and

(b) Minors and declared pregnant women likely to receive, in one year, a committed effective dose equivalent in excess of 0.50 mSv (0.05 rem).

(2) Where necessary or desirable in order to aid in determining the extent of an individual's exposure to concentrations of radioactive material, the department may incorporate license provisions or issue an order requiring a licensee or registrant to make available to the individual appropriate bioassay services and to furnish a copy of the reports of such services to the department.

(3) Each licensee shall maintain records of doses received by all individuals for whom monitoring was required pursuant to subsections (1) and (2) of this section, and records of doses received during planned special exposures, accidents, and emergency conditions. Assessments of dose equivalent and records made using units in effect before January 1, 1994, need not be changed. These records shall include, when applicable:

(a) The estimated intake or body burden of radionuclides; and

(b) The committed effective dose equivalent assigned to the intake or body burden of radionuclides; and

(c) The specific information used to calculate the committed effective dose equivalent pursuant to WAC 246-221-040; and

(d) The total effective dose equivalent when required by WAC 246-221-015; and

(e) The total of the deep dose equivalent and the committed dose to the organ receiving the highest total dose (total organ dose equivalent).

(4) The licensee or registrant shall maintain the records specified in subsection (3) of this section on department Form RHF-5A, in accordance with the instructions provided thereon, or in clear and legible records containing all the information required by Form RHF-5A; and shall update the information at least annually.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-100, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-100, filed 12/27/90, effective 1/31/91; Order 1095, § 402-24-080, filed 2/6/76; Order 1, § 402-24-080, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-102 Control of access to high radiation areas. (1) The licensee or registrant shall ensure that each entrance or access point to a high radiation area has one or more of the following features:

(a) A control device that, upon entry into the area, causes the level of radiation to be reduced below that level at which an individual might receive a deep dose equivalent of 1 mSv (0.1 rem) in one hour at thirty centimeters from the source of radiation or from any surface that the radiation penetrates; or

(b) A control device that energizes a conspicuous visible or audible alarm signal so that the individual entering the high radiation area and the supervisor of the activity are made aware of the entry; or

(c) Entryways that are locked, except during periods when access to the areas is required, with positive control over each individual entry.

(2) In place of the controls required by subsection (1) of this section for a high radiation area, the licensee or registrant may substitute continuous direct or electronic surveillance that is capable of preventing unauthorized entry.

(3) The licensee or registrant may apply to the department for approval of alternative methods for controlling access to high radiation areas.

(4) The licensee or registrant shall establish the controls required by subsections (1) and (3) of this section in a way that does not prevent individuals from leaving a high radiation area.

(5) The licensee is not required to control each entrance or access point to a room or other area that is a high radiation area solely because of the presence of radioactive materials prepared for transport and packaged and labeled in accordance with the regulations of the United States Department of Transportation provided that:

(a) The packages do not remain in the area longer than three days; and

(b) The dose rate at one meter from the external surface of any package does not exceed 0.1 mSv (0.01 rem) per hour.

(6) The licensee is not required to control entrance or access to rooms or other areas in hospitals solely because of the presence of patients containing radioactive material, provided that there are personnel in attendance who are taking the necessary precautions to prevent the exposure of individuals to radiation or radioactive material in excess of the established limits and to operate within the ALARA provisions of the licensee's radiation protection program.

(7) The licensee or registrant is not required to control entrance or access to rooms or other areas as described in this section if the licensee or registrant has met all the specific requirements for access and control specified in other applicable chapters of these regulations, such as, chapter 246-243 WAC for industrial radiography, chapter 246-225 WAC for x-rays in the healing arts, and chapter 246-229 WAC for particle accelerators.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-102, filed 12/9/93, effective 1/9/94.]

WAC 246-221-104 Control of access to very high radiation areas. (1) In addition to the requirements in WAC 246-221-102, the licensee or registrant shall institute additional measures to ensure that an individual is not able to gain unauthorized or inadvertent access to areas in which radiation levels could be encountered at five Gy (500 rad) or more in one hour at one meter from a source of radiation or any surface through which the radiation penetrates. This requirement does not apply to rooms or areas in which diagnostic x-ray systems are the only source of radiation, or to nonself-shielded irradiators.

(2) The licensee or registrant is not required to control entrance or access to rooms or other areas containing sources of radiation capable of producing a very high radiation area as described in this section if the licensee or registrant has met all the specific requirements for access and control specified in other applicable chapters of these regulations, such as, chapter 246-243 WAC for industrial radiography, chapter 246-225 WAC for x-rays in the healing arts, and chapter 246-229 WAC for particle accelerators.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-104, filed 12/9/93, effective 1/9/94.]

WAC 246-221-106 Control of access to very high radiation areas—Irradiators. (1) This section applies to licensees or registrants with sources of radiation in nonself-shielded irradiators. This section does not apply to sources of radiation that are used in teletherapy, in industrial radiography, or in completely self-shielded irradiators in which the source of radiation is both stored and operated within the same shielding radiation barrier and, in the designed configuration of the irradiator, is always physically inaccessible to any individual and cannot create a radiation level of five Gy (500 rad) or more in one hour at one meter in an area that is accessible to any individual.

(2) Each area in which there may exist radiation levels in excess of five Gy (500 rad) in one hour at one meter from a source of radiation that is used to irradiate materials shall meet the following requirements:

(a) Each entrance or access point shall be equipped with entry control devices which:

(i) Function automatically to prevent any individual from inadvertently entering a very high radiation area; and

(ii) Permit deliberate entry into the area only after a control device is actuated that causes the radiation level within the area, from the source of radiation, to be reduced below that at which it would be possible for an individual to receive a deep dose equivalent in excess of one mSv (0.1 rem) in one hour; and

(iii) Prevent operation of the source of radiation if it would produce radiation levels in the area that could result in a deep dose equivalent to an individual in excess of one mSv (0.1 rem) in one hour.

(b) Additional control devices shall be provided so that, upon failure of the entry control devices to function as required by (a) of this subsection:

(i) The radiation level within the area, from the source of radiation, is reduced below that at which it would be possible for an individual to receive a deep dose equivalent in excess of one mSv (0.1 rem) in one hour; and

(ii) Conspicuous visible and audible alarm signals are generated to make an individual attempting to enter the area aware of the hazard and at least one other authorized individual, who is physically present, familiar with the activity, and prepared to render or summon assistance, aware of the failure of the entry control devices.

(c) The licensee or registrant shall provide control devices so that, upon failure or removal of physical radiation barriers other than the sealed source's shielded storage container:

(i) The radiation level from the source of radiation is reduced below that at which it would be possible for an individual to receive a deep dose equivalent in excess of one mSv (0.1 rem) in one hour; and

(ii) Conspicuous visible and audible alarm signals are generated to make potentially affected individuals aware of the hazard and the licensee or registrant or at least one other individual, who is familiar with the activity and prepared to render or summon assistance, aware of the failure or removal of the physical barrier.

(d) When the shield for stored sealed sources is a liquid, the licensee shall provide means to monitor the integrity of the shield and to signal, automatically, loss of adequate shielding.

(e) Physical radiation barriers that comprise permanent structural components, such as walls, that have no credible probability of failure or removal in ordinary circumstances need not meet the requirements of (c) and (d) of this subsection.

(f) Each area shall be equipped with devices that will automatically generate conspicuous visible and audible alarm signals to alert personnel in the area before the source of radiation can be put into operation and in time for any individual in the area to operate a clearly identified control device, which must be installed in the area and which can prevent the source of radiation from being put into operation.

(g) Each area shall be controlled by use of such administrative procedures and such devices as are necessary to ensure that the area is cleared of personnel prior to each use of the source of radiation.

(h) Each area shall be checked by a radiation measurement to ensure that, prior to the first individual's entry into the area after any use of the source of radiation, the radiation level from the source of radiation in the area is below that at which it would be possible for an individual to receive a deep dose equivalent in excess of one mSv (0.1 rem) in one hour.

(i) Entry and exit portals that are used in transporting materials to and from the irradiation area, and that are not intended for use by individuals, shall be controlled by such devices and administrative procedures as are necessary to physically protect and warn against inadvertent entry by any individual through these portals. Exit portals for irradiated materials shall be equipped to detect and signal the presence of any loose radioactive material that is carried toward such an exit and automatically to prevent loose radioactive material from being carried out of the area.

(3) The entry control devices required in subsection (2)(a) of this section shall be tested for proper functioning:

(a) Prior to initial operation with the source of radiation on any day, unless operations were continued uninterrupted from the previous day; and

(b) Prior to resumption of operation of the source of radiation after any unintentional interruption; and

(c) In accordance with a schedule for periodic tests of the entry control and warning systems submitted by the licensee or registrant and approved by the department.

(4) The licensee or registrant shall not conduct operations, other than those necessary to place the source of radiation in safe condition or to effect repairs on controls, unless control devices are functioning properly.

(5) Licensees, registrants, or applicants for licenses or registrations for sources of radiation within the purview of subsection (2) of this section which will be used in a variety of positions or in locations, such as open fields or forests, that make it impracticable to comply with certain requirements of subsection (2) of this section, such as those for the automatic control of radiation levels, may apply to the department for approval of alternative safety measures. Alternative safety measures shall provide personnel protection at least equivalent to those specified in subsection (2) of this section. At least one of the alternative measures shall include an entry-preventing interlock control based on a measurement of the radiation that ensures the absence of high radiation levels before an individual can gain access to the area where such sources of radiation are used.

(6) The entry control devices required by subsections (2) and (3) of this section shall be established in such a way that no individual will be prevented from leaving the area.

(7) The licensee shall maintain records of tests made pursuant to subsection (3) of this section on entry control devices for very high radiation areas. These records shall include the date, time, and results of each such test of function.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-106, filed 12/9/93, effective 1/9/94.]

WAC 246-221-110 Surveys. (1) Each licensee or registrant shall make or cause to be made such surveys, as defined in WAC 246-220-010, as may be necessary for the licensee or registrant to establish compliance with these regulations and are reasonable under the circumstances to evaluate radiation levels, concentrations or quantities of radioactive material, and the extent of potential radiation hazards that may be present. Records of such surveys shall be preserved as specified in WAC 246-221-230. Information on performing surveys may be found in the United States Nuclear Regulatory Commission's Regulatory Guide 8.23.

(2) The licensee shall ensure that instruments and equipment used for quantitative radiation measurements, for example, dose rate and effluent monitoring, are calibrated

annually at intervals not to exceed thirteen months for the radiation measured.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-110, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-110, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-085, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-085, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-085, filed 12/8/80; Order 1095, § 402-24-085, filed 2/6/76.]

WAC 246-221-113 Use of process, engineering or other controls. (1) The licensee shall use, to the extent practicable, process or other engineering controls, such as, containment or ventilation, to control the concentrations of radioactive material in air.

(2) When it is not practicable to apply process or other engineering controls to control the concentrations of radioactive material in air to values below those that define an airborne radioactivity area, the licensee shall, consistent with maintaining the total effective dose equivalent ALARA, increase monitoring and limit intakes by one or more of the following means:

(a) Control of access; or

(b) Limitation of exposure times; or

(c) Use of respiratory protection equipment; or

(d) Other controls.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-113, filed 12/9/93, effective 1/9/94.]

WAC 246-221-117 Use of individual respiratory protection equipment. (1) If the licensee uses respiratory protection equipment to limit intakes pursuant to WAC 246-221-113:

(a) The licensee shall use only respiratory protection equipment that is:

(i) Tested and certified or had certification extended by the National Institute for Occupational Safety and Health and the Mine Safety and Health Administration; or

(ii) Approved by the department on the basis of the licensee's submittal of an application for authorized use of other respiratory protection equipment, including a demonstration by testing, or a demonstration on the basis of reliable test information, that the material and performance characteristics of the equipment are capable of providing the proposed degree of protection under anticipated conditions of use.

(b) The licensee shall implement and maintain a respiratory protection program that includes:

(i) Air sampling sufficient to identify the potential hazard, permit proper equipment selection, and estimate exposures; and

(ii) Surveys and bioassays, as appropriate, to evaluate actual intakes; and

(iii) Testing of respirators for operability immediately prior to each use; and

(iv) Written procedures regarding selection, fitting, issuance, maintenance, cleaning, repair, and testing of respirators, including testing for operability immediately prior to each use; supervision and training of personnel; monitoring, including air sampling and bioassays; and recordkeeping; and

(v) Determination by a physician prior to initial fitting of respirators, and at least every twelve months thereafter, that the individual user is physically able to use the respiratory protection equipment.

(c) The licensee shall issue a written policy statement on respirator usage covering:

(i) The use of process or other engineering controls, instead of respirators; and

(ii) The routine, nonroutine, and emergency use of respirators; and

(iii) The length of periods of respirator use and relief from respirator use.

(d) The licensee shall advise each respirator user that the user may leave the area at any time for relief from respirator use in the event of equipment malfunction, physical or psychological distress, procedural or communication failure, significant deterioration of operating conditions, or any other conditions that might require such relief.

(e) The licensee shall use equipment within the equipment manufacturer's expressed limitations for type and mode of use and shall provide proper visual, communication, and other special capabilities, such as adequate skin protection, when needed.

(2) When estimating exposure of individuals to airborne radioactive materials, the licensee may make allowance for respiratory protection equipment used to limit intakes pursuant to WAC 246-221-113, provided that the following conditions, in addition to those in subsection (1) of this section, are satisfied:

(a) The licensee selects respiratory protection equipment that provides a protection factor, specified in WAC 246-221-285, greater than the multiple by which peak concentrations of airborne radioactive materials in the working area are expected to exceed the values specified in WAC 246-221-290, Table I, Column 3. However, if the selection of respiratory protection equipment with a protection factor greater than the peak concentration is inconsistent with the goal specified in WAC 246-221-113 of keeping the total effective dose equivalent ALARA, the licensee may select respiratory protection equipment with a lower protection factor provided that such a selection would result in a total effective dose equivalent that is ALARA. The concentration of radioactive material in the air that is inhaled when respirators are worn may be initially estimated by dividing the average concentration in air, during each period of uninterrupted use, by the protection factor. If the exposure is later found to be greater than initially estimated, the corrected value shall be used; if the exposure is later found to be less than initially estimated, the corrected value may be used.

(b) The licensee shall obtain authorization from the department before assigning respiratory protection factors in excess of those specified in WAC 246-221-285. The department may authorize a licensee to use higher protection factors on receipt of an application that:

(i) Describes the situation for which a need exists for higher protection factors, and

(ii) Demonstrates that the respiratory protection equipment provides these higher protection factors under the proposed conditions of use.

(3) In an emergency, the licensee shall use as emergency equipment only respiratory protection equipment that has

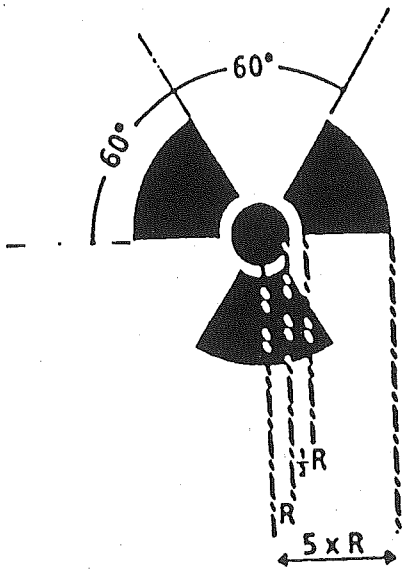
been specifically certified or had certification extended for emergency use by the National Institute for Occupational Safety and Health and the Mine Safety and Health Administration.

(4) Unless already authorized by license condition, the licensee shall notify the department in writing at least thirty days before the date that respiratory protection equipment is first used pursuant to either subsection (1) or (2) of this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-117, filed 12/9/93, effective 1/9/94.]

WAC 246-221-120 Caution signs, and labels. (1) The radiation symbol shall be used on all signs, labels, or other written means of warning individuals concerning radiation hazards.

(a) The symbol prescribed by this section is the conventional three-blade design: Radiation symbol



(b) The symbol prescribed by this section shall be:

(i) Magenta, purple, or black on a yellow background; or

(ii) Conspicuously etched or stamped without regard to a color requirement on sources, source holders or device components containing sources which are subjected to extreme environmental conditions which would cause the color to deteriorate.

(2) The conventional radiation symbol as described in subsection (1) of this section shall be used only for:

(a) Instructing individuals to be cognizant of a potential radiation hazard as prescribed in subsections (4) through (10) of this section.

(b) Indicating that information presented pertains to the topic of radiation.

(3) In addition to the contents of signs and labels prescribed in this section, a licensee or registrant may provide on or near such signs and labels any additional information which may be appropriate in aiding individuals to minimize exposure to radiation.

(4) Each *radiation area* and entrance thereto shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION* - RADIATION AREA. However, in an exceptionally large room where other activities of a nonradiological nature are conducted the entrance need not be posted provided a conspicuous barricade with an appropriate number of signs is established to delineate the radiation area.

(5) Each high radiation area and all entrances thereto shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION* - HIGH RADIATION AREA or DANGER - HIGH RADIATION AREA. To avoid unnecessary exposure, the licensee or registrant may satisfy this requirement by posting the sign at the estimated location or vicinity of the high radiation area.

(6) Each very high radiation area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: GRAVE DANGER - VERY HIGH RADIATION AREA. To avoid unnecessary exposure, the licensee or registrant may satisfy this requirement by posting the sign at the estimated location or vicinity of the very high radiation area.

(7) Each airborne radioactivity area shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION* - AIRBORNE RADIOACTIVITY AREA or DANGER - AIRBORNE RADIOACTIVITY AREA.

(8) Each area or room in which any radioactive material is used or stored in an amount exceeding 10 times the quantity of radioactive material specified in WAC 246-221-300 shall be conspicuously posted with a sign or signs bearing the radiation caution symbol and the words: CAUTION* - RADIOACTIVE MATERIAL or DANGER - RADIOACTIVE MATERIAL.

(9) Each container of radioactive material shall bear a durable, clearly visible label identifying the radioactive contents including:

(a) The radiation caution symbol and the words: CAUTION* - RADIOACTIVE MATERIAL or DANGER - RADIOACTIVE MATERIAL.

(b) Sufficient information to permit individuals handling or using the containers, or working in the vicinity thereof, to take precautions to avoid or minimize exposures, such as radionuclides present, radiation levels, estimate of activity and mass enrichment.

(c) Where containers are used for storage, the quantities and kinds of radioactive materials in the containers and the date of measurement of the quantities.

(10) All radiation machines shall be labeled in a conspicuous manner so as to caution individuals that radiation is produced when the machine is being operated.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-120, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-090, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-090, filed 12/8/80; Order 1095, § 402-24-090, filed 2/6/76; Order 1, § 402-24-090, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-130 Exceptions from posting and labeling requirements. (1) A room or area is not required to be posted with a caution sign because of the presence of a sealed source, provided the radiation level 30 centimeters

from the surface of the source container or housing does not exceed 0.05 mSv (five millirem) per hour.

(2) Rooms or other areas in hospitals are not required to be posted with caution signs because of the presence of patients containing radioactive material provided that confinement is not required pursuant to chapters 246-239 and 246-240 WAC.

(3) Caution signs are not required to be posted in areas or rooms containing radioactive material for periods of less than eight hours provided that:

(a) The material is constantly attended during such periods by an individual who shall take the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established in this part; and

(b) Such area or room is subject to the licensee's or registrant's control.

(4) A room or other area is not required to be posted with a caution sign because of the presence of radioactive material prepared for transport and packaged and labeled in accordance with regulations of the United States Department of Transportation.

(5) A room or area is not required to be posted with a caution sign because of the presence of a diagnostic x-ray system used solely for healing arts purposes.

(6) The interior of a teletherapy room is not required to be posted with caution signs provided such posting is conspicuously placed at the entrance(s) to the rooms.

(7) A licensee is not required to label:

(a) Containers holding licensed material in quantities less than the quantities listed in WAC 246-221-300; or

(b) Containers holding licensed material in concentrations less than those specified in WAC 246-221-290, Table III; or

(c) Containers attended by an individual who takes the precautions necessary to prevent the exposure of any individual to radiation or radioactive material in excess of the limits established by this chapter; or

(d) Containers when they are in transport and packaged and labeled in accordance with the regulations of the United States Department of Transportation; or

(e) Containers such as those located in water-filled canals, storage vaults, or hot cells, that are accessible only to individuals authorized to handle or use them, or to work in the vicinity of the containers, provided the contents are identified to these individuals by a readily available written record. The record shall be retained as long as the containers are in use for the purpose indicated on the record; or

(f) Installed manufacturing or process equipment, such as chemical process equipment, piping, and tanks.

(8) Each licensee, prior to removal or disposal of empty uncontaminated containers to unrestricted areas, shall remove or deface the radioactive material label or otherwise clearly indicate that the container no longer contains radioactive materials.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-130, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-095, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-095, filed 12/8/80; Order 1095, § 402-24-095, filed 2/6/76.]

WAC 246-221-150 Security and control of stored radioactive material and radiation machines. (1) Licensed radioactive materials and registered radiation machines shall be secured from, or controlled in such a manner so as to prevent, unauthorized access or removal from the place of storage.

(2) Licensed radioactive materials in an unrestricted area and not in storage shall be tended under the constant surveillance and immediate control of the licensee.

(3) Registered radiation machines in an unrestricted area and not in storage shall be under the control of the registrant.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-150, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-120, filed 9/16/83; Order 1095, § 402-24-120, filed 2/6/76; Order 1, § 402-24-120, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-160 Procedures for picking up, receiving, and opening packages. (1)(a) Each licensee who expects to receive a package containing quantities of radioactive material in excess of the Type A_1 or A_2 quantities specified in WAC 246-220-110 shall make arrangements to receive:

(i) The package when it is offered for delivery by the carrier; or

(ii) Immediate notification from the carrier of the arrival of the package at the carrier's terminal.

(b) Each licensee who picks up a package of radioactive material from a carrier's terminal shall pick up the package expeditiously upon receipt of notification from the carrier of its arrival.

(2) Each licensee shall:

(a) Monitor for radioactive contamination the external surfaces of any package labeled with a Radioactive White I, Yellow II or Yellow III label unless the package contains only radioactive material in the form of gas or in special form as defined in WAC 246-220-010 and 246-220-120; and

(b) Monitor the radiation levels of the external surfaces of any package labeled with a Radioactive White I, Yellow II or Yellow III label unless the package contains quantities of radioactive material that are less than or equal to the Type A quantity, as defined in WAC 246-220-110; and

(c) Monitor all packages known to contain radioactive material for radioactive contamination and radiation levels if the package has evidence of potential contamination, such as packages that are crushed, wet, or damaged.

(3) The monitoring shall be performed:

(a) Immediately upon receipt if there is evidence of package degradation or any other evidence of potential contamination or excessive radiation levels; or

(b) As soon as practicable after receipt, but no later than three hours after the package is received at the licensee's facility if received during the licensee's normal working hours, or no later than three hours from the beginning of the next working day if received after normal working hours.

(4) The licensee shall immediately notify the final delivery carrier and, by telephone and telegram, mailgram, or facsimile, the department when:

(a) For normal shipments, removable radioactive surface contamination exceeds either 22 dpm/cm2 for beta-gamma

emitting radionuclides, all radionuclides with half-lives less than ten days, natural uranium, natural thorium, uranium-235, uranium-238, thorium-232, and thorium-228 and thorium 230 when contained in ores or concentrates; or 2.2 dpm/cm2 for all other alpha emitting radionuclides; or

(b) For exclusive use shipments, removable radioactive surface contamination exceeds either 220 dpm/cm2 for beta-gamma emitting radionuclides, all radionuclides with half-lives less than ten days, natural uranium, natural thorium, uranium-235, uranium-238, thorium-232, and thorium-228 and thorium 230 when contained in ores or concentrates; or 22 dpm/cm2 for all other alpha emitting radionuclides; or

(c) For normal or exclusive use shipments, external radiation levels exceed two mSv/hour (200 millirem per hour) at any point on the external surface of the package; or

(d) For exclusive use shipments where the shipment is made in a closed transport vehicle, packages are secured in a fixed position, and no loading or unloading occurs between the beginning and end of transportation, external radiation levels exceed ten mSv/hour (1000 millirem per hour) at any point on the external surface of the package.

(5) Each licensee shall establish and maintain procedures for safely opening packages in which radioactive material is received, and shall assure that such procedures are followed and that due consideration is given to instructions for the type of package being opened and the monitoring of potentially contaminated packaging material (including packages containing radioactive material in gaseous form) to assure that only background levels of radiation are present prior to disposal of such material as nonradioactive waste.

(6) Licensees transferring special form sources to and from a work site in vehicles owned or operated by the licensee are exempt from the contamination monitoring requirements of subsection (2)(a) of this section but are not exempt from the monitoring requirement in subsection (2)(b) of this section for measuring radiation levels to ensure that the source is still properly lodged in its shield.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-160, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-125, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-125, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-125, filed 12/8/80; Order 1095, § 402-24-125, filed 2/6/76.]

WAC 246-221-170 Waste disposal, general requirement. (1) No licensee shall dispose of any radioactive material except:

(a) By transfer to an authorized recipient as provided in WAC 246-232-080, or chapter 246-249 WAC; or

(b) As authorized pursuant to WAC 246-221-070, 246-221-180, 246-221-190, 246-221-200, 246-221-210, or 246-221-220.

(c) By decay in storage as authorized in a specific license.

(2) A person shall be specifically licensed to receive waste containing licensed material from other persons for:

(a) Treatment prior to disposal; or

(b) Treatment or disposal by incineration; or

(c) Decay in storage; or

(d) Disposal at a land disposal facility licensed pursuant to chapter 246-250 WAC; or

(e) Storage until transferred to a disposal facility authorized to receive the waste.

(3) Nothing in chapter 246-221 WAC relieves the licensee from complying with other applicable federal, state, and local regulations governing any other toxic or hazardous properties of materials that may be disposed pursuant to this chapter.

(4) Each licensee shall maintain records of all transfers and disposals of radioactive material.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-170, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-170, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-130, filed 12/8/80; Order 1095, § 402-24-130, filed 2/6/76; Order 1, § 402-24-130, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-180 Method of obtaining approval of proposed disposal procedures. Any person may apply to the department for approval of proposed procedures to dispose of radioactive material in a manner not otherwise authorized in this chapter. Each application shall contain a description of the radioactive material, including the quantities and kinds of radioactive material and levels of radioactivity involved, the physical and chemical properties that have an impact on risk evaluation, and the proposed manner and conditions of disposal. The application, where appropriate, shall also include an analysis and evaluation of pertinent information as to the nature of the environment, including topographical, geological, meteorological, and hydrological characteristics; usage of ground and surface waters in the general area; the nature and location of other potentially affected facilities; analyses and procedures to ensure that doses are maintained ALARA within the dose limits of this chapter; and procedures to be observed to minimize the risk of unexpected or hazardous exposures.

The department will not approve any application for a license to receive radioactive material from other persons for disposal on land not owned by a state or the federal government.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-180, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-135, filed 12/11/86; Order 1095, § 402-24-135, filed 2/6/76.]

WAC 246-221-190 Disposal by release into sanitary sewerage systems. (1) No licensee shall discharge radioactive material into a sanitary sewerage system unless:

(a) It is readily soluble or it is biological material which is readily dispersible in water;

(b) The quantity of any radioactive material released in any one month, if diluted by the average monthly quantity of water released by the licensee, will not result in an average concentration exceeding the limits specified in WAC 246-221-290, Table III; and

(c) The sum of the fractions for each radionuclide, if more than one radionuclide is released, will not exceed unity; where the fraction for each radionuclide is determined

by dividing the actual monthly average concentration of each radionuclide released by the licensee into the sewer by the concentration of that radionuclide listed in Table III of WAC 246-221-290; and

(d) The total quantity of licensed and other radioactive material that the licensee releases into the sanitary sewerage system in a year does not exceed 185 GBq (5 Ci) of hydrogen-3, 37 GBq (1 Ci) of carbon-14, and 37 GBq (1 Ci) of all other radioactive materials combined.

(2) Excreta from individuals undergoing medical diagnosis or therapy with radioactive material shall be exempt from any limitations contained in this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-190, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-190, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-140, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-140, filed 12/8/80; Order 1095, § 402-24-140, filed 2/6/76; Order 1, § 402-24-140, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-220 Disposal of specific wastes. (1) Any licensee may dispose of the following licensed material without regard to its radioactivity:

(a) 1.85 KBq (0.05 microcuries) or less of hydrogen-3 or carbon-14, per gram of medium, used for liquid scintillation counting; and

(b) 1.85 KBq (0.05 microcuries) or less of hydrogen-3 or carbon-14, per gram of animal tissue averaged over the weight of the entire animal.

(2) The licensee shall not dispose of tissue under this section in a manner that would permit its use either as food for humans or as animal feed; and

(3) Nothing in this section, however, relieves the licensee of maintaining records showing the receipt, transfer and disposal of such byproduct material as specified in WAC 246-220-020; and

(4) Nothing in this section relieves the licensee from complying with other applicable federal, state and local regulations governing any other toxic or hazardous property of these materials.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-220, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-220, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-165, filed 9/16/83.]

WAC 246-221-230 Records important to radiation safety. (1) Each licensee or registrant shall make and retain records of activities, program reviews, measurements, and calculations which may be necessary to determine the extent of occupational and public exposure from sources of radiation under the control of the licensee or registrant.

(2) Each record required by this section shall be legible throughout the specified retention period.

(3) Each licensee or registrant shall use the SI units: Becquerel, gray, sievert and coulomb per kilogram, or the special units: Curie, rad, rem, and roentgen, including multiples and subdivisions, and shall clearly indicate the units of all quantities on records required by these regulations.

(4) The licensee or registrant shall make a clear distinction among the quantities entered on the records required by these regulations such as, total effective dose equivalent, total organ dose equivalent, shallow dose equivalent, eye dose equivalent, deep dose equivalent, or committed effective dose equivalent.

(5) Records which must be maintained pursuant to this part shall be the original or a reproduced copy or microform if such reproduced copy or microform is duly authenticated by authorized personnel and the microform is capable of producing a clear and legible copy after storage for the period specified by department regulations. The record may also be stored in electronic media with the capability for producing legible, accurate, and complete records during the required retention period. Electronic media data storage systems shall incorporate standard or universally recognized security measures. Records, such as letters, drawings, and specifications, shall include all pertinent information, such as stamps, initials, and signatures.

(6) The licensee shall maintain adequate safeguards against tampering with and loss of records.

(7) The licensee or registrant shall retain the following required records until the department terminates each pertinent license or registration requiring the record, and upon termination of the license or registration, the licensee or registrant shall store for at least thirty years:

(a) Records of prior occupational dose and exposure history as recorded on department Form RHF-4 or RHF-4A, or equivalent;

(b) Records on department Form RHF-5 or RHF-5A, or equivalent, of doses received by all individuals for whom monitoring was required pursuant to WAC 246-221-090 and 246-221-100;

(c) Records of doses received during planned special exposures, accidents, and emergency conditions;

(d) The specific information used to calculate the committed effective dose equivalent pursuant to WAC 246-221-040(3);

(e) Records of the results of surveys to determine the dose from external sources of radiation used, in the absence of or in combination with individual monitoring data, in the assessment of individual dose equivalents;

(f) Records of the results of measurements and calculations used to determine individual intakes of radioactive material and used in the assessment of internal dose;

(g) Records showing the results of air sampling, surveys, and bioassays required pursuant to WAC 246-221-117 (1)(b)(i) and (ii);

(h) Records of the results of measurements and calculations used to evaluate the release of radioactive effluents to the environment.

(8) The licensee or registrant shall retain the following records until the department terminates the pertinent license or registration requiring the record:

(a) Records of waste disposal made under the provisions of WAC 246-221-180, 246-221-190, 246-221-210 and 246-221-220, chapter 246-249 WAC, and any burials in soil as previously authorized;

(b) Records of dose to individual members of the public as required by WAC 246-221-060(4);

(c) Records of the provisions of the radiation protection program as required by WAC 246-221-005.

(9) The licensee or registrant shall retain the following records for three years after the record is made:

(a) Records of testing entry control devices for very high radiation areas as required by WAC 246-221-106(3);

(b) Records used in preparing department Form RHF-4 or RHF-4A;

(c) Records showing the results of general surveys required by WAC 246-221-110 and package surveys required by WAC 246-221-160;

(d) Records of calibrations required by WAC 246-221-110;

(e) Records of program audits and other reviews of the content and implementation of the radiation protection program required by WAC 246-221-005;

(f) Records of waste disposal by decay in storage.

(10) If there is a conflict between the department's regulations in this part, license condition, or other written department approval or authorization pertaining to the retention period for the same type of record, the retention period specified in the regulations in this part for such records shall apply unless the department, pursuant to WAC 246-220-050, has granted a specific exemption from the record retention requirements specified in the regulations in this part.

(11) The discontinuance or curtailment of activities does not relieve the licensee or registrant of responsibility for retaining all records required by this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-230, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-230, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-170, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-170, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-170, filed 12/8/80; Order 1095, § 402-24-170, filed 2/6/76; Order 708, § 402-24-170, filed 8/24/72; Order 1, § 402-24-170, filed 7/2/71; Order 1, § 402-24-170, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-240 Reports of stolen, lost or missing radiation sources. (1) Each licensee and/or registrant shall report by telephone (206/682-5327) and confirm promptly by letter, telegram, mailgram, or facsimile to the State Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827.

(a) Immediately after its occurrence becomes known to the licensee, stolen, lost, or missing radioactive material in an aggregate quantity equal to or greater than one thousand times the quantity specified in WAC 246-221-300; or

(b) Within thirty days after its occurrence becomes known to the licensee, lost, stolen, or missing radioactive material in an aggregate quantity greater than ten times the quantity specified in Appendix C that is still missing or any item not exempted in chapter 246-232 WAC; or

(c) Immediately after its occurrence becomes known to the registrant, a stolen, lost, or missing radiation machine.

(2) Each licensee or registrant required to make a report pursuant to subsection (1) of this section shall, within thirty days after making the telephone report, make a written report to the department setting forth the following information:

(a) A description of the licensed or registered source of radiation involved, including, for radioactive material, the kind, quantity, and chemical and physical form; and, for radiation machines, the manufacturer, model and serial number, type and maximum energy of radiation emitted; and

(b) A description of the circumstances under which the loss or theft occurred; and

(c) A statement of disposition, or probable disposition, of the licensed or registered source of radiation involved; and

(d) Exposures of individuals to radiation, circumstances under which the exposures occurred, and the possible total effective dose equivalent to persons in unrestricted areas; and

(e) Actions that have been taken, or will be taken, to recover the source of radiation; and

(f) Procedures or measures that have been, or will be, adopted to ensure against a recurrence of the loss or theft of licensed or registered sources of radiation.

(3) Subsequent to filing the written report, the licensee or registrant shall also report additional substantive information on the loss or theft within thirty days after the licensee or registrant learns of such information.

(4) The licensee or registrant shall prepare any report filed with the department pursuant to this section so that names of individuals who may have received exposure to radiation are stated in a separate and detachable portion of the report.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-240, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-240, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-180, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-180, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-180, filed 12/8/80; Order 1095, § 402-24-180, filed 2/6/76; Order 708, § 402-24-180, filed 8/24/72; Order 1, § 402-24-180, filed 7/2/71; Order 1, § 402-24-180, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-250 Notification of incidents. (1) **Immediate notification.** Notwithstanding other requirements for notification, each licensee and/or registrant shall immediately notify the State Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827, by telephone (206/682-5327) and confirming letter, telegram, mailgram, or facsimile of any incident involving any radiation source which may have caused or threatens to cause:

(a) An individual to receive:

(i) A total effective dose equivalent of 0.25 Sv (25 rem) or more; or

(ii) An eye dose equivalent of 0.75 Sv (75 rem) or more; or

(iii) A shallow dose equivalent to the skin or extremities or a total organ dose equivalent of 2.5 Sv (250 rem) or more; or

(b) The release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for twenty-four hours, the individual could have received an intake five times the occupational ALI. This provision does not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures.

(2) **Twenty-four hour notification.** Each licensee and/or registrant shall within twenty-four hours of discovery of the event, notify the State Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827, by telephone (206/682-5327) and confirming letter, telegram, mailgram, or facsimile of any incident involving any radiation source possessed which may have caused or threatens to cause:

(a) An individual to receive, in a period of twenty-four hours:

(i) A total effective dose equivalent exceeding 0.05 Sv (5 rem); or

(ii) An eye dose equivalent exceeding 0.15 Sv (15 rem); or

(iii) A shallow dose equivalent to the skin or extremities or a total organ dose equivalent exceeding 0.5 Sv (50 rem); or

(b) The release of radioactive material, inside or outside of a restricted area, so that, had an individual been present for twenty-four hours, the individual could have received an intake in excess of one occupational ALI. This provision does not apply to locations where personnel are not normally stationed during routine operations, such as hot-cells or process enclosures.

(3) For each occurrence, requiring notification pursuant to this section, a prompt investigation of the situation shall be initiated by the licensee/registrant. A written report of the findings of the investigation shall be sent to the department within thirty days.

(4) The licensee or registrant shall prepare each report filed with the department pursuant to this section so that names of individuals who have received exposure to sources of radiation are stated in a separate and detachable portion of the report.

Any report filed with the department pursuant to this section shall contain the information described in WAC 246-221-260 (2) and (3).

(5) The provisions of this section do not apply to doses that result from planned special exposures, provided such doses are within the limits for planned special exposures and are reported pursuant to WAC 246-221-265.

(6) Telephone notifications that do not involve immediate or twenty-four hour notification shall not be made to the emergency number (Seattle 206/682-5327). Routine calls should be made to the Olympia office (206/753-3468).

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-250, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-250, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-24-190, filed 12/11/86; 83-19-050 (Order 2026), § 402-24-190, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-190, filed 12/8/80; Order 1095, § 402-24-190, filed 2/6/76; Order 708, § 402-24-190, filed 8/24/72; Order 1, § 402-24-190, filed 7/2/71; Order 1, § 402-24-190, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-260 Reports of overexposures and excessive levels and concentrations. (1) In addition to any notification required by WAC 246-221-250, each licensee or registrant shall submit a written report to the department within thirty days after learning of any of the following occurrences:

(a) Incidents for which notification is required by WAC 246-221-250; or

(b) Doses in excess of any of the following:

(i) The occupational dose limits for adults in WAC 246-221-010; or

(ii) The occupational dose limits for a minor in WAC 246-221-050; or

(iii) The limits for an embryo/fetus of a declared pregnant woman in WAC 246-221-055; or

(iv) The limits for an individual member of the public in WAC 246-221-060; or

(v) Any applicable limit in the license; or

(c) Levels of radiation or concentrations of radioactive material in:

(i) A restricted area in excess of applicable limits in the license; or

(ii) An unrestricted area in excess of ten times the applicable limit set forth in this chapter or in the license or registration, whether or not involving exposure of any individual in excess of the limits in WAC 246-221-060; or

(d) For source materials milling licensees and nuclear power plants subject to the provisions of United States Environmental Protection Agency's generally applicable environmental radiation standards in 40 CFR 190, levels of radiation or releases of radioactive material in excess of those standards, or of license conditions related to those standards.

(2) Each report required by subsection (1) of this section shall describe:

(a) The extent of exposure of individuals to radiation or to radioactive material, including estimates of each individual's dose as required by subsection (3) of this section;

(b) Levels of radiation and concentrations of radioactive material involved;

(c) The cause of exposure, levels or concentrations; and

(d) Corrective steps taken or planned to assure against a recurrence, including the schedule for achieving conformance with applicable limits, generally applicable environmental standards, and associated license conditions.

(3) Each report filed with the department pursuant to this section shall include for each individual exposed the name, social security number, and date of birth, and an estimate of the individual's dose. With respect to the limit for the embryo/fetus in WAC 246-221-055, the identifiers should be those of the declared pregnant woman. The report shall be prepared so that this information is stated in a separate and detachable part of the report.

(4) Individuals shall be notified of reports in accordance with the requirements of WAC 246-222-040.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-260, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-260, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-200, filed 12/8/80; Order 1095, § 402-24-200, filed 2/6/76; Order 708, § 402-24-200, filed 8/24/72; Order 1, § 402-24-200, filed 7/2/71; Order 1, § 402-24-200, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-265 Special reports to the department—Planned special exposures, individual monitoring

results from certain licensees, and leaking sources. (1) The licensee or registrant shall submit a written report to the department within thirty days following any planned special exposure conducted in accordance with WAC 246-221-030, informing the department that a planned special exposure was conducted and indicating the date the planned special exposure occurred and the information required by WAC 246-221-030.

(2) Each licensee in a category listed in subsection (3) of this section shall submit an annual report of the results of individual monitoring carried out by the licensee for each individual for whom monitoring was required by WAC 246-221-090 and 246-221-100 during that year. The licensee may include additional data for individuals for whom monitoring was provided but not required. The licensee shall use department Form RHF-5A or electronic media containing all the information required by department Form 5A.

(3) The requirement to submit individual monitoring results annually applies to each person licensed by the department to:

(a) Possess or use sources of radiation for purposes of industrial radiography pursuant to chapters 246-235 and 246-243 WAC; or

(b) Receive radioactive waste from other persons for disposal pursuant to chapter 246-250 WAC; or

(c) Possess or use at any time, for processing or manufacturing for distribution pursuant to chapter 246-235 WAC, radioactive material in quantities exceeding any one of the following quantities:

Radionuclide	Activity	
	Ci	GBq
Cesium-137	1	37
Cobalt-60	1	37
Gold-198	100	3,700
Iodine-131	1	37
Iridium-192	10	370
Krypton-85	1,000	37,000
Promethium-147	10	370
Technetium-99m	1,000	37,000

(4) The department may require as a license condition, or by rule, regulation, or order pursuant to WAC 246-220-100, reports of annual individual monitoring results from licensees processing or manufacturing for distribution radionuclides not on the list in subsection (3)(c) of this section, provided the radionuclides are in quantities sufficient to cause comparable radiation levels to those on the list.

(5) The licensee shall file the report required by subsection (2) of this section, covering the preceding year, on or before April 30 of each year. The licensee shall submit the report to the department.

(6) The licensee shall file a written report with the department within five days after learning that a sealed source is leaking or contaminated. The report shall describe the source, source holder, equipment in which the source is installed, the test results and the corrective action taken.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-265, filed 12/9/93, effective 1/9/94.]

WAC 246-221-270 Vacating premises and release of equipment. (1) Each specific licensee shall, no less than 30 days before vacating or relinquishing possession or control of premises which may have been contaminated with radioactive material as a result of licensed activities, notify the department in writing of intent to vacate.

(2) Each licensee, before vacating any premise or transferring the premise, shall permanently decontaminate such premise below or equal to the standards specified in WAC 246-232-140. A survey shall be made after such decontamination and the Department and the landlord or subsequent tenant or transferee shall be provided with a copy of such survey no later than the date of vacating or relinquishing possession or control of the premise.

(3) No machinery, instruments, laboratory equipment or any other property used in contact with, or close proximity to radioactive material at a licensed premise shall be assigned, sold, leased, or transferred to an unlicensed person unless such property has been decontaminated to meet the standards specified in WAC 246-232-140. A survey shall be made after such decontamination and the Department and subsequent owner or transferee shall be provided with a copy of such survey report.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-270, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-221-270, filed 12/27/90, effective 1/31/91; Order 1095, § 402-24-210, filed 2/6/76; Order 1, § 402-24-210, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-275 Notification of changes in a facility. Each licensee or registrant shall notify the department of changes in any room or area in a facility where a source of radiation is used. Changes of interest to the department include, but are not limited to, new or replacement equipment containing or emitting radiation, increased occupancy, repair or replacement of existing shielding, new shielding, alteration of the ventilation system, and changes in procedures done in the room or area.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-275, filed 12/9/93, effective 1/9/94.]

WAC 246-221-285 Protection factors for respirators. (1) The licensee may use the following information in the selection of respiratory protective equipment to be used only where the contaminants have been identified and the concentration, or possible concentrations, are known.

Protection Factors[1]		Tested & Certified Equipment		
Description[2]	Modes[3]	Particulates only	Particulates, gases, vapors[5]	NIOSH & MSHA[4] tests for permissibility
I. AIR-PURIFYING RESPIRATORS[6]				
Facepiece, half-mask[7]	NP	10		30 CFR 11, Subpart K.
Facepiece, full	NP	50		
Facepiece, half-mask, full, or hood	PP	1000		

II. ATMOSPHERE-SUPPLYING RESPIRATORS

1. Air-line respirator

Facepiece, half-mask	CF	1000	
Facepiece, half-mask	D	5	
Facepiece, full	CF	2000	
Facepiece, full	D	5	30 CFR 11,
Facepiece, full	PD	2000	Subpart J.
Hood[8]	CF		
Suit[9, 10]	CF		

2. Self-contained breathing apparatus (SCBA)

Facepiece, full	D	50	
Facepiece, full	PD	10,000[11]	30 CFR 11,
Facepiece, full	RD	50	Subpart H.
Facepiece, full	RP	5,000[12]	

III. COMBINATION RESPIRATORS

Any combination of air-purifying and atmosphere-supplying respirators	Protection factor for type and mode of operation as listed above	30 CFR 11, Sec.11.63(b)

FOOTNOTES

1. The protection factor is a measure of the degree of protection afforded by a respirator, defined as the ratio of the concentration of airborne radioactive material outside the respiratory protective equipment to that inside the equipment, usually inside the facepiece, under conditions of use. It is applied to the ambient airborne concentration to estimate the concentrations inhaled by the wearer according to the following formula:

$$\text{Concentration inhaled} = \frac{\text{Ambient airborne concentration}}{\text{Protection factor}}$$

The protection factors apply:

a. Only for individuals trained in using respirators and wearing properly fitted respirators that are used and maintained under supervision in a well-planned respiratory protective program.

b. For air-purifying respirators only when high efficiency particulate filters, above 99.97% removal efficiency by thermally generated 0.3 μm dioctyl phthalate (DOP) test or equivalent, are used in atmospheres not deficient in oxygen and not containing radioactive gas or vapor respiratory hazards.

c. No adjustment is to be made for the use of sorbents against radioactive material in the form of gases or vapors.

d. For atmosphere-supplying respirators only when supplied with adequate respirable air. Respirable air shall be provided of the quality and quantity required in accordance with the National Institute for Occupational Safety and Health and the Mine Safety and Health Administration certification described in 30 CFR 11. Oxygen and air shall not be used in the same apparatus.

2. Only for shaven faces and where nothing interferes with the seal of tight-fitting facepieces against the skin. Hoods and suits are excepted.

3. The mode symbols are defined as follows:

CF	=	continuous flow
D	=	demand
NP	=	negative pressure, that is, negative phase during inhalation
PD	=	pressure demand, that is, always positive pressure
PP	=	positive pressure
RD	=	demand, recirculating or closed circuit
RP	=	pressure demand, recirculating or closed circuit

4. NIOSH & MSHA are the National Institute for Occupational Safety and Health and the Mine Safety and Health Administration.

5. Excluding radioactive contaminants that present an absorption or submersion hazard. For tritium oxide, approximately one-third of the intake occurs by absorption through the skin so that an overall protection factor of less than two is appropriate when atmosphere-supplying respirators are used to protect against tritium oxide. If the protection factor for respiratory protective equipment is five, the effective protection factor for tritium is about 1.4; with protection factors of ten, the effective factor for tritium oxide is about 1.7; and with protection factors of one hundred or more, the effective factor for tritium oxide is about 1.9. Air-purifying respirators are not suitable for protection against tritium oxide. See also footnote 9 concerning supplied-air suits.

6. Canisters and cartridges shall not be used beyond service-life limitations.

7. Under-chin type only. This type of respirator is not satisfactory for use where it might be possible, if an accident or emergency were to occur, for the ambient airborne concentrations to reach instantaneous values greater than ten times the pertinent values in Table I, Column 3 of WAC 246-221-290. This type of respirator is not suitable for protection against plutonium or other high-toxicity materials. The mask is to be tested for fit prior to use, each time it is donned.

8. Equipment shall be operated in a manner that ensures that proper air flow-rates are maintained. A protection factor of no more than one thousand may be utilized for tested-and-certified supplied-air hoods when a minimum air flow of six cubic feet per minute (0.17 m^3/min) is maintained and calibrated air line pressure gauges or flow measuring devices are used. A protection factor of up to two thousand may be used for tested and certified hoods only when the air flow is maintained at the manufacturer's recommended maximum rate for the equipment, this rate is greater than six cubic feet per minute (0.17 m^3/min) and calibrated air line pressure gauges or flow measuring devices are used.

   The design of the supplied-air hood or helmet, with a minimum flow of six cubic feet per minute (0.17 m^3/min) of air, may determine its overall efficiency and the protection it provides. For example, some hoods aspirate contaminated air into the breathing zone when the wearer works with hands-over-head. This aspiration may be overcome if a short cape-like extension to the hood is worn under a coat or overalls. Other limitations specified by the approval agency shall be considered before using a hood in certain types of atmospheres. See footnote 9.

9. Appropriate protection factors shall be determined, taking into account the design of the suit and its permeability to the contaminant under conditions of use. There shall be a standby rescue person equipped with a respirator or other apparatus appropriate for the potential hazards and communications equipment whenever supplied-air suits are used.

10. No approval schedules are currently available for this equipment. Equipment is to be evaluated by testing or on the basis of reliable test information.

11. This type of respirator may provide greater protection and be used as an emergency device in unknown concentrations for protection against inhalation hazards. External radiation hazards and other limitations to permitted exposure, such as skin absorption, must be taken into account in such circumstances.

12. Quantitative fit testing shall be performed on each individual, and no more than 0.02% leakage is allowed with this type of apparatus. Perceptible outward leakage of gas from this or any positive pressure self-contained breathing apparatus is unacceptable because service life will be reduced substantially. Special training in the use of this type of apparatus shall be provided to the wearer.

(2) The licensee may use protection factors for respirators approved by the United States Bureau of Mines and the National Institute for Occupational Safety and Health, according to applicable approvals for respirators for type and mode of use to protect against airborne radionuclides, to the extent that they do not exceed the protection factors listed in the table given in subsection (1) of this section. The

protection factors listed in this table may not be appropriate to circumstances where chemical or other respiratory hazards exist in addition to radioactive hazards. The selection and use of respirators for such circumstances should take into account applicable approvals of the United States Bureau of Mines and the National Institute for Occupational Safety and Health.

(3) The licensee should also be aware that the concentration values in Table I, Column 3 of WAC 246-221-290 are based on internal dose due to inhalation, and that radioactive contaminants may present external exposure hazards at higher concentrations. Under these circumstances, limitations on occupancy may have to be governed by external dose limits.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-285, filed 12/9/93, effective 1/9/94.]

WAC 246-221-290 Appendix A--Annual limits on intake (ALI) and derived air concentrations (DAC) of radionuclides for occupational exposure; effluent concentrations; concentrations for release to sanitary sewerage. For each radionuclide, Table I indicates the chemical form which is to be used for selecting the appropriate ALI or DAC value. The ALIs and DACs for inhalation are given for an aerosol with an activity median aerodynamic diameter (AMAD) of 1 μm (micron) and for three classes (D,W,Y) of radioactive material, which refer to their retention (approximately days, weeks or years) in the pulmonary region of the lung. This classification applies to a range of clearance half-times for D if less than ten days, for W from ten to one hundred days, and for Y greater than one hundred days. Table II provides concentration limits for airborne and liquid effluents released to the general environment. Table III provides concentration limits for discharges to sanitary sewerage.

Note: The values in Tables I, II, and III are presented in the computer "E" notation. In this notation a value of 6E-02 represents a value of 6×10^{-2} or 0.06, 6E+2 represents 6×10^{2} or 600, and 6E+0 represents 6×10^{0} or 6.

Table I "Occupational Values"

Note that the columns in Table I of this appendix captioned "Oral Ingestion ALI," "Inhalation ALI," and "DAC," are applicable to occupational exposure to radioactive material.

The ALIs in this appendix are the annual intakes of given radionuclide by "Reference Man" which would result in either: A committed effective dose equivalent of 0.05 Sv (5 rem), stochastic ALI; or a committed dose equivalent of 0.5 Sv (50 rem) to an organ or tissue, nonstochastic ALI. The stochastic ALIs were derived to result in a risk, due to irradiation of organs and tissues, comparable to the risk associated with deep dose equivalent to the whole body of 0.05 Sv (5 rem). The derivation includes multiplying the committed dose equivalent to an organ or tissue by a weighting factor, w_T. This weighting factor is the proportion of the risk of stochastic effects resulting from irradiation of the organ or tissue, T, to the total risk of stochastic effects when the whole body is irradiated uniformly. The values of w_T are listed under the definition of weighting factor in WAC 246-221-005. The nonstochastic ALIs were derived to avoid nonstochastic effects, such as prompt damage to tissue or reduction in organ function.

A value of $w_T = 0.06$ is applicable to each of the five organs or tissues in the "remainder" category receiving the highest dose equivalents, and the dose equivalents of all other remaining tissues may be disregarded. The following portions of the GI tract -- stomach, small intestine, upper large intestine, and lower large intestine -- are to be treated as four separate organs.

Note that the dose equivalents for an extremity, elbows, arms below the elbows, feet and lower legs, knees, and legs below the knees, skin, and lens of the eye are not considered in computing the committed effective dose equivalent, but are subject to limits that must be met separately.

When an ALI is defined by the stochastic dose limit, this value alone is given. When an ALI is determined by the non-stochastic dose limit to an organ, the organ or tissue to which the limit applies is shown, and the ALI for the stochastic limit is shown in parentheses. Abbreviated organ or tissue designations are used:

LLI wall = lower large intestine wall;
St. wall = stomach wall;
Blad wall = bladder wall; and
Bone surf = bone surface.

The use of the ALIs listed first, the more limiting of the stochastic and nonstochastic ALIs, will ensure that nonstochastic effects are avoided and that the risk of stochastic effects is limited to an acceptably low value. If, in a particular situation involving a radionuclide for which the nonstochastic ALI is limiting, use of that nonstochastic ALI is considered unduly conservative, the licensee may use the stochastic ALI to determine the committed effective dose equivalent. However, the licensee shall also ensure that the 0.5 Sv (50 rem) dose equivalent limit for any organ or tissue is not exceeded by the sum of the external deep dose equivalent plus the internal committed dose equivalent to that organ, not the effective dose. For the case where there is no external dose contribution, this would be demonstrated if the sum of the fractions of the nonstochastic ALIs (ALI_{ns}) that contribute to the committed dose equivalent to the organ receiving the highest dose does not exceed unity, that is, $\sum$ (intake (in μCi) of each radionuclide/ALI_{ns}) ≤ 1.0. If there is an external deep dose equivalent contribution of H_d, then this sum must be less than $1 - (H_d/50)$, instead of ≤ 1.0.

The derived air concentration (DAC) values are derived limits intended to control chronic occupational exposures. The relationship between the DAC and the ALI is given by:

DAC = ALI (in μCi)/(2000 hours per working year x 60 minutes/hour x 2×10^4 ml per minute) = [ALI/2.4×10^9] μCi/ml,

where 2×10^4 ml per minute is the volume of air breathed per minute at work by Reference Man under working conditions of light work.

The DAC values relate to one of two modes of exposure: Either external submersion or the internal committed dose equivalents resulting from inhalation of radioactive materials. DACs based upon submersion are for immersion

in a semi-infinite cloud of uniform concentration and apply to each radionuclide separately.

The ALI and DAC values include contributions to exposure by the single radionuclide named and any ingrowth of daughter radionuclides produced in the body by decay of the parent. However, intakes that include both the parent and daughter radionuclides should be treated by the general method appropriate for mixtures.

The values of ALI and DAC do not apply directly when the individual both ingests and inhales a radionuclide, when the individual is exposed to a mixture of radionuclides by either inhalation or ingestion or both, or when the individual is exposed to both internal and external irradiation. See WAC 246-221-015. When an individual is exposed to radioactive materials which fall under several of the translocation classifications of the same radionuclide, such as, Class D, Class W, or Class Y, the exposure may be evaluated as if it were a mixture of different radionuclides.

It should be noted that the classification of a compound as Class D, W, or Y is based on the chemical form of the compound and does not take into account the radiological half-life of different radionuclides. For this reason, values are given for Class D, W, and Y compounds, even for very short-lived radionuclides.

Table II "Effluent Concentrations"

The columns in Table II of this appendix captioned "Effluents," "Air" and "Water" are applicable to the assessment and control of dose to the public, particularly in the implementation of the provisions of WAC 246-221-070. The concentration values given in Columns 1 and 2 of Table II are equivalent to the radionuclide concentrations which, if inhaled or ingested continuously over the course of a year, would produce a total effective dose equivalent of 0.50 mSv (0.05 rem).

Consideration of nonstochastic limits has not been included in deriving the air and water effluent concentration limits because nonstochastic effects are presumed not to occur at or below the dose levels established for individual members of the public. For radionuclides, where the nonstochastic limit was governing in deriving the occupational DAC, the stochastic ALI was used in deriving the corresponding airborne effluent limit in Table II. For this reason, the DAC and airborne effluent limits are not always proportional as was the case in the previous Appendix A of this chapter.

The air concentration values listed in Table II, Column 1 were derived by one of two methods. For those radionuclides for which the stochastic limit is governing, the occupational stochastic inhalation ALI was divided by 2.4×10^9, relating the inhalation ALI to the DAC, as explained above, and then divided by a factor of three hundred. The factor of three hundred includes the following components: A factor of fifty to relate the 0.05 Sv (5 rem) annual occupational dose limit to the 1 mSv (0.1 rem) limit for members of the public, a factor of three to adjust for the difference in exposure time and the inhalation rate for a worker and that for members of the public; and a factor of two to adjust the occupational values, derived for adults, so that they are applicable to other age groups.

For those radionuclides for which submersion, that is external dose, is limiting, the occupational DAC in Table I, Column 3 was divided by two hundred nineteen. The factor of two hundred nineteen is composed of a factor of fifty, as described above, and a factor of 4.38 relating occupational exposure for two thousand hours per year to full-time exposure (eight thousand seven hundred sixty hours per year). Note that an additional factor of two for age considerations is not warranted in the submersion case.

The water concentrations were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^7. The factor of 7.3×10^7 (ml) includes the following components: The factors of fifty and two described above and a factor of 7.3×10^5 (ml) which is the annual water intake of Reference Man.

Note 2 of this appendix provides groupings of radionuclides which are applicable to unknown mixtures of radionuclides. These groupings, including occupational inhalation ALIs and DACs, air and water effluent concentrations and releases to sewer, require demonstrating that the most limiting radionuclides in successive classes are absent. The limit for the unknown mixture is defined when the presence of one of the listed radionuclides cannot be definitely excluded as being present either from knowledge of the radionuclide composition of the source or from actual measurements.

Table III "Releases to Sewers"

The monthly average concentrations for release to sanitary sewerage are applicable to the provisions in WAC 246-221-190. The concentration values were derived by taking the most restrictive occupational stochastic oral ingestion ALI and dividing by 7.3×10^6 (ml). The factor of 7.3×10^6 (ml) is composed of a factor of 7.3×10^5 (ml), the annual water intake by Reference Man, and a factor of ten, such that the concentrations, if the sewage released by the licensee were the only source of water ingested by a Reference Man during a year, would result in a committed effective dose equivalent of 5 mSv (0.5 rem).

LIST OF ELEMENTS

Name	Symbol	Atomic Number	Name	Symbol	Atomic Number
Actinium	Ac	89	Mercury	Hg	80
Aluminum	Al	13	Molybdenum	Mo	42
Americium	Am	95	Neodymium	Nd	60
Antimony	Sb	51	Neptunium	Np	93
Argon	Ar	18	Nickel	Ni	28
Arsenic	As	33	Niobium	Nb	41
Astatine	At	85	Osmium	Os	76
Barium	Ba	56	Palladium	Pd	46
Berkelium	Bk	97	Phosphorus	P	15
Beryllium	Be	4	Platinum	Pt	78
Bismuth	Bi	83	Plutonium	Pu	94
Bromine	Br	35	Polonium	Po	84
Cadmium	Cd	48	Potassium	K	19
Calcium	Ca	20	Praseodymium	Pr	59
Californium	Cf	98	Promethium	Pm	61
Carbon	C	6	Protactinium	Pa	91
Cerium	Ce	58	Radium	Ra	88
Cesium	Cs	55	Radon	Rn	86

Chlorine	Cl	17	Rhenium	Re	75
Chromium	Cr	24	Rhodium	Rh	45
Cobalt	Co	27	Rubidium	Rb	37
Copper	Cu	29	Ruthenium	Ru	44
Curium	Cm	96	Samarium	Sm	62
Dysprosium	Dy	66	Scandium	Sc	21
Einsteinium	Es	99	Selenium	Se	34
Erbium	Er	68	Silicon	Si	14
Europium	Eu	63	Silver	Ag	47
Fermium	Fm	100	Sodium	Na	11
Fluorine	F	9	Strontium	Sr	38
Francium	Fr	87	Sulfur	S	16
Gadolinium	Gd	64	Tantalum	Ta	73
Gallium	Ga	31	Technetium	Tc	43
Germanium	Ge	32	Tellurium	Te	52
Gold	Au	79	Terbium	Tb	65
Hafnium	Hf	72	Thallium	Tl	81
Holmium	Ho	67	Thorium	Th	90
Hydrogen	H	1	Thulium	Tm	69
Indium	In	49	Tin	Sn	50
Iodine	I	53	Titanium	Ti	22
Iridium	Ir	77	Tungsten	W	74
Iron	Fe	26	Uranium	U	92
Krypton	Kr	36	Vanadium	V	23
Lanthanum	La	57	Xenon	Xe	54
Lead	Pb	82	Ytterbium	Yb	70
Lutetium	Lu	71	Yttrium	Y	39
Magnesium	Mg	12	Zinc	Zn	30
Manganese	Mn	25	Zirconium	Zr	40
Mendelevium	Md	101			

			Table I Occupational Values			Table II Effluent Concentrations		Table III Releases to Sewers
			Col. 1 Oral Ingestion	Col. 2 Inhalation	Col. 3	Col. 1	Col. 2	Monthly Average Concentration
Atomic No.	Radionuclide	Class	ALI µCi	ALI µCi	DAC µCi/ml	Air µCi/ml	Water µCi/ml	µCi/ml
1	Hydrogen-3	Water, DAC includes skin absorption	8E+4	8E+4	2E-5	1E-7	1E-3	1E-2
	Gas (HT or T_2) Submersion[1]: Use above values as HT and T_2 oxidize in air and in the body to HTO.							
4	Beryllium-7	W, all compounds except those given for Y	4E+4	2E+4	9E-6	3E-8	6E-4	6E-3
		Y, oxides, halides, and nitrates	-	2E+4	8E-6	3E-8	-	-
4	Beryllium-10	W, see ^{7}Be	1E+3 LLI wall (1E+3)	2E+2 -	6E-8 -	2E-10 -	- 2E-5	- 2E-4
		Y, see ^{7}Be	-	1E+1	6E-9	2E-11	-	-
6	Carbon-11[2]	Monoxide	-	1E+6	5E-4	2E-6	-	-
		Dioxide	-	6E+5	3E-4	9E-7	-	-
		Compounds	4E+5	4E+5	2E-4	6E-7	6E-3	6E-2
6	Carbon-14	Monoxide	-	2E+6	7E-4	2E-6	-	-
		Dioxide	-	2E+5	9E-5	3E-7	-	-
		Compounds	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
9	Fluorine-18[2]	D, fluorides of H, Li, Na, K, Rb, Cs, and Fr	5E+4 St wall (5E+4)	7E+4 -	3E-5 -	1E-7 -	- 7E-4	- 7E-3
		W, fluorides of Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, As, Sb, Bi, Fe, Ru, Os, Co, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, V, Nb,						

		Ta, Mn, Tc, and Re	-	9E+4	4E-5	1E-7	-	-
		Y, lanthanum fluoride	-	8E+4	3E-5	1E-7	-	-
11	Sodium-22	D, all compounds	4E+2	6E+2	3E-7	9E-10	6E-6	6E-5
11	Sodium-24	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
12	Magnesium-28	D, all compounds except those given for W	7E+2	2E+3	7E-7	2E-9	9E-6	9E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	1E+3	5E-7	2E-9	-	-
13	Aluminum-26	D, all compounds except those given for W	4E+2	6E+1	3E-8	9E-11	6E-6	6E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	9E+1	4E-8	1E-10	-	-
14	Silicon-31	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and nitrates	-	3E+4	1E-5	5E-8	-	-
		Y, aluminosilicate glass	-	3E+4	1E-5	4E-8	-	-
14	Silicon-32	D, see ^{31}Si	2E+3	2E+2	1E-7	3E-10	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		W, see ^{31}Si	-	1E+2	5E-8	2E-10	-	-
		Y, see ^{31}Si	-	5E+0	2E-9	7E-12	-	-
15	Phosphorus-32	D, all compounds except phosphates given for W	6E+2	9E+2	4E-7	1E-9	9E-6	9E-5
		W, phosphates of Zn^{2+}, S^{3+}, Mg^{2+}, Fe^{3+}, Bi^{3+}, and lanthanides	-	4E+2	2E-7	5E-10	-	-
15	Phosphorus-33	D, see ^{32}P	6E+3	8E+3	4E-6	1E-8	8E-5	8E-4
		W, see ^{32}P	-	3E+3	1E-6	4E-9	-	-
16	Sulfur-35	Vapor	-	1E+4	6E-6	2E-8	-	-
		D, sulfides and sulfates except those given for W	1E+4	2E+4	7E-6	2E-8	-	-
			LLI wall (8E+3)	-	-	-	1E-4	1E-3
		W, elemental sulfur, sulfides of Sr, Ba, Ge, Sn, Pb, As, Sb, Bi, Cu, Ag, Au, Zn, Cd, Hg, W, and Mo. Sulfates of Ca, Sr, Ba, Ra, As, Sb, and Bi	6E+3 -	2E+3	9E-7	3E-9	-	-
17	Chlorine-36	D, chlorides of H, Li, Na, K, Rb, Cs, and Fr	2E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, chlorides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Cr, Mo, W, Mn, Tc, and Re	-	2E+2	1E-7	3E-10	-	-
17	Chlorine-38[2]	D, see ^{36}Cl	2E+4	4E+4	2E-5	6E-8	-	-
			St wall (3E+4)	-	-	-	3E-4	3E-3
		W, see ^{36}Cl	-	5E+4	2E-5	6E-8	-	-
17	Chlorine-39[2]	D, see ^{36}Cl	2E+4	5E+4	2E-5	7E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{36}Cl	-	6E+4	2E-5	8E-8	-	-
18	Argon-37	Submersion[1]	-	-	1E+0	6E-3	-	-
18	Argon-39	Submersion[1]	-	-	2E-4	8E-7	-	-
18	Argon-41	Submersion[1]	-	-	3E-6	1E-8	-	-
19	Potassium-40	D, all compounds	3E+2	4E+2	2E-7	6E-10	4E-6	4E-5
19	Potassium-42	D, all compounds	5E+3	5E+3	2E-6	7E-9	6E-5	6E-4

19	Potassium-43	D, all compounds	6E+3	9E+3	4E-6	1E-8	9E-5	9E-4
19	Potassium-44[2]	D, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
19	Potassium-45[2]	D, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
20	Calcium-41	W, all compounds	3E+3	4E+3	2E-6	-	-	-
			Bone surf (4E+3)	Bone surf (4E+3)	-	5E-9	6E-5	6E-4
20	Calcium-45	W, all compounds	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
20	Calcium-47	W, all compounds	8E+2	9E+2	4E-7	1E-9	1E-5	1E-4
21	Scandium-43	Y, all compounds	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
21	Scandium-44m	Y, all compounds	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
21	Scandium-44	Y, all compounds	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
21	Scandium-46	Y, all compounds	9E+2	2E+2	1E-7	3E-10	1E-5	1E-4
21	Scandium-47	Y, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
21	Scandium-48	Y, all compounds	8E+2	1E+3	6E-7	2E-9	1E-5	1E-4
21	Scandium-49[2]	Y, all compounds	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
22	Titanium-44	D, all compounds except those given for W and Y	3E+2	1E+1	5E-9	2E-11	4E-6	4E-5
		W, oxides, hydroxides, carbides, halides, and nitrates	-	3E+1	1E-8	4E-11	-	-
		Y, SrTi0	-	6E+0	2E-9	8E-12	-	-
22	Titanium-45	D, see ^{44}Ti	9E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{44}Ti	-	4E+4	1E-5	5E-8	-	-
		Y, see ^{44}Ti	-	3E+4	1E-5	4E-8	-	-
23	Vanadium-47[2]	D, all compounds except those given for W	3E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, oxides, hydroxides, carbides, and halides	-	1E+5	4E-5	1E-7	-	-
23	Vanadium-48	D, see ^{47}V	6E+2	1E+3	5E-7	2E-9	9E-6	9E-5
		W, see ^{47}V	-	6E+2	3E-7	9E-10	-	-
23	Vanadium-49	D, see ^{47}V	7E+4	3E+4	1E-5	-	-	-
			LLI wall (9E+4)	Bone surf (3E+4)	-	5E-8	1E-3	1E-2
		W, see ^{47}V	-	2E+4	8E-6	2E-8	-	-
24	Chromium-48	D, all compounds except those given for W and Y	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, halides and nitrates	-	7E+3	3E-6	1E-8	-	-
		Y, oxides and hydroxides	-	7E+3	3E-6	1E-8	-	-
24	Chromium-49[2]	D, see ^{48}Cr	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, see ^{48}Cr	-	1E+5	4E-5	1E-7	-	-
		Y, see ^{48}Cr	-	9E+4	4E-5	1E-7	-	-
24	Chromium-51	D, see ^{48}Cr	4E+4	5E+4	2E-5	6E-8	5E-4	5E-3
		W, see ^{48}Cr	-	2E+4	1E-5	3E-8	-	-
		Y, see ^{48}Cr	-	2E+4	8E-6	3E-8	-	-
25	Manganese-51[2]	D, all compounds except those given for W	2E+4	5E+4	2E-5	7E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	8E-8	-	-
25	Manganese-52m[2]	D, see ^{51}Mn	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{51}Mn	-	1E+5	4E-5	1E-7	-	-
25	Manganese-52	D, see ^{51}Mn	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
		W, see ^{51}Mn	-	9E+2	4E-7	1E-9	-	-
25	Manganese-53	D, see ^{51}Mn	5E+4	1E+4	5E-6	-	7E-4	7E-3

			-	Bone surf (2E+4)	-	3E-8	-	-
		W, see ^{51}Mn	-	1E+4	5E-6	2E-8	-	-
25	Manganese-54	D, see ^{51}Mn	2E+3	9E+2	4E-7	1E-9	3E-5	3E-4
		W, see ^{51}Mn	-	8E+2	3E-7	1E-9	-	-
25	Manganese-56	D, see ^{51}Mn	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{51}Mn	-	2E+4	9E-6	3E-8	-	-
26	Iron-52	D, all compounds except those given for W	9E+2	3E+3	1E-6	4E-9	1E-5	1E-4
		W, oxides, hydroxides, and halides	-	2E+3	1E-6	3E-9	-	-
26	Iron-55	D, see ^{52}Fe	9E+3	2E+3	8E-7	3E-9	1E-4	1E-3
		W, see ^{52}Fe	-	4E+3	2E-6	6E-9	-	-
26	Iron-59	D, see ^{52}Fe	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		W, see ^{52}Fe	-	5E+2	2E-7	7E-10	-	-
26	Iron-60	D, see ^{52}Fe	3E+1	6E+0	3E-9	9E-12	4E-7	4E-6
		W, see ^{52}Fe	-	2E+1	8E-9	3E-11	-	-
27	Cobalt-55	W, all compounds except those given for Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
27	Cobalt-56	W, see ^{55}Co	5E+2	3E+2	1E-7	4E-10	6E-6	6E-5
		Y, see ^{55}Co	4E+2	2E+2	8E-8	3E-10	-	-
27	Cobalt-57	W, see ^{55}Co	8E+3	3E+3	1E-6	4E-9	6E-5	6E-4
		Y, see ^{55}Co	4E+3	7E+2	3E-7	9E-10	-	-
27	Cobalt-58m	W, see ^{55}Co	6E+4	9E+4	4E-5	1E-7	8E-4	8E-3
		Y, see ^{55}Co	-	6E+4	3E-5	9E-8	-	-
27	Cobalt-58	W, see ^{55}Co	2E+3	1E+3	5E-7	2E-9	2E-5	2E-4
		Y, see ^{55}Co	1E+3	7E+2	3E-7	1E-9	-	-
27	Cobalt-60m[2]	W, see ^{55}Co	1E+6	4E+6	2E-3	6E-6	-	-
			St wall (1E+6)	-	-	-	2E-2	2E-1
		Y, see ^{55}Co	-	3E+6	1E-3	4E-6	-	-
27	Cobalt-60	W, see ^{55}Co	5E+2	2E+2	7E-8	2E-10	3E-6	3E-5
		Y, see ^{55}Co	2E+2	3E+1	1E-8	5E-11	-	-
27	Cobalt-61[2]	W, see ^{55}Co	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ^{55}Co	2E+4	6E+4	2E-5	8E-8	-	-
27	Cobalt-62m[2]	W, see ^{55}Co	4E+4	2E+5	7E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{55}Co	-	2E+5	6E-5	2E-7	-	-
28	Nickel-56	D, all compounds except those given for W	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4
		W, oxides, hydroxides, and carbides	-	1E+3	5E-7	2E-9	-	-
		Vapor	-	1E+3	5E-7	2E-9	-	-
28	Nickel-57	D, see ^{56}Ni	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see ^{56}Ni	-	3E+3	1E-6	4E-9	-	-
		Vapor	-	6E+3	3E-6	9E-9	-	-
28	Nickel-59	D, see ^{56}Ni	2E+4	4E+3	2E-6	5E-9	3E-4	3E-3
		W, see ^{56}Ni	-	7E+3	3E-6	1E-8	-	-
		Vapor	-	2E+3	8E-7	3E-9	-	-
28	Nickel-63	D, see ^{56}Ni	9E+3	2E+3	7E-7	2E-9	1E-4	1E-3
		W, see ^{56}Ni	-	3E+3	1E-6	4E-9	-	-
		Vapor	-	8E+2	3E-7	1E-9	-	-
28	Nickel-65	D, see ^{56}Ni	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{56}Ni	-	3E+4	1E-5	4E-8	-	-
		Vapor	-	2E+4	7E-6	2E-8	-	-
28	Nickel-66	D, see ^{56}Ni	4E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (5E+2)	-	-	-	6E-6	6E-5
		W, see ^{56}Ni	-	6E+2	3E-7	9E-10	-	-
		Vapor	-	3E+3	1E-6	4E-9	-	-

29	Copper-60[2]	D, all compounds except those given for W and Y	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	4E-5	1E-7	-	-
29	Copper-61	D, see ^{60}Cu	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{60}Cu	-	4E+4	2E-5	6E-8	-	-
		Y, see ^{60}Cu	-	4E+4	1E-5	5E-8	-	-
29	Copper-64	D, see ^{60}Cu	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{60}Cu	-	2E+4	1E-5	3E-8	-	-
		Y, see ^{60}Cu	-	2E+4	9E-6	3E-8	-	-
29	Copper-67	D, see ^{60}Cu	5E+3	8E+3	3E-6	1E-8	6E-5	6E-4
		W, see ^{60}Cu	-	5E+3	2E-6	7E-9	-	-
		Y, see ^{60}Cu	-	5E+3	2E-6	6E-9	-	-
30	Zinc-62	Y, all compounds	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
30	Zinc-63[2]	Y, all compounds	2E+4	7E+4	3E-5	9E-8	-	-
			St wall (3E+4)	-	-	-	3E-4	3E-3
30	Zinc-65	Y, all compounds	4E+2	3E+2	1E-7	4E-10	5E-6	5E-5
30	Zinc-69m	Y, all compounds	4E+3	7E+3	3E-6	1E-8	6E-5	6E-4
30	Zinc-69[2]	Y, all compounds	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
30	Zinc-71m	Y, all compounds	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
30	Zinc-72	Y, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
31	Gallium-65[2]	D, all compounds except those given for W	5E+4	2E+5	7E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
		W, oxides, hydroxides, carbides, halides, and nitrates	-	2E+5	8E-5	3E-7	-	-
31	Gallium-66	D, see ^{65}Ga	1E+3	4E+3	1E-6	5E-9	1E-5	1E-4
		W, see ^{65}Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-67	D, see ^{65}Ga	7E+3	1E+4	6E-6	2E-8	1E-4	1E-3
		W, see ^{65}Ga	-	1E+4	4E-6	1E-8	-	-
31	Gallium-68[2]	D, see ^{65}Ga	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{65}Ga	-	5E+4	2E-5	7E-8	-	-
31	Gallium-70[2]	D, see ^{65}Ga	5E+4	2E+5	7E-5	2E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		W, see ^{65}Ga	-	2E+5	8E-5	3E-7	-	-
31	Gallium-72	D, see ^{65}Ga	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{65}Ga	-	3E+3	1E-6	4E-9	-	-
31	Gallium-73	D, see ^{65}Ga	5E+3	2E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{65}Ga	-	2E+4	6E-6	2E-8	-	-
32	Germanium-66	D, all compounds except those given for W	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
		W, oxides, sulfides, and halides	-	2E+4	8E-6	3E-8	-	-
32	Germanium-67[2]	D, see ^{66}Ge	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		W, see ^{66}Ge	-	1E+5	4E-5	1E-7	-	-
32	Germanium-68	D, see ^{66}Ge	5E+3	4E+3	2E-6	5E-9	6E-5	6E-4
		W, see ^{66}Ge	-	1E+2	4E-8	1E-10	-	-
32	Germanium-69	D, see ^{66}Ge	1E+4	2E+4	6E-6	2E-8	2E-4	2E-3
		W, see ^{66}Ge	-	8E+3	3E-6	1E-8	-	-
32	Germanium-71	D, see ^{66}Ge	5E+5	4E+5	2E-4	6E-7	7E-3	7E-2
		W, see ^{66}Ge	-	4E+4	2E-5	6E-8	-	-
32	Germanium-75[2]	D, see ^{66}Ge	4E+4	8E+4	3E-5	1E-7	-	-
			St wall					

			(7E+4)	-	-	-	9E-4	9E-3
		W, see ^{66}Ge	-	8E+4	4E-5	1E-7	-	-
32	Germanium-77	D, see ^{66}Ge	9E+3	1E+4	4E-6	1E-8	1E-4	1E-3
		W, see ^{66}Ge	-	6E+3	2E-6	8E-9	-	-
32	Germanium-78[2]	D, see ^{66}Ge	2E+4	2E+4	9E-6	3E-8	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, see ^{66}Ge	-	2E+4	9E-6	3E-8	-	-
33	Arsenic-69[2]	W, all compounds	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
33	Arsenic-70[2]	W, all compounds	1E+4	5E+4	2E-5	7E-8	2E-4	2E-3
33	Arsenic-71	W, all compounds	4E+3	5E+3	2E-6	6E-9	5E-5	5E-4
33	Arsenic-72	W, all compounds	9E+2	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-73	W, all compounds	8E+3	2E+3	7E-7	2E-9	1E-4	1E-3
33	Arsenic-74	W, all compounds	1E+3	8E+2	3E-7	1E-9	2E-5	2E-4
33	Arsenic-76	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
33	Arsenic-77	W, all compounds	4E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	6E-5	6E-4
33	Arsenic-78[2]	W, all compounds	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
34	Selenium-70[2]	D, all compounds except those given for W	2E+4	4E+4	2E-5	5E-8	1E-4	1E-3
		W, oxides, hydroxides, carbides, and elemental Se	1E+4	4E+4	2E-5	6E-8	-	-
34	Selenium-73m[2]	D, see ^{70}Se	6E+4	2E+5	6E-5	2E-7	4E-4	4E-3
		W, see ^{70}Se	3E+4	1E+5	6E-5	2E-7	-	-
34	Selenium-73	D, see ^{70}Se	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
		W, see ^{70}Se	-	2E+4	7E-6	2E-8	-	-
34	Selenium-75	D, see ^{70}Se	5E+2	7E+2	3E-7	1E-9	7E-6	7E-5
		W, see ^{70}Se	-	6E+2	3E-7	8E-10	-	-
34	Selenium-79	D, see ^{70}Se	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
		W, see ^{70}Se	-	6E+2	2E-7	8E-10	-	-
34	Selenium-81m[2]	D, see ^{70}Se	4E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, see ^{70}Se	2E+4	7E+4	3E-5	1E-7	-	-
34	Selenium-81[2]	D, see ^{70}Se	6E+4	2E+5	9E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
		W, see ^{70}Se	-	2E+5	1E-4	3E-7	-	-
34	Selenium-83[2]	D, see ^{70}Se	4E+4	1E+5	5E-5	2E-7	4E-4	4E-3
		W, see ^{70}Se	3E+4	1E+5	5E-5	2E-7	-	-
35	Bromine-74m[2]	D, bromides of H, Li, Na, K, Rb, Cs, and Fr	1E+4	4E+4	2E-5	5E-8	-	-
			St wall (2E+4)	-	-	-	3E-4	3E-3
		W, bromides of lanthanides, Be, Mg, Ca, Sr, Ba, Ra, Al, Ga, In, Tl, Ge, Sn, Pb, As, Sb, Bi, Fe, Ru, Os, Co, Rh, Ir, Ni, Pd, Pt, Cu, Ag, Au, Zn, Cd, Hg, Sc, Y, Ti, Zr, Hf, V, Nb, Ta, Mn, Tc, and Re	-	4E+4	2E-5	6E-8	-	-
35	Bromine-74[2]	D, see ^{74m}Br	2E+4	7E+4	3E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-45E-3	-
		W, see ^{74m}Br	-	8E+4	4E-5	1E-7	-	-
35	Bromine-75[2]	D, see ^{74m}Br	3E+4	5E+4	2E-5	7E-8	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{74m}Br	-	5E+4	2E-5	7E-8	-	-
35	Bromine-76	D, see ^{74m}Br	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
		W, see ^{74m}Br	-	4E+3	2E-6	6E-9	-	-
35	Bromine-77	D, see ^{74m}Br	2E+4	2E+4	1E-5	3E-8	2E-4	2E-3
		W, see ^{74m}Br	-	2E+4	8E-6	3E-8	-	-
35	Bromine-80m	D, see ^{74m}Br	2E+4	2E+4	7E-6	2E-8	3E-4	3E-3
		W, see ^{74m}Br	-	1E+4	6E-6	2E-8	-	-
35	Bromine-80[2]	D, see ^{74m}Br	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{74m}Br	-	2E+5	9E-5	3E-7	-	-

35	Bromine-82	D, see ^{74m}Br	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see ^{74m}Br	-	4E+3	2E-6	5E-9	-	-
35	Bromine-83	D, see ^{74m}Br	5E+4	6E+4	3E-5	9E-8	-	-
			St wall (7E+4)	-	-	-	9E-4	9E-3
		W, see ^{74m}Br	-	6E+4	3E-5	9E-8	-	-
35	Bromine-84[2]	D, see ^{74m}Br	2E+4	6E+4	2E-5	8E-8	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{74m}Br	-	6E+4	3E-5	9E-8	-	-
36	Krypton-74[2]	Submersion[1]	-	-	3E-6	1E-8	-	-
36	Krypton-76	Submersion[1]	-	-	9E-6	4E-8	-	-
36	Krypton-77[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
36	Krypton-79	Submersion[1]	-	-	2E-5	7E-8	-	-
36	Krypton-81	Submersion[1]	-	-	7E-4	3E-6	-	-
36	Krypton-83m[2]	Submersion[1]	-	-	1E-2	5E-5	-	-
36	Krypton-85m	Submersion[1]	-	-	2E-5	1E-7	-	-
36	Krypton-85	Submersion[1]	-	-	1E-4	7E-7	-	-
36	Krypton-87[2]	Submersion[1]	-	-	5E-6	2E-8	-	-
36	Krypton-88	Submersion[1]	-	-	2E-6	9E-9	-	-
37	Rubidium-79[2]	D, all compounds	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
37	Rubidium-81m[2]	D, all compounds	2E+5	3E+5	1E-4	5E-7	-	-
			St wall (3E+5)	-	-	-	4E-3	4E-2
37	Rubidium-81	D, all compounds	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
37	Rubidium-82m	D, all compounds	1E+4	2E+4	7E-6	2E-8	2E-4	2E-3
37	Rubidium-83	D, all compounds	6E+2	1E+3	4E-7	1E-9	9E-6	9E-5
37	Rubidium-84	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-86	D, all compounds	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
37	Rubidium-87	D, all compounds	1E+3	2E+3	6E-7	2E-9	1E-5	1E-4
37	Rubidium-88[2]	D, all compounds	2E+4	6E+4	3E-5	9E-8	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
37	Rubidium-89[2]	D, all compounds	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	9E-4	9E-3
38	Strontium-80[2]	D, all soluble compounds except SrTiO	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		Y, all insoluble compounds and SrTi0	-	1E+4	5E-6	2E-8	-	-
38	Strontium-81[2]	D, see ^{80}Sr	3E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see ^{80}Sr	2E+4	8E+4	3E-5	1E-7	-	-
38	Strontium-82	D, see ^{80}Sr	3E+2	4E+2	2E-7	6E-10	-	-
			LLI wall (2E+2)	-	-	-	3E-6	3E-5
		Y, see ^{80}Sr	2E+2	9E+1	4E-8	1E-10	-	-
38	Strontium-83	D, see ^{80}Sr	3E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, see ^{80}Sr	2E+3	4E+3	1E-6	5E-9	-	-
38	Strontium-85m[2]	D, see ^{80}Sr	2E+5	6E+5	3E-4	9E-7	3E-3	3E-2
		Y, see ^{80}Sr	-	8E+5	4E-4	1E-6	-	-
38	Strontium-85	D, see ^{80}Sr	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
		Y, see ^{80}Sr	-	2E+3	6E-7	2E-9	-	-
38	Strontium-87m	D, see ^{80}Sr	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see ^{80}Sr	4E+4	2E+5	6E-5	2E-7	-	-
38	Strontium-89	D, see ^{80}Sr	6E+2	8E+2	4E-7	1E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, see ^{80}Sr	5E+2	1E+2	6E-8	2E-10	-	-
38	Strontium-90	D, see ^{80}Sr	3E+1	2E+1	8E-9	-	-	-
			Bone surf (4E+1)	Bone surf (2E+1)	-	3E-11	5E-7	5E-6
		Y, see ^{80}Sr	-	4E+0	2E-9	6E-12	-	-
38	Strontium-91	D, see ^{80}Sr	2E+3	6E+3	2E-6	8E-9	2E-5	2E-4
		Y, see ^{80}Sr	-	4E+3	1E-6	5E-9	-	-
38	Strontium-92	D, see ^{80}Sr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{80}Sr	-	7E+3	3E-6	9E-9	-	-
39	Yttrium-86m[2]	W, all compounds except those given for Y	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
		Y, oxides and hydroxides	-	5E+4	2E-5	8E-8	-	-
39	Yttrium-86	W, see ^{86m}Y	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-
39	Yttrium-87	W, see ^{86m}Y	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		Y, see ^{86m}Y	-	3E+3	1E-6	5E-9	-	-

39	Yttrium-88	W, see ^{86m}Y	1E+3	3E+2	1E-7	3E-10	1E-5	1E-4
		Y, see ^{86m}Y	-	2E+2	1E-7	3E-10	-	-
39	Yttrium-90m	W, see ^{86m}Y	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
		Y, see ^{86m}Y	-	1E+4	5E-6	2E-8	-	-
39	Yttrium-90	W, see ^{86m}Y	4E+2	7E+2	3E-7	9E-10	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
		Y, see ^{86m}Y	-	6E+2	3E-7	9E-10	-	-
39	Yttrium-91m[2]	W, see ^{86m}Y	1E+5	2E+5	1E-4	3E-7	2E-3	2E-2
		Y, see ^{86m}Y	-	2E+5	7E-5	2E-7	-	-
39	Yttrium-91	W, see ^{86m}Y	5E+2	2E+2	7E-8	2E-10	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, see ^{86m}Y	-	1E+2	5E-8	2E-10	-	-
39	Yttrium-92	W, see ^{86m}Y	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{86m}Y	-	8E+3	3E-6	1E-8	-	-
39	Yttrium-93	W, see ^{86m}Y	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{86m}Y	-	2E+3	1E-6	3E-9	-	-
39	Yttrium-94[2]	W, see ^{86m}Y	2E+4	8E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		Y, see ^{86m}Y	-	8E+4	3E-5	1E-7	-	-
39	Yttrium-95[2]	W, see ^{86m}Y	4E+4	2E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{86m}Y	-	1E+5	6E-5	2E-7	-	-
40	Zirconium-86	D, all compounds except those given for W and Y	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, oxides, hydroxides, halides, and nitrates	-	3E+3	1E-6	4E-9	-	-
		Y, carbide	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-88	D, see ^{86}Zr	4E+3	2E+2	9E-8	3E-10	5E-5	5E-4
		W, see ^{86}Zr	-	5E+2	2E-7	7E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-89	D, see ^{86}Zr	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
		Y, see ^{86}Zr	-	2E+3	1E-6	3E-9	-	-
40	Zirconium-93	D, see ^{86}Zr	1E+3	6E+0	3E-9	-	-	-
			Bone surf (3E+3)	Bone surf (2E+1)	-	2E-11	4E-5	4E-4
		W, see ^{86}Zr	-	2E+1	1E-8	-	-	-
			-	Bone surf (6E+1)	-	9E-11	-	-
		Y, see ^{86}Zr	-	6E+1	2E-8	-	-	-
			-	Bone surf (7E+1)	-	9E-11	-	-
40	Zirconium-95	D, see ^{86}Zr	1E+3	1E+2	5E-8	-	2E-5	2E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
		W, see ^{86}Zr	-	4E+2	2E-7	5E-10	-	-
		Y, see ^{86}Zr	-	3E+2	1E-7	4E-10	-	-
40	Zirconium-97	D, see ^{86}Zr	6E+2	2E+3	8E-7	3E-9	9E-6	9E-5
		W, see ^{86}Zr	-	1E+3	6E-7	2E-9	-	-
		Y, see ^{86}Zr	-	1E+3	5E-7	2E-9	-	-
41	Niobium-88[2]	W, all compounds except those given for Y	5E+4	2E+5	9E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, oxides and hydroxides	-	2E+5	9E-5	3E-7	-	-
41	Niobium-89[2] (66 min)	W, see ^{88}Nb	1E+4	4E+4	2E-5	6E-8	1E-4	1E-3
		Y, see ^{88}Nb	-	4E+4	2E-5	5E-8	-	-
41	Niobium-89 (122 min)	W, see ^{88}Nb	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see ^{88}Nb	-	2E+4	6E-6	2E-8	-	-
41	Niobium-90	W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-
41	Niobium-93m	W, see ^{88}Nb	9E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+4)	-	-	-	2E-4	2E-3
		Y, see ^{88}Nb	-	2E+2	7E-8	2E-10	-	-
41	Niobium-94	W, see ^{88}Nb	9E+2	2E+2	8E-8	3E-10	1E-5	1E-4
		Y, see ^{88}Nb	-	2E+1	6E-9	2E-11	-	-
41	Niobium-95m	W, see ^{88}Nb	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall					

			(2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{88}Nb	-	2E+3	9E-7	3E-9	-	-
41	Niobium-95	W, see ^{88}Nb	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		Y, see ^{88}Nb	-	1E+3	5E-7	2E-9	-	-
41	Niobium-96	W, see ^{88}Nb	1E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		Y, see ^{88}Nb	-	2E+3	1E-6	3E-9	-	-
41	Niobium-97[2]	W, see ^{88}Nb	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		Y, see ^{88}Nb	-	7E+4	3E-5	1E-7	-	-
41	Niobium-98[2]	W, see ^{88}Nb	1E+4	5E+4	2E-5	8E-8	2E-4	2E-3
		Y, see ^{88}Nb	-	5E+4	2E-5	7E-8	-	-
42	Molybdenum-90	D, all compounds except those given for Y	4E+3	7E+3	3E-6	1E-8	3E-5	3E-4
		Y, oxides, hydroxides, and MoS	2E+3	5E+3	2E-6	6E-9	-	-
42	Molybdenum-93m	D, see ^{90}Mo	9E+3	2E+4	7E-6	2E-8	6E-5	6E-4
		Y, see ^{90}Mo	4E+3	1E+4	6E-6	2E-8	-	-
42	Molybdenum-93	D, see ^{90}Mo	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		Y, see ^{90}Mo	2E+4	2E+2	8E-8	2E-10	-	-
42	Molybdenum-99	D, see ^{90}Mo	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{90}Mo	1E+3	1E+3	6E-7	2E-9	-	-
42	Molybdenum-101[2]	D, see ^{90}Mo	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		Y, see ^{90}Mo	-	1E+5	6E-5	2E-7	-	-
43	Technetium-93m[2]	D, all compounds except those given for W	7E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, and nitrates	-	3E+5	1E-4	4E-7	-	-
43	Technetium-93	D, see ^{93m}Tc	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		W, see ^{93m}Tc	-	1E+5	4E-5	1E-7	-	-
43	Technetium-94m[2]	D, see ^{93m}Tc	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, see ^{93m}Tc	-	6E+4	2E-5	8E-8	-	-
43	Technetium-94	D, see ^{93m}Tc	9E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see ^{93m}Tc	-	2E+4	1E-5	3E-8	-	-
43	Technetium-95m	D, see ^{93m}Tc	4E+3	5E+3	2E-6	8E-9	5E-5	5E-4
		W, see ^{93m}Tc	-	2E+3	8E-7	3E-9	-	-
43	Technetium-95	D, see ^{93m}Tc	1E+4	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{93m}Tc	-	2E+4	8E-6	3E-8	-	-
43	Technetium-96m[2]	D, see ^{93m}Tc	2E+5	3E+5	1E-4	4E-7	2E-3	2E-2
		W, see ^{93m}Tc	-	2E+5	1E-4	3E-7	-	-
43	Technetium-96	D, see ^{93m}Tc	2E+3	3E+3	1E-6	5E-9	3E-5	3E-4
		W, see ^{93m}Tc	-	2E+3	9E-7	3E-9	-	-
43	Technetium-97m	D, see ^{93m}Tc	5E+3	7E+3	3E-6	-	6E-5	6E-4
			-	St wall (7E+3)	-	1E-8	-	-
		W, see ^{93m}Tc	-	1E+3	5E-7	2E-9	-	-
43	Technetium-97	D, see ^{93m}Tc	4E+4	5E+4	2E-5	7E-8	5E-4	5E-3
		W, see ^{93m}Tc	-	6E+3	2E-6	8E-9	-	-
43	Technetium-98	D, see ^{93m}Tc	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see ^{93m}Tc	-	3E+2	1E-7	4E-10	-	-
43	Technetium-99m	D, see ^{93m}Tc	8E+4	2E+5	6E-5	2E-7	1E-3	1E-2
		W, see ^{93m}Tc	-	2E+5	1E-4	3E-7	-	-
43	Technetium-99	D, see ^{93m}Tc	4E+3	5E+3	2E-6	-	6E-5	6E-4
			-	St wall (6E+3)	-	8E-9	-	-
		W, see ^{93m}Tc	-	7E+2	3E-7	9E-10	-	-
43	Technetium-101[2]	D, see ^{93m}Tc	9E+4	3E+5	1E-4	5E-7	-	-
			St wall (1E+5)	-	-	-	2E-3	2E-2
		W, see ^{93m}Tc	-	4E+5	2E-4	5E-7	-	-
43	Technetium-104[2]	D, see ^{93m}Tc	2E+4	7E+4	3E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{93m}Tc	-	9E+4	4E-5	1E-7	-	-
44	Ruthenium-94[2]	D, all compounds except those given for W and Y	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, halides	-	6E+4	3E-5	9E-8	-	-
		Y, oxides and hydroxides	-	6E+4	2E-5	8E-8	-	-
44	Ruthenium-97	D, see ^{94}Ru	8E+3	2E+4	8E-6	3E-8	1E-4	1E-3
		W, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-103	D, see ^{94}Ru	2E+3	2E+3	7E-7	2E-9	3E-5	3E-4
		W, see ^{94}Ru	-	1E+3	4E-7	1E-9	-	-
		Y, see ^{94}Ru	-	6E+2	3E-7	9E-10	-	-

44	Ruthenium-105	D, see ^{94}Ru	5E+3	1E+4	6E-6	2E-8	7E-5	7E-4
		W, see ^{94}Ru	-	1E+4	6E-6	2E-8	-	-
		Y, see ^{94}Ru	-	1E+4	5E-6	2E-8	-	-
44	Ruthenium-106	D, see ^{94}Ru	2E+2	9E+1	4E-8	1E-10	-	-
			LLI wall					
			(2E+2)	-	-	-	3E-6	3E-5
		W, see ^{94}Ru	-	5E+1	2E-8	8E-11	-	-
		Y, see ^{94}Ru	-	1E+1	5E-9	2E-11	-	-
45	Rhodium-99m	D, all compounds except						
		those given for W and Y	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		W, halides	-	8E+4	3E-5	1E-7	-	-
		Y, oxides and hydroxides	-	7E+4	3E-5	9E-8	-	-
45	Rhodium-99	D, see ^{99m}Rh	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{99m}Rh	-	2E+3	9E-7	3E-9	-	-
		Y, see ^{99m}Rh	-	2E+3	8E-7	3E-9	-	-
45	Rhodium-100	D, see ^{99m}Rh	2E+3	5E+3	2E-6	7E-9	2E-5	2E-4
		W, see ^{99m}Rh	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{99m}Rh	-	4E+3	2E-6	5E-9	-	-
45	Rhodium-101m	D, see ^{99m}Rh	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see ^{99m}Rh	-	8E+3	4E-6	1E-8	-	-
		Y, see ^{99m}Rh	-	8E+3	3E-6	1E-8	-	-
45	Rhodium-101	D, see ^{99m}Rh	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see ^{99m}Rh	-	8E+2	3E-7	1E-9	-	-
		Y, see ^{99m}Rh	-	2E+2	6E-8	2E-10	-	-
45	Rhodium-102m	D, see ^{99m}Rh	1E+3	5E+2	2E-7	7E-10	-	-
			LLI wall					
			(1E+3)	-	-	-	2E-5	2E-4
		W, see ^{99m}Rh	-	4E+2	2E-7	5E-10	-	-
		Y, see ^{99m}Rh	-	1E+2	5E-8	2E-10	-	-
45	Rhodium-102	D, see ^{99m}Rh	6E+2	9E+1	4E-8	1E-10	8E-6	8E-5
		W, see ^{99m}Rh	-	2E+2	7E-8	2E-10	-	-
		Y, see ^{99m}Rh	-	6E+1	2E-8	8E-11	-	-
45	Rhodium-103m[2]	D, see ^{99m}Rh	4E+5	1E+6	5E-4	2E-6	6E-3	6E-2
		W, see ^{99m}Rh	-	1E+6	5E-4	2E-6	-	-
		Y, see ^{99m}Rh	-	1E+6	5E-4	2E-6	-	-
45	Rhodium-105	D, see ^{99m}Rh	4E+3	1E+4	5E-6	2E-8	-	-
			LLI wall					
			(4E+3)	-	-	-	5E-5	5E-4
		W, see ^{99m}Rh	-	6E+3	3E-6	9E-9	-	-
		Y, see ^{99m}Rh	-	6E+3	2E-6	8E-9	-	-
45	Rhodium-106m	D, see ^{99m}Rh	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see ^{99m}Rh	-	4E+4	2E-5	5E-8	-	-
		Y, see ^{99m}Rh	-	4E+4	1E-5	5E-8	-	-
45	Rhodium-107[2]	D, see ^{99m}Rh	7E+4	2E+5	1E-4	3E-7	-	-
			St wall					
			(9E+4)	-	-	-	1E-3	1E-2
		W, see ^{99m}Rh	-	3E+5	1E-4	4E-7	-	-
		Y, see ^{99m}Rh	-	3E+5	1E-4	3E-7	-	-
46	Palladium-100	D, all compounds except						
		those given for W and Y	1E+3	1E+3	6E-7	2E-9	2E-5	2E-4
		W, nitrates	-	1E+3	5E-7	2E-9	-	-
		Y, oxides and hydroxides	-	1E+3	6E-7	2E-9	-	-
46	Palladium-101	D, see ^{100}Pd	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{100}Pd	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{100}Pd	-	3E+4	1E-5	4E-8	-	-
46	Palladium-103	D, see ^{100}Pd	6E+3	6E+3	3E-6	9E-9	-	-
			LLI wall					
			(7E+3)	-	-	-	1E-4	1E-3
		W, see ^{100}Pd	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{100}Pd	-	4E+3	1E-6	5E-9	-	-
46	Palladium-107	D, see ^{100}Pd	3E+4	2E+4	9E-6	-	-	-
			LLI wall	Kidneys				
			(4E+4)	(2E+4)	-	3E-8	5E-4	5E-3
		W, see ^{100}Pd	-	7E+3	3E-6	1E-8	-	-
		Y, see ^{100}Pd	-	4E+2	2E-7	6E-10	-	-
46	Palladium-109	D, see ^{100}Pd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		W, see ^{100}Pd	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{100}Pd	-	5E+3	2E-6	6E-9	-	-
47	Silver-102[2]	D, all compounds except						
		those given for W and Y	5E+4	2E+5	8E-5	2E-7	-	-
			St wall					
			(6E+4)	-	-	-	9E-4	9E-3
		W, nitrates and sulfides	-	2E+5	9E-5	3E-7	-	-
		Y, oxides and hydroxides	-	2E+5	8E-5	3E-7	-	-
47	Silver-103[2]	D, see ^{102}Ag	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-

		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104m[2]	D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	4E-4	4E-3
		W, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	5E-5	2E-7	-	-
47	Silver-104[2]	D, see ^{102}Ag	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
		Y, see ^{102}Ag	-	1E+5	6E-5	2E-7	-	-
47	Silver-105	D, see ^{102}Ag	3E+3	1E+3	4E-7	1E-9	4E-5	4E-4
		W, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{102}Ag	-	2E+3	7E-7	2E-9	-	-
47	Silver-106m	D, see ^{102}Ag	8E+2	7E+2	3E-7	1E-9	1E-5	1E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-106[2]	D, see ^{102}Ag	6E+4	2E+5	8E-5	3E-7	-	-
			St. wall (6E+4)	-	-	-	9E-4	9E-3
		W, see ^{102}Ag	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{102}Ag	-	2E+5	8E-5	3E-7	-	-
47	Silver-108m	D, see ^{102}Ag	6E+2	2E+2	8E-8	3E-10	9E-6	9E-5
		W, see ^{102}Ag	-	3E+2	1E-7	4E-10	-	-
		Y, see ^{102}Ag	-	2E+1	1E-8	3E-11	-	-
47	Silver-110m	D, see ^{102}Ag	5E+2	1E+2	5E-8	2E-10	6E-6	6E-5
		W, see ^{102}Ag	-	2E+2	8E-8	3E-10	-	-
		Y, see ^{102}Ag	-	9E+1	4E-8	1E-10	-	-
47	Silver-111	D, see ^{102}Ag	9E+2	2E+3	6E-7	-	-	-
			LLI wall (1E+3)	Liver (2E+3)	-	2E-9	2E-5	2E-4
		W, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
		Y, see ^{102}Ag	-	9E+2	4E-7	1E-9	-	-
47	Silver-112	D, see ^{102}Ag	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{102}Ag	-	1E+4	4E-6	1E-8	-	-
		Y, see ^{102}Ag	-	9E+3	4E-6	1E-8	-	-
47	Silver-115[2]	D, see ^{102}Ag	3E+4	9E+4	4E-5	1E-7	-	-
			St wall (3E+4)	-	-	-	4E-4	4E-3
		W, see ^{102}Ag	-	9E+4	4E-5	1E-7	-	-
		Y, see ^{102}Ag	-	8E+4	3E-5	1E-7	-	-
48	Cadmium-104[2]	D, all compounds except those given for W and Y	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		W, sulfides, halides, and nitrates	-	1E+5	5E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
48	Cadmium-107	D, see ^{104}Cd	2E+4	5E+4	2E-5	8E-8	3E-4	3E-3
		W, see ^{104}Cd	-	6E+4	2E-5	8E-8	-	-
		Y, see ^{104}Cd	-	5E+4	2E-5	7E-8	-	-
48	Cadmium-109	D, see ^{104}Cd	3E+2	4E+1	1E-8	-	-	-
			Kidneys (4E+2)	Kidneys (5E+1)	-	7E-11	6E-6	6E-5
		W, see ^{104}Cd	-	1E+2	5E-8	-	-	-
			-	Kidneys (1E+2)	-	2E-10	-	-
		Y, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
48	Cadmium-113m	D, see ^{104}Cd	2E+1	2E+0	1E-9	-	-	-
			Kidneys (4E+1)	Kidneys (4E+0)	-	5E-12	5E-7	5E-6
		W, see ^{104}Cd	-	8E+0	4E-9	-	-	-
			-	Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	5E-9	2E-11	-	-
48	Cadmium-113	D, see ^{104}Cd	2E+1	2E+0	9E-10	-	-	-
			Kidneys (3E+1)	Kidneys (3E+0)	-	5E-12	4E-7	4E-6
		W, see ^{104}Cd	-	8E+0	3E-9	-	-	-
			-	Kidneys (1E+1)	-	2E-11	-	-
		Y, see ^{104}Cd	-	1E+1	6E-9	2E-11	-	-
48	Cadmium-115m	D, see ^{104}Cd	3E+2	5E+1	2E-8	-	4E-6	4E-5
			-	Kidneys (8E+1)	-	1E-10	-	-
		W, see ^{104}Cd	-	1E+2	5E-8	2E-10	-	-
		Y, see ^{104}Cd	-	1E+2	6E-8	2E-10	-	-
48	Cadmium-115	D, see ^{104}Cd	9E+2	1E+3	6E-7	2E-9	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
		W, see ^{104}Cd	-	1E+3	5E-7	2E-9	-	-
		Y, see ^{104}Cd	-	1E+3	6E-7	2E-9	-	-

48	Cadmium-117m	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
48	Cadmium-117	D, see ^{104}Cd	5E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		W, see ^{104}Cd	-	2E+4	7E-6	2E-8	-	-
		Y, see ^{104}Cd	-	1E+4	6E-6	2E-8	-	-
49	Indium-109	D, all compounds except those given for W	2E+4	4E+4	2E-5	6E-8	3E-4	3E-3
		W, oxides, hydroxides, halides, and nitrates	-	6E+4	3E-5	9E-8	-	-
49	Indium-110[2] (69.1 min)	D, see ^{109}In	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{109}In	-	6E+4	2E-5	8E-8	-	-
49	Indium-110 (4.9 h)	D, see ^{109}In	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		W, see ^{109}In	-	2E+4	8E-6	3E-8	-	-
49	Indium-111	D, see ^{109}In	4E+3	6E+3	3E-6	9E-9	6E-5	6E-4
		W, see ^{109}In	-	6E+3	3E-6	9E-9	-	-
49	Indium-112[2]	D, see ^{109}In	2E+5	6E+5	3E-4	9E-7	2E-3	2E-2
		W, see ^{109}In	-	7E+5	3E-4	1E-6	-	-
49	Indium-113m[2]	D, see ^{109}In	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
		W, see ^{109}In	-	2E+5	8E-5	3E-7	-	-
49	Indium-114m	D, see ^{109}In	3E+2	6E+1	3E-8	9E-11	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		W, see ^{109}In	-	1E+2	4E-8	1E-10	-	-
49	Indium-115m	D, see ^{109}In	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{109}In	-	5E+4	2E-5	7E-8	-	-
49	Indium-115	D, see ^{109}In	4E+1	1E+0	6E-10	2E-12	5E-7	5E-6
		W, see ^{109}In	-	5E+0	2E-9	8E-12	-	-
49	Indium-116m[2]	D, see ^{109}In	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{109}In	-	1E+5	5E-5	2E-7	-	-
49	Indium-117m[2]	D, see ^{109}In	1E+4	3E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{109}In	-	4E+4	2E-5	6E-8	-	-
49	Indium-117[2]	D, see ^{109}In	6E+4	2E+5	7E-5	2E-7	8E-4	8E-3
		W, see ^{109}In	-	2E+5	9E-5	3E-7	-	-
49	Indium-119m[2]	D, see ^{109}In	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	7E-4	7E-3
		W, see ^{109}In	-	1E+5	6E-5	2E-7	-	-
50	Tin-110	D, all compounds except those given for W	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		W, sulfides, oxides, hydroxides, halides, nitrates, and stannic phosphate	-	1E+4	5E-6	2E-8	-	-
50	Tin-111[2]	D, see ^{110}Sn	7E+4	2E+5	9E-5	3E-7	1E-3	1E-2
		W, see ^{110}Sn	-	3E+5	1E-4	4E-7	-	-
50	Tin-113	D, see ^{110}Sn	2E+3	1E+3	5E-7	2E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		W, see ^{110}Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-117m	D, see ^{110}Sn	2E+3	1E+3	5E-7	-	-	-
			LLI wall (2E+3)	Bone surf (2E+3)	-	3E-9	3E-5	3E-4
		W, see ^{110}Sn	-	1E+3	6E-7	2E-9	-	-
50	Tin-119m	D, see ^{110}Sn	3E+3	2E+3	1E-6	3E-9	-	-
			LLI wall (4E+3)	-	-	-	6E-5	6E-4
		W, see ^{110}Sn	-	1E+3	4E-7	1E-9	-	-
50	Tin-121m	D, see ^{110}Sn	3E+3	9E+2	4E-7	1E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
		W, see ^{110}Sn	-	5E+2	2E-7	8E-10	-	-
50	Tin-121	D, see ^{110}Sn	6E+3	2E+4	6E-6	2E-8	-	-
			LLI wall (6E+3)	-	-	-	8E-5	8E-4
		W, see ^{110}Sn	-	1E+4	5E-6	2E-8	-	-
50	Tin-123m[2]	D, see ^{110}Sn	5E+4	1E+5	5E-5	2E-7	7E-4	7E-3
		W, see ^{110}Sn	-	1E+5	6E-5	2E-7	-	-
50	Tin-123	D, see ^{110}Sn	5E+2	6E+2	3E-7	9E-10	-	-
			LLI wall (6E+2)	-	-	-	9E-6	9E-5
		W, see ^{110}Sn	-	2E+2	7E-8	2E-10	-	-
50	Tin-125	D, see ^{110}Sn	4E+2	9E+2	4E-7	1E-9	-	-
			LLI wall (5E+2)	-	-	-	6E-6	6E-5

		W, see ^{110}Sn	-	4E+2	1E-7	5E-10	-	-
50	Tin-126	D, see ^{110}Sn	3E+2	6E+1	2E-8	8E-11	4E-6	4E-5
		W, see ^{110}Sn	-	7E+1	3E-8	9E-11	-	-
50	Tin-127	D, see ^{110}Sn	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		W, see ^{110}Sn	-	2E+4	8E-6	3E-8	-	-
50	Tin-128[2]	D, see ^{110}Sn	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, see ^{110}Sn	-	4E+4	1E-5	5E-8	-	-
51	Antimony-115[2]	D, all compounds except those given for W	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, oxides, hydroxides, halides, sulfides, sulfates, and nitrates	-	3E+5	1E-4	4E-7	-	-
51	Antimony-116m[2]	D, see ^{115}Sb	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
		W, see ^{115}Sb	-	1E+5	6E-5	2E-7	-	-
51	Antimony-116[2]	D, see ^{115}Sb	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{115}Sb	-	3E+5	1E-4	5E-7	-	-
51	Antimony-117	D, see ^{115}Sb	7E+4	2E+5	9E-5	3E-7	9E-4	9E-3
		W, see ^{115}Sb	-	3E+5	1E-4	4E-7	-	-
51	Antimony-118m	D, see ^{115}Sb	6E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		W, see ^{115}Sb	5E+3	2E+4	9E-6	3E-8	-	-
51	Antimony-119	D, see ^{115}Sb	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{115}Sb	2E+4	3E+4	1E-5	4E-8	-	-
51	Antimony-120[2] (16 min)	D, see ^{115}Sb	1E+5	4E+5	2E-4	6E-7	-	-
			St wall (2E+5)	-	-	-	2E-3	2E-2
		W, see ^{115}Sb	-	5E+5	2E-4	7E-7	-	-
51	Antimony-120 (5.76 d)	D, see ^{115}Sb	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		W, see ^{115}Sb	9E+2	1E+3	5E-7	2E-9	-	-
51	Antimony-122	D, see ^{115}Sb	8E+2	2E+3	1E-6	3E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
		W, see ^{115}Sb	7E+2	1E+3	4E-7	2E-9	-	-
51	Antimony-124m[2]	D, see ^{115}Sb	3E+5	8E+5	4E-4	1E-6	3E-3	3E-2
		W, see ^{115}Sb	2E+5	6E+5	2E-4	8E-7	-	-
51	Antimony-124	D, see ^{115}Sb	6E+2	9E+2	4E-7	1E-9	7E-6	7E-5
		W, see ^{115}Sb	5E+2	2E+2	1E-7	3E-10	-	-
51	Antimony-125	D, see ^{115}Sb	2E+3	2E+3	1E-6	3E-9	3E-5	3E-4
		W, see ^{115}Sb	-	5E+2	2E-7	7E-10	-	-
51	Antimony-126m[2]	D, see ^{115}Sb	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (7E+4)	-	-	-	9E-4	9E-3
		W, see ^{115}Sb	-	2E+5	8E-5	3E-7	-	-
51	Antimony-126	D, see ^{115}Sb	6E+2	1E+3	5E-7	2E-9	7E-6	7E-5
		W, see ^{115}Sb	5E+2	5E+2	2E-7	7E-10	-	-
51	Antimony-127	D, see ^{115}Sb	8E+2	2E+3	9E-7	3E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
		W, see ^{115}Sb	7E+2	9E+2	4E-7	1E-9	-	-
51	Antimony-128[2] (10.4 min)	D, see ^{115}Sb	8E+4	4E+5	2E-4	5E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
		W, see ^{115}Sb	-	4E+5	2E-4	6E-7	-	-
51	Antimony-128 (9.01 h)	D, see ^{115}Sb	1E+3	4E+3	2E-6	6E-9	2E-5	2E-4
		W, see ^{115}Sb	-	3E+3	1E-6	5E-9	-	-
51	Antimony-129	D, see ^{115}Sb	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, see ^{115}Sb	-	9E+3	4E-6	1E-8	-	-
51	Antimony-130[2]	D, see ^{115}Sb	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, see ^{115}Sb	-	8E+4	3E-5	1E-7	-	-
51	Antimony-131[2]	D, see ^{115}Sb	1E+4	2E+4	1E-5	-	-	-
			Thyroid (2E+4)	Thyroid (4E+4)	-	6E-8	2E-4	2E-3
		W, see ^{115}Sb	-	2E+4	1E-5		-	-
			-	Thyroid (4E+4)	-	6E-8	-	-
52	Tellurium-116	D, all compounds except those given for W	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, oxides, hydroxides, and nitrates	-	3E+4	1E-5	4E-8	-	-
52	Tellurium-121m	D, see ^{116}Te	5E+2	2E+2	8E-8	-	-	-
			Bone surf (7E+2)	Bone surf (4E+2)	-	5E-10	1E-5	1E-4
		W, see ^{116}Te	-	4E+2	2E-7	6E-10	-	-
52	Tellurium-121	D, see ^{116}Te	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
		W, see ^{116}Te	-	3E+3	1E-6	4E-9	-	-

52	Tellurium-123m	D, see ^{116}Te	6E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	9E-8 -	- 8E-10	- 1E-5	- 1E-4
		W, see ^{116}Te	-	5E+2	2E-7	8E-10	-	-
52	Tellurium-123	D, see ^{116}Te	5E+2 Bone surf (1E+3)	2E+2 Bone surf (5E+2)	8E-8 -	- 7E-10	- 2E-5	- 2E-4
		W, see ^{116}Te	-	4E+2 Bone surf (1E+3)	2E-7 -	- 2E-9	- -	- -
52	Tellurium-125m	D, see ^{116}Te	1E+3 Bone surf (1E+3)	4E+2 Bone surf (1E+3)	2E-7 -	- 1E-9	- 2E-5	- 2E-4
		W, see ^{116}Te	-	7E+2	3E-7	1E-9	-	-
52	Tellurium-127m	D, see ^{116}Te	6E+2	3E+2 Bone surf (4E+2)	1E-7 -	- 6E-10	9E-6 -	9E-5 -
		W, see ^{116}Te	-	3E+2	1E-7	4E-10	-	-
52	Tellurium-127	D, see ^{116}Te	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{116}Te	-	2E+4	7E-6	2E-8	-	-
52	Tellurium-129m	D, see ^{116}Te	5E+2	6E+2	3E-7	9E-10	7E-6	7E-5
		W, see ^{116}Te	-	2E+2	1E-7	3E-10	-	-
52	Tellurium-129[2]	D, see ^{116}Te	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{116}Te	-	7E+4	3E-5	1E-7	-	-
52	Tellurium-131m	D, see ^{116}Te	3E+2 Thyroid (6E+2)	4E+2 Thyroid (1E+3)	2E-7 -	- 2E-9	- 8E-6	- 8E-5
		W, see ^{116}Te	-	4E+2 Thyroid (9E+2)	2E-7 -	- 1E-9	- -	- -
52	Tellurium-131[2]	D, see ^{116}Te	3E+3 Thyroid (6E+3)	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- 8E-5	- 8E-4
		W, see ^{116}Te	-	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- -	- -
52	Tellurium-132	D, see ^{116}Te	2E+2 Thyroid (7E+2)	2E+2 Thyroid (8E+2)	9E-8 -	- 1E-9	- 9E-6	- 9E-5
		W, see ^{116}Te	-	2E+2 Thyroid (6E+2)	9E-8 -	- 9E-10	- -	- -
52	Tellurium-133m[2]	D, see ^{116}Te	3E+3 Thyroid (6E+3)	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- 9E-5	- 9E-4
		W, see ^{116}Te	-	5E+3 Thyroid (1E+4)	2E-6 -	- 2E-8	- -	- -
52	Tellurium-133[2]	D, see ^{116}Te	1E+4 Thyroid (3E+4)	2E+4 Thyroid (6E+4)	9E-6 -	- 8E-8	- 4E-4	- 4E-3
		W, see ^{116}Te	-	2E+4 Thyroid (6E+4)	9E-6 -	- 8E-8	- -	- -
52	Tellurium-134[2]	D, see ^{116}Te	2E+4 Thyroid (2E+4)	2E+4 Thyroid (5E+4)	1E-5 -	- 7E-8	- 3E-4	- 3E-3
		W, see ^{116}Te	-	2E+4 Thyroid (5E+4)	1E-5 -	- 7E-8	- -	- -
53	Iodine-120m[2]	D, all compounds	1E+4 Thyroid (1E+4)	2E+4 -	9E-6 -	3E-8 -	- 2E-4	- 2E-3
53	Iodine-120[2]	D, all compounds	4E+3 Thyroid (8E+3)	9E+3 Thyroid (1E+4)	4E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-121	D, all compounds	1E+4 Thyroid (3E+4)	2E+4 Thyroid (5E+4)	8E-6 -	- 7E-8	- 4E-4	- 4E-3
53	Iodine-123	D, all compounds	3E+3 Thyroid (1E+4)	6E+3 Thyroid (2E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-124	D, all compounds	5E+1 Thyroid (2E+2)	8E+1 Thyroid (3E+2)	3E-8 -	- 4E-10	- 2E-6	- 2E-5

53	Iodine-125	D, all compounds	4E+1 Thyroid (1E+2)	6E+1 Thyroid (2E+2)	3E-8 -	- 3E-10	- 2E-6	- 2E-5
53	Iodine-126	D, all compounds	2E+1 Thyroid (7E+1)	4E+1 Thyroid (1E+2)	1E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-128[2]	D, all compounds	4E+4 St wall (6E+4)	1E+5 -	5E-5 -	2E-7 -	- 8E-4	- 8E-3
53	Iodine-129	D, all compounds	5E+0 Thyroid (2E+1)	9E+0 Thyroid (3E+1)	4E-9 -	- 4E-11	- 2E-7	- 2E-6
53	Iodine-130	D, all compounds	4E+2 Thyroid (1E+3)	7E+2 Thyroid (2E+3)	3E-7 -	- 3E-9	- 2E-5	- 2E-4
53	Iodine-131	D, all compounds	3E+1 Thyroid (9E+1)	5E+1 Thyroid (2E+2)	2E-8 -	- 2E-10	- 1E-6	- 1E-5
53	Iodine-132m[2]	D, all compounds	4E+3 Thyroid (1E+4)	8E+3 Thyroid (2E+4)	4E-6 -	- 3E-8	- 1E-4	- 1E-3
53	Iodine-132	D, all compounds	4E+3 Thyroid (9E+3)	8E+3 Thyroid (1E+4)	3E-6 -	- 2E-8	- 1E-4	- 1E-3
53	Iodine-133	D, all compounds	1E+2 Thyroid (5E+2)	3E+2 Thyroid (9E+2)	1E-7 -	- 1E-9	- 7E-6	- 7E-5
53	Iodine-134[2]	D, all compounds	2E+4 Thyroid (3E+4)	5E+4 -	2E-5 -	6E-8 -	- 4E-4	- 4E-3
53	Iodine-135	D, all compounds	8E+2 Thyroid (3E+3)	2E+3 Thyroid (4E+3)	7E-7 -	- 6E-9	- 3E-5	- 3E-4
54	Xenon-120[2]	Submersion[1]	-	-	1E-5	4E-8	-	-
54	Xenon-121[2]	Submersion[1]	-	-	2E-6	1E-8	-	-
54	Xenon-122	Submersion[1]	-	-	7E-5	3E-7	-	-
54	Xenon-123	Submersion[1]	-	-	6E-6	3E-8	-	-
54	Xenon-125	Submersion[1]	-	-	2E-5	7E-8	-	-
54	Xenon-127	Submersion[1]	-	-	1E-5	6E-8	-	-
54	Xenon-129m	Submersion[1]	-	-	2E-4	9E-7	-	-
54	Xenon-131m	Submersion[1]	-	-	4E-4	2E-6	-	-
54	Xenon-133m	Submersion[1]	-	-	1E-4	6E-7	-	-
54	Xenon-133	Submersion[1]	-	-	1E-4	5E-7	-	-
54	Xenon-135m[2]	Submersion[1]	-	-	9E-6	4E-8	-	-
54	Xenon-135	Submersion[1]	-	-	1E-5	7E-8	-	-
54	Xenon-138[2]	Submersion[1]	-	-	4E-6	2E-8	-	-
55	Cesium-125[2]	D, all compounds	5E+4 St wall (9E+4)	1E+5 -	6E-5 -	2E-7 -	- 1E-3	- 1E-2
55	Cesium-127	D, all compounds	6E+4	9E+4	4E-5	1E-7	9E-4	9E-3
55	Cesium-129	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
55	Cesium-130[2]	D, all compounds	6E+4 St wall (1E+5)	2E+5 -	8E-5 -	3E-7 -	- 1E-3	- 1E-2
55	Cesium-131	D, all compounds	2E+4	3E+4	1E-5	4E-8	3E-4	3E-3
55	Cesium-132	D, all compounds	3E+3	4E+3	2E-6	6E-9	4E-5	4E-4
55	Cesium-134m	D, all compounds	1E+5 St wall (1E+5)	1E+5 -	6E-5 -	2E-7 -	- 2E-3	- 2E-2
55	Cesium-134	D, all compounds	7E+1	1E+2	4E-8	2E-10	9E-7	9E-6
55	Cesium-135m[2]	D, all compounds	1E+5	2E+5	8E-5	3E-7	1E-3	1E-2
55	Cesium-135	D, all compounds	7E+2	1E+3	5E-7	2E-9	1E-5	1E-4
55	Cesium-136	D, all compounds	4E+2	7E+2	3E-7	9E-10	6E-6	6E-5
55	Cesium-137	D, all compounds	1E+2	2E+2	6E-8	2E-10	1E-6	1E-5
55	Cesium-138[2]	D, all compounds	2E+4 St wall (3E+4)	6E+4 -	2E-5 -	8E-8 -	- 4E-4	- 4E-3
56	Barium-126[2]	D, all compounds	6E+3	2E+4	6E-6	2E-8	8E-5	8E-4
56	Barium-128	D, all compounds	5E+2	2E+3	7E-7	2E-9	7E-6	7E-5
56	Barium-131m[2]	D, all compounds	4E+5 St wall (5E+5)	1E+6 -	6E-4 -	2E-6 -	- 7E-3	- 7E-2
56	Barium-131	D, all compounds	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
56	Barium-133m	D, all compounds	2E+3 LLI wall	9E+3	4E-6	1E-8	-	-

			(3E+3)	-	-	-	4E-5	4E-4
56	Barium-133	D, all compounds	2E+3	7E+2	3E-7	9E-10	2E-5	2E-4
56	Barium-135m	D, all compounds	3E+3	1E+4	5E-6	2E-8	4E-5	4E-4
56	Barium-139[2]	D, all compounds	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
56	Barium-140	D, all compounds	5E+2	1E+3	6E-7	2E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
56	Barium-141[2]	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
56	Barium-142[2]	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
57	Lanthanum-131[2]	D, all compounds except those given for W	5E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		W, oxides and hydroxides	-	2E+5	7E-5	2E-7	-	-
57	Lanthanum-132	D, see ^{131}La	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-135	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
57	Lanthanum-137	D, see ^{131}La	1E+4	6E+1	3E-8	-	2E-4	2E-3
			-	Liver (7E+1)	-	1E-10	-	-
		W, see ^{131}La	-	3E+2	1E-7	-	-	-
			-	Liver (3E+2)	-	4E-10	-	-
57	Lanthanum-138	D, see ^{131}La	9E+2	4E+0	1E-9	5E-12	1E-5	1E-4
		W, see ^{131}La	-	1E+1	6E-9	2E-11	-	-
57	Lanthanum-140	D, see ^{131}La	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ^{131}La	-	1E+3	5E-7	2E-9	-	-
57	Lanthanum-141	D, see ^{131}La	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		W, see ^{131}La	-	1E+4	5E-6	2E-8	-	-
57	Lanthanum-142[2]	D, see ^{131}La	8E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{131}La	-	3E+4	1E-5	5E-8	-	-
57	Lanthanum-143[2]	D, see ^{131}La	4E+4	1E+5	4E-5	1E-7	-	-
			St wall (4E+4)	-	-	-	5E-4	5E-3
		W, see ^{131}La	-	9E+4	4E-5	1E-7	-	-
58	Cerium-134	W, all compounds except those given for Y	5E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		Y, oxides, hydroxides, and fluorides	-	7E+2	3E-7	9E-10	-	-
58	Cerium-135	W, see ^{134}Ce	2E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		Y, see ^{134}Ce	-	4E+3	1E-6	5E-9	-	-
58	Cerium-137m	W, see ^{134}Ce	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{134}Ce	-	4E+3	2E-6	5E-9	-	-
58	Cerium-137	W, see ^{134}Ce	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
		Y, see ^{134}Ce	-	1E+5	5E-5	2E-7	-	-
58	Cerium-139	W, see ^{134}Ce	5E+3	8E+2	3E-7	1E-9	7E-5	7E-4
		Y, see ^{134}Ce	-	7E+2	3E-7	9E-10	-	-
58	Cerium-141	W, see ^{134}Ce	2E+3	7E+2	3E-7	1E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		Y, see ^{134}Ce	-	6E+2	2E-7	8E-10	-	-
58	Cerium-143	W, see ^{134}Ce	1E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{134}Ce	-	2E+3	7E-7	2E-9	-	-
58	Cerium-144	W, see ^{134}Ce	2E+2	3E+1	1E-8	4E-11	-	-
			LLI wall (3E+2)	-	-	-	3E-6	3E-5
		Y, see ^{134}Ce	-	1E+1	6E-9	2E-11	-	-
59	Praseodymium-136[2]	W, all compounds except those given for Y	5E+4	2E+5	1E-4	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	9E-5	3E-7	-	-
59	Praseodymium-137[2]	W, see ^{136}Pr	4E+4	2E+5	6E-5	2E-7	5E-4	5E-3
		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-138m	W, see ^{136}Pr	1E+4	5E+4	2E-5	8E-8	1E-4	1E-3
		Y, see ^{136}Pr	-	4E+4	2E-5	6E-8	-	-
59	Praseodymium-139	W, see ^{136}Pr	4E+4	1E+5	5E-5	2E-7	6E-4	6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-142m[2]	W, see ^{136}Pr	8E+4	2E+5	7E-5	2E-7	1E-3	1E-2

		Y, see ^{136}Pr	-	1E+5	6E-5	2E-7	-	-
59	Praseodymium-142	W, see ^{136}Pr	1E+3	2E+3	9E-7	3E-9	1E-5	1E-4
		Y, see ^{136}Pr	-	2E+3	8E-7	3E-9	-	-
59	Praseodymium-143	W, see ^{136}Pr	9E+2	8E+2	3E-7	1E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{136}Pr	-	7E+2	3E-7	9E-10	-	-
59	Praseodymium-144[2]	W, see ^{136}Pr	3E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		Y, see ^{136}Pr	-	1E+5	5E-5	2E-7	-	-
59	Praseodymium-145	W, see ^{136}Pr	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		Y, see ^{136}Pr	-	8E+3	3E-6	1E-8	-	-
59	Praseodymium-147[2]	W, see ^{136}Pr	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
		Y, see ^{136}Pr	-	2E+5	8E-5	3E-7	-	-
60	Neodymium-136[2]	W, all compounds except those given for Y	1E+4	6E+4	2E-5	8E-8	2E-4	2E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	5E+4	2E-5	8E-8	-	-
60	Neodymium-138	W, see ^{136}Nd	2E+3	6E+3	3E-6	9E-9	3E-5	3E-4
		Y, see ^{136}Nd	-	5E+3	2E-6	7E-9	-	-
60	Neodymium-139m	W, see ^{136}Nd	5E+3	2E+4	7E-6	2E-8	7E-5	7E-4
		Y, see ^{136}Nd	-	1E+4	6E-6	2E-8	-	-
60	Neodymium-139[2]	W, see ^{136}Nd	9E+4	3E+5	1E-4	5E-7	1E-3	1E-2
		Y, see ^{136}Nd	-	3E+5	1E-4	4E-7	-	-
60	Neodymium-141	W, see ^{136}Nd	2E+5	7E+5	3E-4	1E-6	2E-3	2E-2
		Y, see ^{136}Nd	-	6E+5	3E-4	9E-7	-	-
60	Neodymium-147	W, see ^{136}Nd	1E+3	9E+2	4E-7	1E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{136}Nd	-	8E+2	4E-7	1E-9	-	-
60	Neodymium-149[2]	W, see ^{136}Nd	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
		Y, see ^{136}Nd	-	2E+4	1E-5	3E-8	-	-
60	Neodymium-151[2]	W, see ^{136}Nd	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		Y, see ^{136}Nd	-	2E+5	8E-5	3E-7	-	-
61	Promethium-141[2]	W, all compounds except those given for Y	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
		Y, oxides, hydroxides, carbides, and fluorides	-	2E+5	7E-5	2E-7	-	-
61	Promethium-143	W, see ^{141}Pm	5E+3	6E+2	2E-7	8E-10	7E-5	7E-4
		Y, see ^{141}Pm	-	7E+2	3E-7	1E-9	-	-
61	Promethium-144	W, see ^{141}Pm	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		Y, see ^{141}Pm	-	1E+2	5E-8	2E-10	-	-
61	Promethium-145	W, see ^{141}Pm	1E+4	2E+2	7E-8	-	1E-4	1E-3
			-	Bone surf (2E+2)	-	3E-10	-	-
		Y, see ^{141}Pm	-	2E+2	8E-8	3E-10	-	-
61	Promethium-146	W, see ^{141}Pm	2E+3	5E+1	2E-8	7E-11	2E-5	2E-4
		Y, see ^{141}Pm	-	4E+1	2E-8	6E-11	-	-
61	Promethium-147	W, see ^{141}Pm	4E+3	1E+2	5E-8	-	-	-
			LLI wall (5E+3)	Bone surf (2E+2)	-	3E-10	7E-5	7E-4
		Y, see ^{141}Pm	-	1E+2	6E-8	2E-10	-	-
61	Promethium-148m	W, see ^{141}Pm	7E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		Y, see ^{141}Pm	-	3E+2	1E-7	5E-10	-	-
61	Promethium-148	W, see ^{141}Pm	4E+2	5E+2	2E-7	8E-10	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
		Y, see ^{141}Pm	-	5E+2	2E-7	7E-10	-	-
61	Promethium-149	W, see ^{141}Pm	1E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{141}Pm	-	2E+3	8E-7	2E-9	-	-
61	Promethium-150	W, see ^{141}Pm	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
		Y, see ^{141}Pm	-	2E+4	7E-6	2E-8	-	-
61	Promethium-151	W, see ^{141}Pm	2E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		Y, see ^{141}Pm	-	3E+3	1E-6	4E-9	-	-
62	Samarium-141m[2]	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
62	Samarium-141[2]	W, all compounds	5E+4	2E+5	8E-5	2E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3

62	Samarium-142[2]	W, all compounds	8E+3	3E+4	1E-5	4E-8	1E-4	1E-3
62	Samarium-145	W, all compounds	6E+3	5E+2	2E-7	7E-10	8E-5	8E-4
62	Samarium-146	W, all compounds	1E+1	4E-2	1E-11	-	-	-
			Bone surf (3E+1)	Bone surf (6E-2)	-	9E-14	3E-7	3E-6
62	Samarium-147	W, all compounds	2E+1	4E-2	2E-11	-	-	-
			Bone surf (3E+1)	Bone surf (7E-2)	-	1E-13	4E-7	4E-6
62	Samarium-151	W, all compounds	1E+4	1E+2	4E-8	-	-	-
			LLI wall (1E+4)	Bone surf (2E+2)	-	2E-10	2E-4	2E-3
62	Samarium-153	W, all compounds	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
62	Samarium-155[2]	W, all compounds	6E+4	2E+5	9E-5	3E-7	-	-
			St wall (8E+4)	-	-	-	1E-3	1E-2
62	Samarium-156	W, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
63	Europium-145	W, all compounds	2E+3	2E+3	8E-7	3E-9	2E-5	2E-4
63	Europium-146	W, all compounds	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
63	Europium-147	W, all compounds	3E+3	2E+3	7E-7	2E-9	4E-5	4E-4
63	Europium-148	W, all compounds	1E+3	4E+2	1E-7	5E-10	1E-5	1E-4
63	Europium-149	W, all compounds	1E+4	3E+3	1E-6	4E-9	2E-4	2E-3
63	Europium-150 (12.62 h)	W, all compounds	3E+3	8E+3	4E-6	1E-8	4E-5	4E-4
63	Europium-150 (34.2 y)	W, all compounds	8E+2	2E+1	8E-9	3E-11	1E-5	1E-4
63	Europium-152m	W, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
63	Europium-152	W, all compounds	8E+2	2E+1	1E-8	3E-11	1E-5	1E-4
63	Europium-154	W, all compounds	5E+2	2E+1	8E-9	3E-11	7E-6	7E-5
63	Europium-155	W, all compounds	4E+3	9E+1	4E-8	-	5E-5	5E-4
			-	Bone surf (1E+2)	-	2E-10	-	-
63	Europium-156	W, all compounds	6E+2	5E+2	2E-7	6E-10	8E-6	8E-5
63	Europium-157	W, all compounds	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
63	Europium-158[2]	W, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
64	Gadolinium-145[2]	D, all compounds except those given for W	5E+4	2E+5	6E-5	2E-7	-	-
			St wall (5E+4)	-	-	-	6E-4	6E-3
		W, oxides, hydroxides, and fluorides	-	2E+5	7E-5	2E-7	-	-
64	Gadolinium-146	D, see ^{145}Gd	1E+3	1E+2	5E-8	2E-10	2E-5	2E-4
		W, see ^{145}Gd	-	3E+2	1E-7	4E-10	-	-
64	Gadolinium-147	D, see ^{145}Gd	2E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		W, see ^{145}Gd	-	4E+3	1E-6	5E-9	-	-
64	Gadolinium-148	D, see ^{145}Gd	1E+1	8E+3	3E-12	-	-	-
			Bone surf (2E+1)	Bone surf (2E+2)	-	2E-14	3E-7	3E-6
		W, see ^{145}Gd	-	3E-2	1E-11	-	-	-
			-	Bone surf (6E-2)	-	8E-14	-	-
64	Gadolinium-149	D, see ^{145}Gd	3E+3	2E+3	9E-7	3E-9	4E-5	4E-4
		W, see ^{145}Gd	-	2E+3	1E-6	3E-9	-	-
64	Gadolinium-151	D, see ^{145}Gd	6E+3	4E+2	2E-7	-	9E-5	9E-4
			-	Bone surf (6E+2)	-	9E-10	-	-
		W, see ^{145}Gd	-	1E+3	5E-7	2E-9	-	-
64	Gadolinium-152	D, see ^{145}Gd	2E+1	1E-2	4E-12	-	-	-
			Bone surf (3E+1)	Bone surf (2E-2)	-	3E-14	4E-7	4E-6
		W, see ^{145}Gd	-	4E-2	2E-11	-	-	-
			-	Bone surf (8E-2)	-	1E-13	-	-
64	Gadolinium-153	D, see ^{145}Gd	5E+3	1E+2	6E-8	-	6E-5	6E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		W, see ^{145}Gd	-	6E+2	2E-7	8E-10	-	-
64	Gadolinium-159	D, see ^{145}Gd	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{145}Gd	-	6E+3	2E-6	8E-9	-	-
65	Terbium-147[2]	W, all compounds	9E+3	3E+4	1E-5	5E-8	1E-4	1E-3
65	Terbium-149	W, all compounds	5E+3	7E+2	3E-7	1E-9	7E-5	7E-4
65	Terbium-150	W, all compounds	5E+3	2E+4	9E-6	3E-8	7E-5	7E-4
65	Terbium-151	W, all compounds	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4

65	Terbium-153	W, all compounds	5E+3	7E+3	3E-6	1E-8	7E-5	7E-4
65	Terbium-154	W, all compounds	2E+3	4E+3	2E-6	6E-9	2E-5	2E-4
65	Terbium-155	W, all compounds	6E+3	8E+3	3E-6	1E-8	8E-5	8E-4
65	Terbium-156m (5.0 h)	W, all compounds	2E+4	3E+4	1E-5	4E-8	2E-4	2E-3
65	Terbium-156m (24.4 h)	W, all compounds	7E+3	8E+3	3E-6	1E-8	1E-4	1E-3
65	Terbium-156	W, all compounds	1E+3	1E+3	6E-7	2E-9	1E-5	1E-4
65	Terbium-157	W, all compounds	5E+4	3E+2	1E-7	-	-	-
			LLI wall (5E+4)	Bone surf (6E+2)	-	8E-10	7E-4	7E-3
65	Terbium-158	W, all compounds	1E+3	2E+1	8E-9	3E-11	2E-5	2E-4
65	Terbium-160	W, all compounds	8E+2	2E+2	9E-8	3E-10	1E-5	1E-4
65	Terbium-161	W, all compounds	2E+3	2E+3	7E-7	2E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
66	Dysprosium-155	W, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
66	Dysprosium-157	W, all compounds	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
66	Dysprosium-159	W, all compounds	1E+4	2E+3	1E-6	3E-9	2E-4	2E-3
66	Dysprosium-165	W, all compounds	1E+4	5E+4	2E-5	6E-8	2E-4	2E-3
66	Dysprosium-166	W, all compounds	6E+2	7E+2	3E-7	1E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
67	Holmium-155[2]	W, all compounds	4E+4	2E+5	6E-5	2E-7	6E-4	6E-3
67	Holmium-157[2]	W, all compounds	3E+5	1E+6	6E-4	2E-6	4E-3	4E-2
67	Holmium-159[2]	W, all compounds	2E+5	1E+6	4E-4	1E-6	3E-3	3E-2
67	Holmium-161	W, all compounds	1E+5	4E+5	2E-4	6E-7	1E-3	1E-2
67	Holmium-162m[2]	W, all compounds	5E+4	3E+5	1E-4	4E-7	7E-4	7E-3
67	Holmium-162[2]	W, all compounds	5E+5	2E+6	1E-3	3E-6	-	-
			St wall (8E+5)	-	-	-	1E-2	1E-1
67	Holmium-164m[2]	W, all compounds	1E+5	3E+5	1E-4	4E-7	1E-3	1E-2
67	Holmium-164[2]	W, all compounds	2E+5	6E+5	3E-4	9E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
67	Holmium-166m	W, all compounds	6E+2	7E+0	3E-9	9E-12	9E-6	9E-5
67	Holmium-166	W, all compounds	9E+2	2E+3	7E-7	2E-9	-	-
			LLI wall (9E+2)	-	-	-	1E-5	1E-4
67	Holmium-167	W, all compounds	2E+4	6E+4	2E-5	8E-8	2E-4	2E-3
68	Erbium-161	W, all compounds	2E+4	6E+4	3E-5	9E-8	2E-4	2E-3
68	Erbium-165	W, all compounds	6E+4	2E+5	8E-5	3E-7	9E-4	9E-3
68	Erbium-169	W, all compounds	3E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (4E+3)	-	-	-	5E-5	5E-4
68	Erbium-171	W, all compounds	4E+3	1E+4	4E-6	1E-8	5E-5	5E-4
68	Erbium-172	W, all compounds	1E+3	1E+3	6E-7	2E-9	-	-
			LLI wall (E+3)	-	-	-	2E-5	2E-4
69	Thulium-162[2]	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
69	Thulium-166	W, all compounds	4E+3	1E+4	6E-6	2E-8	6E-5	6E-4
69	Thulium-167	W, all compounds	2E+3	2E+3	8E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
69	Thulium-170	W, all compounds	8E+2	2E+2	9E-8	3E-10	-	-
			LLI wall (1E+3)	-	-	-	1E-5	1E-4
69	Thulium-171	W, all compounds	1E+4	3E+2	1E-7	-	-	-
			LLI wall (1E+4)	Bone surf (6E+2)	-	8E-10	2E-4	2E-3
69	Thulium-172	W, all compounds	7E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (8E+2)	-	-	-	1E-5	1E-4
69	Thulium-173	W, all compounds	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
69	Thulium-175[2]	W, all compounds	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
70	Ytterbium-162[2]	W, all compounds except those given for Y	7E+4	3E+5	1E-4	4E-7	1E-3	1E-2
		Y, oxides, hydroxides, and fluorides	-	3E+5	1E-4	4E-7	-	-
70	Ytterbium-166	W, see ^{162}Yb	1E+3	2E+3	8E-7	3E-9	2E-5	2E-4

		Y, see ^{162}Yb	-	2E+3	8E-7	3E-9	-	-
70	Ytterbium-167[2]	W, see ^{162}Yb	3E+5	8E+5	3E-4	1E-6	4E-3	4E-2
		Y, see ^{162}Yb	-	7E+5	3E-4	1E-6	-	-
70	Ytterbium-169	W, see ^{162}Yb	2E+3	8E+2	4E-7	1E-9	2E-5	2E-4
		Y, see ^{162}Yb	-	7E+2	3E-7	1E-9	-	-
70	Ytterbium-175	W, see ^{162}Yb	3E+3	4E+3	1E-6	5E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		Y, see ^{162}Yb	-	3E+3	1E-6	5E-9	-	-
70	Ytterbium-177[2]	W, see ^{162}Yb	2E+4	5E+4	2E-5	7E-8	2E-4	2E-3
		Y, see ^{162}Yb	-	5E+4	2E-5	6E-8	-	-
70	Ytterbium-178[2]	W, see ^{162}Yb	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		Y, see ^{162}Yb	-	4E+4	2E-5	5E-8	-	-
71	Lutetium-169	W, all compounds except those given for Y	3E+3	4E+3	2E-6	6E-9	3E-5	3E-4
		Y, oxides, hydroxides, and fluorides	-	4E+3	2E-6	6E-9	-	-
71	Lutetium-170	W, see ^{169}Lu	1E+3	2E+3	9E-7	3E-9	2E-5	2E-4
		Y, see ^{169}Lu	-	2E+3	8E-7	3E-9	-	-
71	Lutetium-171	W, see ^{169}Lu	2E+3	2E+3	8E-7	3E-9	3E-5	3E-4
		Y, see ^{169}Lu	-	2E+3	8E-7	3E-9	-	-
71	Lutetium-172	W, see ^{169}Lu	1E+3	1E+3	5E-7	2E-9	1E-5	1E-4
		Y, see ^{169}Lu	-	1E+3	5E-7	2E-9	-	-
71	Lutetium-173	W, see ^{169}Lu	5E+3	3E+2	1E-7	-	7E-5	7E-4
			-	Bone surf (5E+2)	-	6E-10	-	-
		Y, see ^{169}Lu	-	3E+2	1E-7	4E-10	-	-
71	Lutetium-174m	W, see ^{169}Lu	2E+3	2E+2	1E-7	-	-	-
			LLI wall (3E+3)	Bone surf (3E+2)	-	5E-10	4E-5	4E-4
		Y, see ^{169}Lu	-	2E+2	9E-8	3E-10	-	-
71	Lutetium-174	W, see ^{169}Lu	5E+3	1E+2	5E-8	-	7E-5	7E-4
			-	Bone surf (2E+2)	-	3E-10	-	-
		Y, see ^{169}Lu	-	2E+2	6E-8	2E-10	-	-
71	Lutetium-176m	W, see ^{169}Lu	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		Y, see ^{169}Lu	-	2E+4	9E-6	3E-8	-	-
71	Lutetium-176	W, see ^{169}Lu	7E+2	5E+0	2E-9	-	1E-5	1E-4
			-	Bone surf (1E+1)	-	2E-11	-	-
		Y, see ^{169}Lu	-	8E+0	3E-9	1E-11	-	-
71	Lutetium-177m	W, see ^{169}Lu	7E+2	1E+2	5E-8	-	1E-5	1E-4
			-	Bone surf (1E+2)	-	2E-10	-	-
		Y, see ^{169}Lu	-	8E+1	3E-8	1E-10	-	-
71	Lutetium-177	W, see ^{169}Lu	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		Y, see ^{169}Lu	-	2E+3	9E-7	3E-9	-	-
71	Lutetium-178m[2]	W, see ^{169}Lu	5E+4	2E+5	8E-5	3E-7	-	-
			St. wall (6E+4)	-	-	-	8E-4	8E-3
		Y, see ^{169}Lu	-	2E+5	7E-5	2E-7	-	-
71	Lutetium-178[2]	W, see ^{169}Lu	4E+4	1E+5	5E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		Y, see ^{169}Lu	-	1E+5	5E-5	2E-7	-	-
71	Lutetium-179	W, see ^{169}Lu	6E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{169}Lu	-	2E+4	6E-6	3E-8	-	-
72	Hafnium-170	D, all compounds except those given for W	3E+3	6E+3	2E-6	8E-9	4E-5	4E-4
		W, oxides, hydroxides, carbides, and nitrates	-	5E+3	2E-6	6E-9	-	-
72	Hafnium-172	D, see ^{170}Hf	1E+3	9E+0	4E-9	-	2E-5	2E-4
			-	Bone surf (2E+1)	-	3E-11	-	-
		W, see ^{170}Hf	-	4E+1	2E-8	-	-	-
			-	Bone surf (6E+1)	-	8E-11	-	-
72	Hafnium-173	D, see ^{170}Hf	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{170}Hf	-	1E+4	5E-6	2E-8	-	-
72	Hafnium-175	D, see ^{170}Hf	3E+3	9E+2	4E-7	-	4E-5	4E-4
			-	Bone surf (1E+3)	-	1E-9	-	-
		W, see ^{170}Hf	-	1E+3	5E-7	2E-9	-	-
72	Hafnium-177m[2]	D, see ^{170}Hf	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3

		W, see ^{170}Hf	-	9E+4	4E-5	1E-7	-	-
72	Hafnium-178m	D, see ^{170}Hf	3E+2	1E+0	5E-10	-	3E-6	3E-5
			-	Bone surf (2E+0)	-	3E-12	-	-
		W, see ^{170}Hf	-	5E+0	2E-9	-	-	-
			-	Bone surf (9E+0)	-	1E-11	-	-
72	Hafnium-179m	D, see ^{170}Hf	1E+3	3E+2	1E-7	-	1E-5	1E-4
			-	Bone surf (6E+2)	-	8E-10	-	-
		W, see ^{170}Hf	-	6E+2	3E-7	8E-10	-	-
72	Hafnium-180m	D, see ^{170}Hf	7E+3	2E+4	9E-6	3E-8	1E-4	1E-3
		W, see ^{170}Hf	-	3E+4	1E-5	4E-8	-	-
72	Hafnium-181	D, see ^{170}Hf	1E+3	2E+2	7E-8	-	2E-5	2E-4
			-	Bone surf (4E+2)	-	6E-10	-	-
		W, see ^{170}Hf	-	4E+2	2E-7	6E-10	-	-
72	Hafnium-182m[2]	D, see ^{170}Hf	4E+4	9E+4	4E-5	1E-7	5E-4	5E-3
		W, see ^{170}Hf	-	1E+5	6E-5	2E-7	-	-
72	Hafnium-182	D, see ^{170}Hf	2E+2	8E-1	3E-10	-	-	-
			Bone surf (4E+2)	Bone surf (2E+0)	-	2E-12	5E-6	5E-5
		W, see ^{170}Hf	-	3E+0	1E-9	-	-	-
			-	Bone surf (7E+0)	-	1E-11	-	-
72	Hafnium-183[2]	D, see ^{170}Hf	2E+4	5E+4	2E-5	6E-8	3E-4	3E-3
		W, see ^{170}Hf	-	6E+4	2E-5	8E-8	-	-
72	Hafnium-184	D, see ^{170}Hf	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see ^{170}Hf	-	6E+3	3E-6	9E-9	-	-
73	Tantalum-172[2]	W, all compounds except those given for Y	4E+4	1E+5	5E-5	2E-7	5E-4	5E-3
		Y, elemental Ta, oxides, hydroxides, halides, carbides, nitrates, and nitrides	-	1E+5	4E-5	1E-7	-	-
73	Tantalum-173	W, see ^{172}Ta	7E+3	2E+4	8E-6	3E-8	9E-5	9E-4
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-174[2]	W, see ^{172}Ta	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
		Y, see ^{172}Ta	-	9E+4	4E-5	1E-7	-	-
73	Tantalum-175	W, see ^{172}Ta	6E+3	2E+4	7E-6	2E-8	8E-5	8E-4
		Y, see ^{172}Ta	-	1E+4	6E-6	2E-8	-	-
73	Tantalum-176	W, see ^{172}Ta	4E+3	1E+4	5E-6	2E-8	5E-5	5E-4
		Y, see ^{172}Ta	-	1E+4	5E-6	2E-8	-	-
73	Tantalum-177	W, see ^{172}Ta	1E+4	2E+4	8E-6	3E-8	2E-4	2E-3
		Y, see ^{172}Ta	-	2E+4	7E-6	2E-8	-	-
73	Tantalum-178	W, see ^{172}Ta	2E+4	9E+4	4E-5	1E-7	2E-4	2E-3
		Y, see ^{172}Ta	-	7E+4	3E-5	1E-7	-	-
73	Tantalum-179	W, see ^{172}Ta	2E+4	5E+3	2E-6	8E-9	3E-4	3E-3
		Y, see ^{172}Ta	-	9E+2	4E-7	1E-9	-	-
73	Tantalum-180m	W, see ^{172}Ta	2E+4	7E+4	3E-5	9E-8	3E-4	3E-3
		Y, see ^{172}Ta	-	6E+4	2E-5	8E-8	-	-
73	Tantalum-180	W, see ^{172}Ta	1E+3	4E+2	2E-7	6E-10	2E-5	2E-4
		Y, see ^{172}Ta	-	2E+1	1E-8	3E-11	-	-
73	Tantalum-182m[2]	W, see ^{172}Ta	2E+5	5E+5	2E-4	8E-7	-	-
			St wall (2E+5)	-	-	-	3E-3	3E-2
		Y, see ^{172}Ta	-	4E+5	2E-4	6E-7	-	-
73	Tantalum-182	W, see ^{172}Ta	8E+2	3E+2	1E-7	5E-10	1E-5	1E-4
		Y, see ^{172}Ta	-	1E+2	6E-8	2E-10	-	-
73	Tantalum-183	W, see ^{172}Ta	9E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (1E+3)	-	-	-	2E-5	2E-4
		Y, see ^{172}Ta	-	1E+3	4E-7	1E-9	-	-
73	Tantalum-184	W, see ^{172}Ta	2E+3	5E+3	2E-6	8E-9	3E-5	3E-4
		Y, see ^{172}Ta	-	5E+3	2E-6	7E-9	-	-
73	Tantalum-185[2]	W, see ^{172}Ta	3E+4	7E+4	3E-5	1E-7	4E-4	4E-3
		Y, see ^{172}Ta	-	6E+4	3E-5	9E-8	-	-
73	Tantalum-186[2]	W, see ^{172}Ta	5E+4	2E+5	1E-4	3E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
		Y, see ^{172}Ta	-	2E+5	9E-5	3E-7	-	-
74	Tungsten-176	D, all compounds	1E+4	5E+4	2E-5	7E-8	1E-4	1E-3
74	Tungsten-177	D, all compounds	2E+4	9E+4	4E-5	1E-7	3E-4	3E-3
74	Tungsten-178	D, all compounds	5E+3	2E+4	8E-6	3E-8	7E-5	7E-4
74	Tungsten-179[2]	D, all compounds	5E+5	2E+6	7E-4	2E-6	7E-3	7E-2
74	Tungsten-181	D, all compounds	2E+4	3E+4	1E-5	5E-8	2E-4	2E-3

74	Tungsten-185	D, all compounds	2E+3	7E+3	3E-6	9E-9	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
74	Tungsten-187	D, all compounds	2E+3	9E+3	4E-6	1E-8	3E-5	3E-4
74	Tungsten-188	D, all compounds	4E+2	1E+3	5E-7	2E-9	-	-
			LLI wall (5E+2)	-	-	-	7E-6	7E-5
75	Rhenium-177[2]	D, all compounds except those given for W	9E+4	3E+5	1E-4	4E-7	-	-
			St wall (1E+5)	-	-	-	2E-3	2E-2
		W, oxides, hydroxides, and nitrates	-	4E+5	1E-4	5E-7	-	-
75	Rhenium-178[2]	D, see ^{177}Re	7E+4	3E+5	1E-4	4E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
		W, see ^{177}Re	-	3E+5	1E-4	4E-7	-	-
75	Rhenium-181	D, see ^{177}Re	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
		W, see ^{177}Re	-	9E+3	4E-6	1E-8	-	-
75	Rhenium-182 (12.7 h)	D, see ^{177}Re	7E+3	1E+4	5E-6	2E-8	9E-5	9E-4
		W, see ^{177}Re	-	2E+4	6E-6	2E-8	-	-
75	Rhenium-182 (64.0 h)	D, see ^{177}Re	1E+3	2E+3	1E-6	3E-9	2E-5	2E-4
		W, see ^{177}Re	-	2E+3	9E-7	3E-9	-	-
75	Rhenium-184m	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	4E+2	2E-7	6E-10	-	-
75	Rhenium-184	D, see ^{177}Re	2E+3	4E+3	1E-6	5E-9	3E-5	3E-4
		W, see ^{177}Re	-	1E+3	6E-7	2E-9	-	-
75	Rhenium-186m	D, see ^{177}Re	1E+3	2E+3	7E-7	-	-	-
			St wall (2E+3)	St wall (2E+3)	-	3E-9	2E-5	2E-4
		W, see ^{177}Re	-	2E+2	6E-8	2E-10	-	-
75	Rhenium-186	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
		W, see ^{177}Re	-	2E+3	7E-7	2E-9	-	-
75	Rhenium-187	D, see ^{177}Re	6E+5	8E+5	4E-4	-	8E-3	8E-2
			-	St wall (9E+5)	-	1E-6	-	-
		W, see ^{177}Re	-	1E+5	4E-5	1E-7	-	-
75	Rhenium-188m[2]	D, see ^{177}Re	8E+4	1E+5	6E-5	2E-7	1E-3	1E-2
		W, see ^{177}Re	-	1E+5	6E-5	2E-7	-	-
75	Rhenium-188	D, see ^{177}Re	2E+3	3E+3	1E-6	4E-9	2E-5	2E-4
		W, see ^{177}Re	-	3E+3	1E-6	4E-9	-	-
75	Rhenium-189	D, see ^{177}Re	3E+3	5E+3	2E-6	7E-9	4E-5	4E-4
		W, see ^{177}Re	-	4E+3	2E-6	6E-9	-	-
76	Osmium-180[2]	D, all compounds except those given for W and Y	1E+5	4E+5	2E-4	5E-7	1E-3	1E-2
		W, halides and nitrates	-	5E+5	2E-4	7E-7	-	-
		Y, oxides and hydroxides	-	5E+5	2E-4	6E-7	-	-
76	Osmium-181[2]	D, see ^{180}Os	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{180}Os	-	5E+4	2E-5	6E-8	-	-
		Y, see ^{180}Os	-	4E+4	2E-5	6E-8	-	-
76	Osmium-182	D, see ^{180}Os	2E+3	6E+3	2E-6	8E-9	3E-5	3E-4
		W, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{180}Os	-	4E+3	2E-6	6E-9	-	-
76	Osmium-185	D, see ^{180}Os	2E+3	5E+2	2E-7	7E-10	3E-5	3E-4
		W, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
		Y, see ^{180}Os	-	8E+2	3E-7	1E-9	-	-
76	Osmium-189m	D, see ^{180}Os	8E+4	2E+5	1E-4	3E-7	1E-3	1E-2
		W, see ^{180}Os	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{180}Os	-	2E+5	7E-5	2E-7	-	-
76	Osmium-191m	D, see ^{180}Os	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{180}Os	-	2E+4	8E-6	3E-8	-	-
		Y, see ^{180}Os	-	2E+4	7E-6	2E-8	-	-
76	Osmium-191	D, see ^{180}Os	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (3E+3)	-	-	-	3E-5	3E-4
		W, see ^{180}Os	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{180}Os	-	1E+3	6E-7	2E-9	-	-
76	Osmium-193	D, see ^{180}Os	2E+3	5E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		W, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{180}Os	-	3E+3	1E-6	4E-9	-	-
76	Osmium-194	D, see ^{180}Os	4E+2	4E+1	2E-8	6E-11	-	-
			LLI wall (6E+2)	-	-	-	8E-6	8E-5
		W, see ^{180}Os	-	6E+1	2E-8	8E-11	-	-

		Y, see ^{180}Os	-	8E+0	3E-9	1E-11	-	-
77	Iridium-182[2]	D, all compounds except those given for W and Y	4E+4	1E+5	6E-5	2E-7	-	-
			St wall (4E+4)	-	-	-	6E-4	6E-3
		W, halides, nitrates, and metallic iridium	-	2E+5	6E-5	2E-7	-	-
		Y, oxides and hydroxides	-	1E+5	5E-5	2E-7	-	-
77	Iridium-184	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	5E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-185	D, see ^{182}Ir	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{182}Ir	-	1E+4	5E-6	2E-8	-	-
		Y, see ^{182}Ir	-	1E+4	4E-6	1E-8	-	-
77	Iridium-186	D, see ^{182}Ir	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		W, see ^{182}Ir	-	6E+3	3E-6	9E-9	-	-
		Y, see ^{182}Ir	-	6E+3	2E-6	8E-9	-	-
77	Iridium-187	D, see ^{182}Ir	1E+4	3E+4	1E-5	5E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
77	Iridium-188	D, see ^{182}Ir	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		W, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
		Y, see ^{182}Ir	-	3E+3	1E-6	5E-9	-	-
77	Iridium-189	D, see ^{182}Ir	5E+3	5E+3	2E-6	7E-9	-	-
			LLI wall (5E+3)	-	-	-	7E-5	7E-4
		W, see ^{182}Ir	-	4E+3	2E-6	5E-9	-	-
		Y, see ^{182}Ir	-	4E+3	1E-6	5E-9	-	-
77	Iridium-190m[2]	D, see ^{182}Ir	2E+5	2E+5	8E-5	3E-7	2E-3	2E-2
		W, see ^{182}Ir	-	2E+5	9E-5	3E-7	-	-
		Y, see ^{182}Ir	-	2E+5	8E-5	3E-7	-	-
77	Iridium-190	D, see ^{182}Ir	1E+3	9E+2	4E-7	1E-9	1E-5	1E-4
		W, see ^{182}Ir	-	1E+3	4E-7	1E-9	-	-
		Y, see ^{182}Ir	-	9E+2	4E-7	1E-9	-	-
77	Iridium-192m	D, see ^{182}Ir	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
		W, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
		Y, see ^{182}Ir	-	2E+1	6E-9	2E-11	-	-
77	Iridium-192	D, see ^{182}Ir	9E+2	3E+2	1E-7	4E-10	1E-5	1E-4
		W, see ^{182}Ir	-	4E+2	2E-7	6E-10	-	-
		Y, see ^{182}Ir	-	2E+2	9E-8	3E-10	-	-
77	Iridium-194m	D, see ^{182}Ir	6E+2	9E+1	4E-8	1E-10	9E-6	9E-5
		W, see ^{182}Ir	-	2E+2	7E-8	2E-10	-	-
		Y, see ^{182}Ir	-	1E+2	4E-8	1E-10	-	-
77	Iridium-194	D, see ^{182}Ir	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see ^{182}Ir	-	2E+3	9E-7	3E-9	-	-
		Y, see ^{182}Ir	-	2E+3	8E-7	3E-9	-	-
77	Iridium-195m	D, see ^{182}Ir	8E+3	2E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{182}Ir	-	3E+4	1E-5	4E-8	-	-
		Y, see ^{182}Ir	-	2E+4	9E-6	3E-8	-	-
77	Iridium-195	D, see ^{182}Ir	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{182}Ir	-	5E+4	2E-5	7E-8	-	-
		Y, see ^{182}Ir	-	4E+4	2E-5	6E-8	-	-
78	Platinum-186	D, all compounds	1E+4	4E+4	2E-5	5E-8	2E-4	2E-3
78	Platinum-188	D, all compounds	2E+3	2E+3	7E-7	2E-9	2E-5	2E-4
78	Platinum-189	D, all compounds	1E+4	3E+4	1E-5	4E-8	1E-4	1E-3
78	Platinum-191	D, all compounds	4E+3	8E+3	4E-6	1E-8	5E-5	5E-4
78	Platinum-193m	D, all compounds	3E+3	6E+3	3E-6	8E-9	-	-
			LLI wall (3E+4)	-	-	-	4E-5	4E-4
78	Platinum-193	D, all compounds	4E+4	2E+4	1E-5	3E-8	-	-
			LLI wall (5E+4)	-	-	-	6E-4	6E-3
78	Platinum-195m	D, all compounds	2E+3	4E+3	2E-6	6E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
78	Platinum-197m[2]	D, all compounds	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
78	Platinum-197	D, all compounds	3E+3	1E+4	4E-6	1E-8	4E-5	4E-4
78	Platinum-199[2]	D, all compounds	5E+4	1E+5	6E-5	2E-7	7E-4	7E-3
78	Platinum-200	D, all compounds	1E+3	3E+3	1E-6	5E-9	2E-5	2E-4
79	Gold-193	D, all compounds except those given for W and Y	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
		W, halides and nitrates	-	2E+4	9E-6	3E-8	-	-
		Y, oxides and hydroxides	-	2E+4	8E-6	3E-8	-	-
79	Gold-194	D, see ^{193}Au	3E+3	8E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193}Au	-	5E+3	2E-6	8E-9	-	-
		Y, see ^{193}Au	-	5E+3	2E-6	7E-9	-	-

79	Gold-195	D, see ^{193}Au	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
		W, see ^{193}Au	-	1E+3	6E-7	2E-9	-	-
		Y, see ^{193}Au	-	4E+2	2E-7	6E-10	-	-
79	Gold-198m	D, see ^{193}Au	1E+3	3E+3	1E-6	4E-9	1E-5	1E-4
		W, see ^{193}Au	-	1E+3	5E-7	2E-9	-	-
		Y, see ^{193}Au	-	1E+3	5E-7	2E-9	-	-
79	Gold-198	D, see ^{193}Au	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see ^{193}Au	-	2E+3	8E-7	3E-9	-	-
		Y, see ^{193}Au	-	2E+3	7E-7	2E-9	-	-
79	Gold-199	D, see ^{193}Au	3E+3	9E+3	4E-6	1E-8	-	-
			LLI wall (3E+3)	-	-	-	4E-5	4E-4
		W, see ^{193}Au	-	4E+3	2E-6	6E-9	-	-
		Y, see ^{193}Au	-	4E+3	2E-6	5E-9	-	-
79	Gold-200m	D, see ^{193}Au	1E+3	4E+3	1E-6	5E-9	2E-5	2E-4
		W, see ^{193}Au	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{193}Au	-	2E+4	1E-6	3E-9	-	-
79	Gold-200[2]	D, see ^{193}Au	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
		W, see ^{193}Au	-	8E+4	3E-5	1E-7	-	-
		Y, see ^{193}Au	-	7E+4	3E-5	1E-7	-	-
79	Gold-201[2]	D, see ^{193}Au	7E+4	2E+5	9E-5	3E-7	-	-
			St wall (9E+4)	-	-	-	1E-3	1E-2
		W, see ^{193}Au	-	2E+5	1E-4	3E-7	-	-
		Y, see ^{193}Au	-	2E+5	9E-5	3E-7	-	-
80	Mercury-193m	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	4E+3	1E+4	5E-6	2E-8	6E-5	6E-4
		D, sulfates	3E+3	9E+3	4E-6	1E-8	4E-5	4E-4
		W, oxides, hydroxides, halides, nitrates, and sulfides	-	8E+3	3E-6	1E-8	-	-
80	Mercury-193	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		D, see ^{193m}Hg	2E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{193m}Hg	-	4E+4	2E-5	6E-8	-	-
80	Mercury-194	Vapor	-	3E+1	1E-8	4E-11	-	-
		Organic D	2E+1	3E+1	1E-8	4E-11	2E-7	2E-6
		D, see ^{193m}Hg	8E+2	4E+1	2E-8	6E-11	1E-5	1E-4
		W, see ^{193m}Hg	-	1E+2	5E-8	2E-10	-	-
80	Mercury-195m	Vapor	-	4E+3	2E-6	6E-9	-	-
		Organic D	3E+3	6E+3	3E-6	8E-9	4E-5	4E-4
		D, see ^{193m}Hg	2E+3	5E+3	2E-6	7E-9	3E-5	3E-4
		W, see ^{193m}Hg	-	4E+3	2E-6	5E-9	-	-
80	Mercury-195	Vapor	-	3E+4	1E-5	4E-8	-	-
		Organic D	2E+4	5E+4	2E-5	6E-8	2E-4	2E-3
		D, see ^{193m}Hg	1E+4	4E+4	1E-5	5E-8	2E-4	2E-3
		W, see ^{193m}Hg	-	3E+4	1E-5	5E-8	-	-
80	Mercury-197m	Vapor	-	5E+3	2E-6	7E-9	-	-
		Organic D	4E+3	9E+3	4E-6	1E-8	5E-5	5E-4
		D, see ^{193m}Hg	3E+3	7E+3	3E-6	1E-8	4E-5	4E-4
		W, see ^{193m}Hg	-	5E+3	2E-6	7E-9	-	-
80	Mercury-197	Vapor	-	8E+3	4E-6	1E-8	-	-
		Organic D	7E+3	1E+4	6E-6	2E-8	9E-5	9E-4
		D, see ^{193m}Hg	6E+3	1E+4	5E-6	2E-8	8E-5	8E-4
		W, see ^{193m}Hg	-	9E+3	4E-6	1E-8	-	-
80	Mercury-199m[2]	Vapor	-	8E+4	3E-5	1E-7	-	-
		Organic D	6E+4	2E+5	7E-5	2E-7	-	-
			St wall (1E+5)	-	-	-	1E-3	1E-2
		D, see ^{193m}Hg	6E+4	1E+5	6E-5	2E-7	8E-4	8E-3
		W, see ^{193m}Hg	-	2E+5	7E-5	2E-7	-	-
80	Mercury-203	Vapor	-	8E+2	4E-7	1E-9	-	-
		Organic D	5E+2	8E+2	3E-7	1E-9	7E-6	7E-5
		D, see ^{193m}Hg	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
		W, see ^{193m}Hg	-	1E+3	5E-7	2E-9	-	-
81	Thallium-194m[2]	D, all compounds	5E+4	2E+5	6E-5	2E-7	-	-
			St wall (7E+4)	-	-	-	1E-3	1E-2
81	Thallium-194[2]	D, all compounds	3E+5	6E+5	2E-4	8E-7	-	-
			St wall (3E+5)	-	-	-	4E-3	4E-2
81	Thallium-195[2]	D, all compounds	6E+4	1E+5	5E-5	2E-7	9E-4	9E-3
81	Thallium-197	D, all compounds	7E+4	1E+5	5E-5	2E-7	1E-3	1E-2
81	Thallium-198m[2]	D, all compounds	3E+4	5E+4	2E-5	8E-8	4E-4	4E-3
81	Thallium-198	D, all compounds	2E+4	3E+4	1E-5	5E-8	3E-4	3E-3
81	Thallium-199	D, all compounds	6E+4	8E+4	4E-5	1E-7	9E-4	9E-3

81	Thallium-200	D, all compounds	8E+3	1E+4	5E-6	2E-8	1E-4	1E-3
81	Thallium-201	D, all compounds	2E+4	2E+4	9E-6	3E-8	2E-4	2E-3
81	Thallium-202	D, all compounds	4E+3	5E+3	2E-6	7E-9	5E-5	5E-4
81	Thallium-204	D, all compounds	2E+3	2E+3	9E-7	3E-9	2E-5	2E-4
82	Lead-195m[2]	D, all compounds	6E+4	2E+5	8E-5	3E-7	8E-4	8E-3
82	Lead-198	D, all compounds	3E+4	6E+4	3E-5	9E-8	4E-4	4E-3
82	Lead-199[2]	D, all compounds	2E+4	7E+4	3E-5	1E-7	3E-4	3E-3
82	Lead-200	D, all compounds	3E+3	6E+3	3E-6	9E-9	4E-5	4E-4
82	Lead-201	D, all compounds	7E+3	2E+4	8E-6	3E-8	1E-4	1E-3
82	Lead-202m	D, all compounds	9E+3	3E+4	1E-5	4E-8	1E-4	1E-3
82	Lead-202	D, all compounds	1E+2	5E+1	2E-8	7E-11	2E-6	2E-5
82	Lead-203	D, all compounds	5E+3	9E+3	4E-6	1E-8	7E-5	7E-4
82	Lead-205	D, all compounds	4E+3	1E+3	6E-7	2E-9	5E-5	5E-4
82	Lead-209	D, all compounds	2E+4	6E+4	2E-5	8E-8	3E-4	3E-3
82	Lead-210	D, all compounds	6E-1 Bone surf (1E+0)	2E-1 Bone surf (4E-1)	1E-10 -	- 6E-13	- 1E-8	- 1E-7
82	Lead-211[2]	D, all compounds	1E+4	6E+2	3E-7	9E-10	2E-4	2E-3
82	Lead-212	D, all compounds	8E+1 Bone surf (1E+2)	3E+1 -	1E-8 -	5E-11 -	- 2E-6	- 2E-5
82	Lead-214[2]	D, all compounds	9E+3	8E+2	3E-7	1E-9	1E-4	1E-3
83	Bismuth-200[2]	D, nitrates	3E+4	8E+4	4E-5	1E-7	4E-4	4E-3
		W, all other compounds	-	1E+5	4E-5	1E-7	-	-
83	Bismuth-201[2]	D, see ^{200}Bi	1E+4	3E+4	1E-5	4E-8	2E-4	2E-3
		W, see ^{200}Bi	-	4E+4	2E-5	5E-8	-	-
83	Bismuth-202[2]	D, see ^{200}Bi	1E+4	4E+4	2E-5	6E-8	2E-4	2E-3
		W, see ^{200}Bi	-	8E+4	3E-5	1E-7	-	-
83	Bismuth-203	D, see ^{200}Bi	2E+3	7E+3	3E-6	9E-9	3E-5	3E-4
		W, see ^{200}Bi	-	6E+3	3E-6	9E-9	-	-
83	Bismuth-205	D, see ^{200}Bi	1E+3	3E+3	1E-6	3E-9	2E-5	2E-4
		W, see ^{200}Bi	-	1E+3	5E-7	2E-9	-	-
83	Bismuth-206	D, see ^{200}Bi	6E+2	1E+3	6E-7	2E-9	9E-6	9E-5
		W, see ^{200}Bi	-	9E+2	4E-7	1E-9	-	-
83	Bismuth-207	D, see ^{200}Bi	1E+3	2E+3	7E-7	2E-9	1E-5	1E-4
		W, see ^{200}Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-210m	D, see ^{200}Bi	4E+1 Kidneys (6E+1)	5E+0 Kidneys (6E+0)	2E-9 -	- 9E-12	- 8E-7	- 8E-6
		W, see ^{200}Bi	-	7E-1	3E-10	9E-13	-	-
83	Bismuth-210	D, see ^{200}Bi	8E+2 - -	2E+2 Kidneys (4E+2)	1E-7 -	- 5E-10	1E-5 -	1E-4 -
		W, see ^{200}Bi	-	3E+1	1E-8	4E-11	-	-
83	Bismuth-212[2]	D, see ^{200}Bi	5E+3	2E+2	1E-7	3E-10	7E-5	7E-4
		W, see ^{200}Bi	-	3E+2	1E-7	4E-10	-	-
83	Bismuth-213[2]	D, see ^{200}Bi	7E+3	3E+2	1E-7	4E-10	1E-4	1E-3
		W, see ^{200}Bi	-	4E+2	1E-7	5E-10	-	-
83	Bismuth-214[2]	D, see ^{200}Bi	2E+4 St wall (2E+4)	8E+2 -	3E-7 -	1E-9 -	- 3E-4	- 3E-3
		W, see ^{200}Bi	-	9E-2	4E-7	1E-9	-	-
84	Polonium-203[2]	D, all compounds except those given for W	3E+4	6E+4	3E-5	9E-8	3E-4	3E-3
		W, oxides, hydroxides, and nitrates	-	9E+4	4E-5	1E-7	-	-
84	Polonium-205[2]	D, see ^{203}Po	2E+4	4E+4	2E-5	5E-8	3E-4	3E-3
		W, see ^{203}Po	-	7E+4	3E-5	1E-7	-	-
84	Polonium-207	D, see ^{203}Po	8E+3	3E+4	1E-5	3E-8	1E-4	1E-3
		W, see ^{203}Po	-	3E+4	1E-5	4E-8	-	-
84	Polonium-210	D, see ^{203}Po	3E+0	6E-1	3E-10	9E-13	4E-8	4E-7
		W, see ^{203}Po	-	6E-1	3E-10	9E-13	-	-
85	Astatine-207[2]	D, halides	6E+3	3E+3	1E-6	4E-9	8E-5	8E-4
		W	-	2E+3	9E-7	3E-9	-	-
85	Astatine-211	D, halides	1E+2	8E+1	3E-8	1E-10	2E-6	2E-5
		W	-	5E+1	2E-8	8E-11	-	-
86	Radon-220	With daughters removed	-	2E+4	7E-6	2E-8	-	-
		With daughters present	-	2E+1 (or 12 working level months)	9E-9	3E-11 (or 1.0 working level)	-	-
86	Radon-222	With daughters removed	-	1E+4	4E-6	1E-8	-	-
		With daughters present	-	1E+2 (or 4 working level months)	3E-8	1E-10 (or 0.33 working level)	-	-

87	Francium-222[2]	D, all compounds	2E+3	5E+2	2E-7	6E-10	3E-5	3E-4
87	Francium-223[2]	D, all compounds	6E+2	8E+2	3E-7	1E-9	8E-6	8E-5
88	Radium-223	W, all compounds	5E+0 Bone surf (9E+0)	7E-1 -	3E-10 -	9E-13 -	- 1E-7	- 1E-6
88	Radium-224	W, all compounds	8E+0 Bone surf (2E+1)	2E+0 -	7E-10 -	2E-12 -	- 2E-7	- 2E-6
88	Radium-225	W, all compounds	8E+0 Bone surf (2E+1)	7E-1 -	3E-10 -	9E-13 -	- 2E-7	- 2E-6
88	Radium-226	W, all compounds	2E+0 Bone surf (5E+0)	6E-1 -	3E-10 -	9E-13 -	- 6E-8	- 6E-7
88	Radium-227[2]	W, all compounds	2E+4 Bone surf (2E+4)	1E+4 Bone surf (2E+4)	6E-6 -	- 3E-8	- 3E-4	- 3E-3
88	Radium-228	W, all compounds	2E+0 Bone surf (4E+0)	1E+0 -	5E-10 -	2E-12 -	- 6E-8	- 6E-7
89	Actinium-224	D, all compounds except those given for W and Y	2E+3 LLI wall (2E+3)	3E+1 Bone surf (4E+1)	1E-8 -	- 5E-11	- 3E-5	- 3E-4
		W, halides and nitrates	-	5E+1	2E-8	7E-11	-	-
		Y, oxides and hydroxides	-	5E+1	2E-8	6E-11	-	-
89	Actinium-225	D, see ^{224}Ac	5E+1 LLI wall (5E+1)	3E-1 Bone surf (5E-1)	1E-10 -	- 7E-13	- 7E-7	- 7E-6
		W, see ^{224}Ac	-	6E-1	3E-10	9E-13	-	-
		Y, see ^{224}Ac	-	6E-1	3E-10	9E-13	-	-
89	Actinium-226	D, see ^{224}Ac	1E+2 LLI wall (1E+2)	3E+0 Bone surf (4E+0)	1E-9 -	- 5E-12	- 2E-6	- 2E-5
		W, see ^{224}Ac	-	5E+0	2E-9	7E-12	-	-
		Y, see ^{224}Ac	-	5E+0	2E-9	6E-12	-	-
89	Actinium-227	D, see ^{224}Ac	2E-1 Bone surf (4E-1)	4E-4 Bone surf (8E-4)	2E-13 -	- 1E-15	- 5E-9	- 5E-8
		W, see ^{224}Ac	- -	2E-3 Bone surf (3E-3)	7E-13 -	- 4E-15	- -	- -
		Y, see ^{224}Ac	-	4E-3	2E-12	6E-15	-	-
89	Actinium-228	D, see ^{224}Ac	2E+3 -	9E+0 Bone surf (2E+1)	4E-9 -	- 2E-11	3E-5 -	3E-4 -
		W, see ^{224}Ac	- -	4E+1 Bone surf (6E+1)	2E-8 -	- 8E-11	- -	- -
		Y, see ^{224}Ac	-	4E+1	2E-8	6E-11	-	-
90	Thorium-226[2]	W, all compounds except those given for Y	5E+3 St wall (5E+3)	2E+2 -	6E-8 -	2E-10 -	- 7E-5	- 7E-4
		Y, oxides and hydroxides	-	1E+2	6E-8	2E-10	-	-
90	Thorium-227	W, see ^{226}Th	1E+2	3E-1	1E-10	5E-13	2E-6	2E-5
		Y, see ^{226}Th	-	3E-1	1E-10	5E-13	-	-
90	Thorium-228	W, see ^{226}Th	6E+0 Bone surf (1E+1)	1E-2 Bone surf (2E-2)	4E-12 -	- 3E-14	- 2E-7	- 2E-6
		Y, see ^{226}Th	-	2E-2	7E-12	2E-14	-	-
90	Thorium-229	W, see ^{226}Th	6E-1 Bone surf (1E+0)	9E-4 Bone surf (2E-3)	4E-13 -	- 3E-15	- 2E-8	- 2E-7
		Y, see ^{226}Th	- -	2E-3 Bone surf (3E-3)	1E-12 -	- 4E-15	- -	- -
90	Thorium-230	W, see ^{226}Th	4E+0 Bone surf (9E+0)	6E-3 Bone surf (2E-2)	3E-12 -	- 2E-14	- 1E-7	- 1E-6
		Y, see ^{226}Th	- -	2E-2 Bone surf (2E-2)	6E-12 -	- 3E-14	- -	- -

90	Thorium-231	W, see ^{226}Th	4E+3	6E+3	3E-6	9E-9	5E-5	5E-4
		Y, see ^{226}Th	-	6E+3	3E-6	9E-9	-	-
90	Thorium-232	W, see ^{226}Th	7E-1	1E-3	5E-13	-	-	-
			Bone surf (2E+0)	Bone surf (3E-3)	-	4E-15	3E-8	3E-7
		Y, see ^{226}Th	-	3E-3	1E-12	-	-	-
			-	Bone surf (4E-3)	-	6E-15	-	-
90	Thorium-234	W, see ^{226}Th	3E+2	2E+2	8E-8	3E-10	-	-
			LLI wall (4E+2)	-	-	-	5E-6	5E-5
		Y, see ^{226}Th	-	2E+2	6E-8	2E-10	-	-
91	Protactinium-227[2]	W, all compounds except those given for Y	4E+3	1E+2	5E-8	2E-10	5E-5	5E-4
		Y, oxides and hydroxides	-	1E+2	4E-8	1E-10	-	-
91	Protactinium-228	W, see ^{227}Pa	1E+3	1E+1	5E-9	-	2E-5	2E-4
			-	Bone surf (2E+1)	-	3E-11	-	-
		Y, see ^{227}Pa	-	1E+1	5E-9	2E-11	-	-
91	Protactinium-230	W, see ^{227}Pa	6E+2	5E+0	2E-9	7E-12	-	-
			Bone surf (9E+2)	-	-	-	1E-5	1E-4
		Y, see ^{227}Pa	-	4E+0	1E-9	5E-12	-	-
91	Protactinium-231	W, see ^{227}Pa	2E-1	2E-3	6E-13	-	-	-
			Bone surf (5E-1)	Bone surf (4E-3)	-	6E-15	6E-9	6E-8
		Y, see ^{227}Pa	-	4E-3	2E-12	-	-	-
			-	Bone surf (6E-3)	-	8E-15	-	-
91	Protactinium-232	W, see ^{227}Pa	1E+3	2E+1	9E-9	-	2E-5	2E-4
			-	Bone surf (6E+1)	-	8E-11	-	-
		Y, see ^{227}Pa	-	6E+1	2E-8	-	-	-
			-	Bone surf (7E+1)	-	1E-10	-	-
91	Protactinium-233	W, see ^{227}Pa	1E+3	7E+2	3E-7	1E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
		Y, see ^{227}Pa	-	6E+2	2E-7	8E-10	-	-
91	Protactinium-234	W, see ^{227}Pa	2E+3	8E+3	3E-6	1E-8	3E-5	3E-4
		Y, see ^{227}Pa	-	7E+3	3E-6	9E-9	-	-
92	Uranium-230	D, UF_6, UO_2F_2, $UO_2(NO_3)_2$	4E+0	4E-1	2E-10	-	-	-
			Bone surf (6E+0)	Bone surf (6E-1)	-	8E-13	8E-8	8E-7
		W, UO_3, UF_4, UCl_4	-	4E-1	1E-10	5E-13	-	-
		Y, UO_2, U_3O_8	-	3E-1	1E-10	4E-13	-	-
92	Uranium-231	D, see ^{230}U	5E+3	8E+3	3E-6	1E-8	-	-
			LLI wall (4E+3)	-	-	-	6E-5	6E-4
		W, see ^{230}U	-	6E+3	2E-6	8E-9	-	-
		Y, see ^{230}U	-	5E+3	2E-6	6E-9	-	-
92	Uranium-232	D, see ^{230}U	2E+0	2E-1	9E-11	-	-	-
			Bone surf (4E+0)	Bone surf (4E-1)	-	6E-13	6E-8	6E-7
		W, see ^{230}U	-	4E-1	2E-10	5E-13	-	-
		Y, see ^{230}U	-	8E-3	3E-12	1E-14	-	-
92	Uranium-233	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-234[3]	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	7E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	5E-14	-	-
92	Uranium-235[3]	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-236	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-

92	Uranium-237	D, see ^{230}U	2E+3	3E+3	1E-6	4E-9	-	-
			LLI wall (2E+3)	-	-	-	3E-5	3E-4
		W, see ^{230}U	-	2E+3	7E-7	2E-9	-	-
		Y, see ^{230}U	-	2E+3	6E-7	2E-9	-	-
92	Uranium-238[3]	D, see ^{230}U	1E+1	1E+0	6E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	1E-12	-	-
		Y, see ^{230}U	-	4E-2	2E-11	6E-14	-	-
92	Uranium-239[2]	D, see ^{230}U	7E+4	2E+5	8E-5	3E-7	9E-4	9E-3
		W, see ^{230}U	-	2E+5	7E-5	2E-7	-	-
		Y, see ^{230}U	-	2E+5	6E-5	2E-7	-	-
92	Uranium-240	D, see ^{230}U	1E+3	4E+3	2E-6	5E-9	2E-5	2E-4
		W, see ^{230}U	-	3E+3	1E-6	4E-9	-	-
		Y, see ^{230}U	-	2E+3	1E-6	3E-9	-	-
92	Uranium-natural[3]	D, see ^{230}U	1E+1	1E+0	5E-10	-	-	-
			Bone surf (2E+1)	Bone surf (2E+0)	-	3E-12	3E-7	3E-6
		W, see ^{230}U	-	8E-1	3E-10	9E-13	-	-
		Y, see ^{230}U	-	5E-2	2E-11	9E-14	-	-
93	Neptunium-232[2]	W, all compounds	1E+5	2E+3	7E-7	-	2E-3	2E-2
			-	Bone surf (5E+2)	-	6E-9	-	-
93	Neptunium-233[2]	W, all compounds	8E+5	3E+6	1E-3	4E-6	1E-2	1E-1
93	Neptunium-234	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
93	Neptunium-235	W, all compounds	2E+4	8E+2	3E-7	-	-	-
			LLI wall (2E+4)	Bone surf (1E+3)	-	2E-9	3E-4	3E-3
93	Neptunium-236 (1.15E+5 y)	W, all compounds	3E+0	2E-2	9E-12	-	-	-
			Bone surf (6E+0)	Bone surf (5E-2)	-	8E-14	9E-8	9E-7
93	Neptunium-236 (22.5 h)	W, all compounds	3E+3	3E+1	1E-8	-	-	-
			Bone surf (4E+3)	Bone surf (7E+1)	-	1E-10	5E-5	5E-4
93	Neptunium-237	W, all compounds	5E-1	4E-3	2E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	1E-14	2E-8	2E-7
93	Neptunium-238	W, all compounds	1E+3	6E+1	3E-8	-	2E-5	2E-4
			-	Bone surf (2E+2)	-	2E-10	-	-
93	Neptunium-239	W, all compounds	2E+3	2E+3	9E-7	3E-9	-	-
			LLI wall (2E+3)	-	-	-	2E-5	2E-4
93	Neptunium-240[2]	W, all compounds	2E+4	8E+4	3E-5	1E-7	3E-4	3E-3
94	Plutonium-234	W, all compounds except PuO_2	8E+3	2E+2	9E-8	3E-10	1E-4	1E-3
		Y, PuO_2	-	2E+2	8E-8	3E-10	-	-
94	Plutonium-235[2]	W, see ^{234}Pu	9E+5	3E+6	1E-3	4E-6	1E-2	1E-1
		Y, see ^{234}Pu	-	3E+6	1E-3	3E-6	-	-
94	Plutonium-236	W, see ^{234}Pu	2E+0	2E-2	8E-12	-	-	-
			Bone surf (4E+0)	Bone surf (4E-2)	-	5E-14	6E-8	6E-7
		Y, see ^{234}Pu	-	4E-2	2E-11	6E-14	-	-
94	Plutonium-237	W, see ^{234}Pu	1E+4	3E+3	1E-6	5E-9	2E-4	2E-3
		Y, see ^{234}Pu	-	3E+3	1E-6	4E-9	-	-
94	Plutonium-238	W, see ^{234}Pu	9E-1	7E-3	3E-12	-	-	-
			Bone surf (2E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	8E-12	2E-14	-	-
94	Plutonium-239	W, see ^{234}Pu	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-240	W, see ^{234}Pu	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-241	W, see ^{234}Pu	4E+1	3E-1	1E-10	-	-	-
			Bone surf (7E+1)	Bone surf (6E-1)	-	8E-13	1E-6	1E-5
		Y, see ^{234}Pu	-	8E-1	3E-10	-	-	-

			-	Bone surf (1E+0)	-	1E-12	-	-
94	Plutonium-242	W, see ^{234}Pu	8E-1	7E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-243	W, see ^{234}Pu	2E+4	4E+4	2E-5	5E-8	2E-4	2E-3
		Y, see ^{234}Pu	-	4E+4	2E-5	5E-8	-	-
94	Plutonium-244	W, see ^{234}Pu	8E-1	7E-3	3E-12	-	-	-
			Bone surf (2E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
		Y, see ^{234}Pu	-	2E-2	7E-12	-	-	-
			-	Bone surf (2E-2)	-	2E-14	-	-
94	Plutonium-245	W, see ^{234}Pu	2E+3	5E+3	2E-6	6E-9	3E-5	3E-4
		Y, see ^{234}Pu	-	4E+3	2E-6	6E-9	-	-
94	Plutonium-246	W, see ^{234}Pu	4E+2	3E+2	1E-7	4E-10	-	-
			LLI wall (4E+2)	-	-	-	6E-6	6E-5
		Y, see ^{234}Pu	-	3E+2	1E-7	4E-10	-	-
95	Americium-237[2]	W, all compounds	8E+4	3E+5	1E-4	4E-7	1E-3	1E-2
95	Americium-238[2]	W, all compounds	4E+4	3E+3	1E-6	-	5E-4	5E-3
			-	Bone surf (6E+3)	-	9E-9	-	-
95	Americium-239	W, all compounds	5E+3	1E+4	5E-6	2E-8	7E-5	7E-4
95	Americium-240	W, all compounds	2E+3	3E+3	1E-6	4E-9	3E-5	3E-4
95	Americium-241	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242m	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-242	W, all compounds	4E+3	8E+1	4E-8	-	5E-5	5E-4
			-	Bone surf (9E+1)	-	1E-10	-	-
95	Americium-243	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
95	Americium-244m[2]	W, all compounds	6E+4	4E+3	2E-6	-	-	-
			St wall (8E+4)	Bone surf (7E+3)	-	1E-8	1E-3	1E-2
95	Americium-244	W, all compounds	3E+3	2E+2	8E-8	-	4E-5	4E-4
			-	Bone surf (3E+2)	-	4E-10	-	-
95	Americium-245	W, all compounds	3E+4	8E+4	3E-5	1E-7	4E-4	4E-3
95	Americium-246m[2]	W, all compounds	5E+4	2E+5	8E-5	3E-7	-	-
			St wall (6E+4)	-	-	-	8E-4	8E-3
95	Americium-246[2]	W, all compounds	3E+4	1E+5	4E-5	1E-7	4E-4	4E-3
96	Curium-238	W, all compounds	2E+4	1E+3	5E-7	2E-9	2E-4	2E-3
96	Curium-240	W, all compounds	6E+1	6E-1	2E-10	-	-	-
			Bone surf (8E+1)	Bone surf (6E-1)	-	9E-13	1E-6	1E-5
96	Curium-241	W, all compounds	1E+3	3E+1	1E-8	-	2E-5	2E-4
			-	Bone surf (4E+1)	-	5E-11	-	-
96	Curium-242	W, all compounds	3E+1	3E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	4E-13	7E-7	7E-6
96	Curium-243	W, all compounds	1E+0	9E-3	4E-12	-	-	-
			Bone surf (2E+0)	Bone surf (2E-2)	-	2E-14	3E-8	3E-7
96	Curium-244	W, all compounds	1E+0	1E-2	5E-12	-	-	-
			Bone surf (3E+0)	Bone surf (2E-2)	-	3E-14	3E-8	3E-7
96	Curium-245	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-246	W, all compounds	7E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7
96	Curium-247	W, all compounds	8E-1	6E-3	3E-12	-	-	-
			Bone surf (1E+0)	Bone surf (1E-2)	-	2E-14	2E-8	2E-7

96	Curium-248	W, all compounds	2E-1 Bone surf (4E-1)	2E-3 Bone surf (3E-3)	7E-13 -	- 4E-15	- 5E-9	- 5E-8
96	Curium-249[2]	W, all compounds	5E+4 -	2E+4 Bone surf (3E+4)	7E-6 -	- 4E-8	7E-4 -	7E-3 -
96	Curium-250	W, all compounds	4E-2 Bone surf (6E-2)	3E-4 Bone surf (5E-4)	1E-13 -	- 8E-16	- 9E-10	- 9E-9
97	Berkelium-245	W, all compounds	2E+3	1E+3	5E-7	2E-9	3E-5	3E-4
97	Berkelium-246	W, all compounds	3E+3	3E+3	1E-6	4E-9	4E-5	4E-4
97	Berkelium-247	W, all compounds	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	- 1E-14	- 2E-8	- 2E-7
97	Berkelium-249	W, all compounds	2E+2 Bone surf (5E+2)	2E+0 Bone surf (4E+0)	7E-10 -	- 5E-12	- 6E-6	- 6E-5
97	Berkelium-250	W, all compounds	9E+3 -	3E+2 Bone surf (7E+2)	1E-7 -	- 1E-9	1E-4 -	1E-3 -
98	Californium-244[2]	W, all compounds except those given for Y	3E+4 St wall (3E+4)	6E+2 -	2E-7 -	8E-10 -	- 4E-4	- 4E-3
		Y, oxides and hydroxides	-	6E+2	2E-7	8E-10	-	-
98	Californium-246	W, see ^{244}Cf	4E+2	9E+0	4E-9	1E-11	5E-6	5E-5
		Y, see ^{244}Cf	-	9E+0	4E-9	1E-11	-	-
98	Californium-248	W, see ^{244}Cf	8E+0 Bone surf (2E+1)	6E-2 Bone surf (1E-1)	3E-11 -	- 2E-13	- 2E-7	- 2E-6
		Y, see ^{244}Cf	-	1E-1	4E-11	1E-13	-	-
98	Californium-249	W, see ^{244}Cf	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	- 1E-14	- 2E-8	- 2E-7
		Y, see ^{244}Cf	-	1E-2 Bone surf (1E-2)	4E-12 -	- 2E-14	-	-
98	Californium-250	W, see ^{244}Cf	1E+0 Bone surf (2E+0)	9E-3 Bone surf (2E-2)	4E-12 -	- 3E-14	- 3E-8	- 3E-7
		Y, see ^{244}Cf	-	3E-2	1E-11	4E-14	-	-
98	Californium-251	W, see ^{244}Cf	5E-1 Bone surf (1E+0)	4E-3 Bone surf (9E-3)	2E-12 -	- 1E-14	- 2E-8	- 2E-7
		Y, see ^{244}Cf	-	1E-2 Bone surf (1E-2)	4E-12 -	- 2E-14	-	-
98	Californium-252	W, see ^{244}Cf	2E+0 Bone surf (5E+0)	2E-2 Bone surf (4E-2)	8E-12 -	- 5E-14	- 7E-8	- 7E-7
		Y, see ^{244}Cf	-	3E-2	1E-11	5E-14	-	-
98	Californium-253	W, see ^{244}Cf	2E+2 Bone surf (4E+2)	2E+0 -	8E-10 -	3E-12 -	- 5E-6	- 5E-5
		Y, see ^{244}Cf	-	2E+0	7E-10	2E-12	-	-
98	Californium-254	W, see ^{244}Cf	2E+0	2E-2	9E-12	3E-14	3E-8	3E-7
		Y, see ^{244}Cf	-	2E-2	7E-12	2E-14	-	-
99	Einsteinium-250	W, all compounds	4E+4 -	5E+2 Bone surf (1E+3)	2E-7 -	- 2E-9	6E-4 -	6E-3 -
99	Einsteinium-251	W, all compounds	7E+3 -	9E+2 Bone surf (1E+3)	4E-7 -	- 2E-9	1E-4 -	1E-3 -
99	Einsteinium-253	W, all compounds	2E+2	1E+0	6E-10	2E-12	2E-6	2E-5
99	Einsteinium-254m	W, all compounds	3E+2 LLI wall (3E+2)	1E+1 -	4E-9 -	1E-11 -	- 4E-6	- 4E-5
99	Einsteinium-254	W, all compounds	8E+0 Bone surf (2E+1)	7E-2 Bone surf (1E-1)	3E-11 -	- 2E-13	- 2E-7	- 2E-6
100	Fermium-252	W, all compounds	5E+2	1E+1	5E-9	2E-11	6E-6	6E-5
100	Fermium-253	W, all compounds	1E+3	1E+1	4E-9	1E-11	1E-5	1E-4
100	Fermium-254	W, all compounds	3E+3	9E+1	4E-8	1E-10	4E-5	4E-4
100	Fermium-255	W, all compounds	5E+2	2E+1	9E-9	3E-11	7E-6	7E-5
100	Fermium-257	W, all compounds	2E+1 Bone surf	2E-1 Bone surf	7E-11	-	-	-

			(4E+1)	(2E-1)	-	3E-13	5E-7	5E-6
101	Mendelevium-257	W, all compounds	7E+3	8E+1	4E-8	-	1E-4	1E-3
			-	Bone surf (9E+1)	-	1E-10	-	-
101	Mendelevium-258	W, all compounds	3E+1	2E-1	1E-10	-	-	-
			Bone surf (5E+1)	Bone surf (3E-1)	-	5E-13	6E-7	6E-6
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life less than 2 hours	Submersion[1]	-	2E+2	1E-7	1E-9	-	-
-	Any single radionuclide not listed above with decay mode other than alpha emission or spontaneous fission and with radioactive half-life greater than 2 hours		-	2E-1	1E-10	1E-12	1E-8	1E-7
-	Any single radionuclide not listed above that decays by alpha emission or spontaneous fission, or any mixture for which either the identity or the concentration of any radionuclide in the mixture is not known		-	4E-4	2E-13	1E-15	2E-9	2E-8

FOOTNOTES:

[1]"Submersion" means that values given are for submersion in a hemispherical semi-infinite cloud of airborne material.

[2]These radionuclides have radiological half-lives of less than 2 hours. The total effective dose equivalent received during operations with these radionuclides might include a significant contribution from external exposure. The DAC values for all radionuclides, other than those designated Class "Submersion," are based upon the committed effective dose equivalent due to the intake of the radionuclide into the body and do NOT include potentially significant contributions to dose equivalent from external exposures. The licensee may substitute 1E-7 μCi/ml for the listed DAC to account for the submersion dose prospectively, but should use individual monitoring devices or other radiation measuring instruments that measure external exposure to demonstrate compliance with the limits. (See WAC 246-221-015(5).)

[3]For soluble mixtures of U-238, U-234, and U-235 in air, chemical toxicity may be the limiting factor (see WAC 246-221-010(5)). If the percent by weight (enrichment) of U-235 is not greater than 5, the concentration value for a 40-hour workweek is 0.2 milligrams uranium per cubic meter of air average. For any enrichment, the product of the average concentration and time of exposure during a 40-hour workweek shall not exceed 8E-3 (SA) μCi-hr/ml, where SA is the specific activity of the uranium inhaled. The specific activity for natural uranium is 6.77E-7 curies per gram U. The specific activity for other mixtures of U-238, U-235, and U-234, if not known, shall be:

SA = 3.6E-7 curies/gram U, U-depleted

SA = [0.4 + 0.38 (enrichment) + 0.0034 (enrichment)^2] E-6, enrichment ≥ 0.72

where enrichment is the percentage by weight of U-235, expressed as percent.

NOTE:

1. If the identity of each radionuclide in a mixture is known but the concentration of one or more of the radionuclides in the mixture is not known, the DAC for the mixture shall be the most restrictive DAC of any radionuclide in the mixture.
2. If the identity of each radionuclide in the mixture is not known, but it is known that certain radionuclides specified in this appendix are not present in the mixture, the inhalation ALI, DAC, and effluent and sewage concentrations for the mixture are the lowest values specified in this appendix for any radionuclide that is not known to be absent from the mixture; or

If it is known that Ac-227-D and Cm-250-W are not present	-	7E-4	3E-13	-	-	-
If, in addition, it is known that Ac-227-W,Y, Th-229-W,Y, Th-230-W, Th-232-W,Y, Pa-231-W,Y, Np-237-W, Pu-239-W, Pu-240-W, Pu-242-W, Am-241-W, Am-242m-W, Am-243-W, Cm-245-W, Cm-246-W, Cm-247-W, Cm-248-W, Bk-247-W, Cf-249-W, and Cf-251-W are not present	-	7E-3	3E-12	-	-	-
If, in addition, it is known that Sm-146-W, Sm-147-W, Gd-148-D,W, Gd-152-D,W, Th-228-W,Y, Th-230-Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, Np-236-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-Y, Pu-240-Y, Pu-242-Y, Pu-244-W,Y, Cm-243-W, Cm-244-W, Cf-248-W, Cf-249-Y, Cf-250-W,Y, Cf-251-Y, Cf-252-W,Y, and Cf-254-W,Y are not present	-	7E-2	3E-11	-	-	-
If, in addition, it is known that Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y,						

U-232-D,W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-Y, Es-254-W, Fm-257-W, and Md-258-W are not present	-	7E-1	3E-10	-	-	-
If, in addition, it is known that Si-32-Y, Ti-44-Y, Fe-60-D, Sr-90-Y, Zr-93-D, Cd-113m-D, Cd-113-D, In-115-D,W, La-138-D, Lu-176-W, Hf-178m-D,W, Hf-182-D,W, Bi-210m-D, Ra-224-W, Ra-228-W, Ac-226-D,W,Y, Pa-230-W,Y, U-233-D,W, U-234-D,W, U-235-D,W, U-236-D,W, U-238-D,W, Pu-241-Y, Bk-249-W, Cf-253-W,Y, and Es-253-W are not present		-	7E+0	3E-9	-	--
If it is known that Ac-227-D,W,Y, Th-229-W,Y, Th-232-W,Y, Pa-231-W,Y, Cm-248-W, and Cm-250-W are not present		-	-	-	1E-14	--
If, in addition, it is known that Sm-146-W, Gd-148-D,W, Gd-152-D, Th-228-W,Y, Th-230-W,Y, U-232-Y, U-233-Y, U-234-Y, U-235-Y, U-236-Y, U-238-Y, U-Nat-Y, Np-236-W, Np-237-W, Pu-236-W,Y, Pu-238-W,Y, Pu-239-W,Y, Pu-240-W,Y, Pu-242-W,Y, Pu-244-W,Y, Am-241-W, Am-242m-W, Am-243-W, Cm-243-W, Cm-244-W, Cm-245-W, Cm-246-W, Cm-247-W, Bk-247-W, Cf-249-W,Y, Cf-250-W,Y, Cf-251-W,Y, Cf-252-W,Y, and Cf-254-W,Y are not present	-	-	-	1E-13	-	-
If, in addition, it is known that Sm-147-W, Gd-152-W, Pb-210-D, Bi-210m-W, Po-210-D,W, Ra-223-W, Ra-225-W, Ra-226-W, Ac-225-D,W,Y, Th-227-W,Y, U-230-D,W,Y, U-232-D,W, U-Nat-W, Pu-241-W, Cm-240-W, Cm-242-W, Cf-248-W,Y, Es-254-W, Fm-257-W, and Md-258-W are not present	-	-	-	-	1E-12	-
If, in addition it is known that Fe-60, Sr-90, Cd-113m, Cd-113, In-115, I-129, Cs-134, Sm-145, Sm-147, Gd-148, Gd-152, Hg-194 (organic), Bi-210m, Ra-223, Ra-224, Ra-225, Ac-225, Th-228, Th-230, U-233, U-234, U-235, U-236, U-238, U-Nat, Cm-242, Cf-248, Es-254, Fm-257, and Md-258 are not present	-	-	-	-	1E-6	1E-5

3. If a mixture of radionuclides consists of uranium and its daughters in ore dust (10 μm AMAD particle distribution assumed) prior to chemical separation of the uranium from the ore, the following values may be used for the DAC of the mixture: 6E-11 μCi of gross alpha activity from uranium-238, uranium-234, thorium-230, and radium-226 per milliliter of air; 3E-11 μCi of natural uranium per milliliter of air; or 45 micrograms of natural uranium per cubic meter of air.

4. If the identity and concentration of each radionuclide in a mixture are known, the limiting values should be derived as follows: Determine, for each radionuclide in the mixture, the ratio between the concentration present in the mixture and the concentration otherwise established in this section for the specific radionuclide when not in a mixture. The sum of such ratios for all of the radionuclides in the mixture may not exceed "1" (i.e., "unity").

Example: If radionuclides "A," "B," and "C" are present in concentrations CA, CB, and CC, and if the applicable DACs are DAC_A, DAC_B, and DAC_C, respectively, then the concentrations shall be limited so that the following relationship exists:

$$\frac{C_A}{DAC_A} + \frac{C_B}{DAC_B} + \frac{C_C}{DAC_C} \leq 1$$

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-290, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70 040. 91-02-049 (Order 121), recodified as 246-221-290, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-220, filed 12/8/80; Order 1095, § 402-24-220, filed 2/6/76; Order 1, § 402-24-220, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-221-300 Appendix B—Minimum quantities of radioactive material requiring labeling.

Minimum Quantities[1] of Radioactive Material Requiring Labeling

Radionuclide	Quantity* (μCi)
Actinium-224	1
Actinium-225	0.01
Actinium-226	0.1
Actinium-227	0.001
Actinium-228	1
Aluminum-26	10
Americium-237	1,000
Americium-238	100
Americium-239	1,000
Americium-240	100
Americium-241	0.001
Americium-242	10
Americium-242m	0.001
Americium-243	0.001
Americium-244	10
Americium-244m	100
Americium-245	1,000
Americium-246	1,000
Americium-246m	1,000
Antimony-115	1,000
Antimony-116	1,000
Antimony-116m	1,000
Antimony-117	1,000
Antimony-118m	1,000
Antimony-119	1,000
Antimony-120 (16min)	1,000
Antimony-120 (5.76d)	100
Antimony-122	100
Antimony-124	10
Antimony-124m	1,000
Antimony-125	100
Antimony-126	100
Antimony-126m	1,000
Antimony-127	100
Antimony-128 (9.01h)	100
Antimony-128 (10.4min)	1,000
Antimony-129	100
Antimony-130	1,000
Antimony-131	1,000
Argon-39	1,000
Argon-41	1,000
Arsenic-69	1,000
Arsenic-70	1,000
Arsenic-71	100
Arsenic-72	100
Arsenic-73	100
Arsenic-74	100
Arsenic-76	100
Arsenic-77	100
Arsenic-78	1,000
Astatine-207	100
Astatine-211	10
Barium-126	1,000
Barium-128	100
Barium-131	100
Barium-131m	1,000
Barium-133	100
Barium-133m	100
Barium-135m	100
Barium-139	1,000
Barium-140	100
Barium-141	1,000
Barium-142	1,000
Berkelium-245	100
Berkelium-246	100
Berkelium-247	0.001
Berkelium-249	0.1
Berkelium-250	10
Beryllium-7	1,000
Beryllium-10	1
Bismuth-200	1,000
Bismuth-201	1,000
Bismuth-202	1,000
Bismuth-203	100
Bismuth-205	100
Bismuth-206	100
Bismuth-207	10
Bismuth-210	1
Bismuth-210m	0.1
Bismuth-212	10
Bismuth-213	10
Bismuth-214	100
Bromine-74	1,000
Bromine-74m	1,000
Bromine-75	1,000
Bromine-76	100
Bromine-77	1,000
Bromine-80	1,000
Bromine-80m	1,000
Bromine-82	100
Bromine-83	1,000
Bromine-84	1,000
Cadmium-104	1,000
Cadmium-107	1,000
Cadmium-109	1
Cadmium-113	100
Cadmium-113m	0.1
Cadmium-115	100
Cadmium-115m	10
Cadmium-117	1,000
Cadmium-117m	1,000
Calcium-41	100
Calcium-45	100
Calcium-47	100
Californium-244	100
Californium-246	1
Californium-248	0.01
Californium-249	0.001
Californium-250	0.001
Californium-251	0.001
Californium-252	0.001
Californium-253	0.1
Californium-254	0.001
Carbon-11	1,000
Carbon-14	1,000
Cerium-134	100
Cerium-135	100
Cerium-137	1,000

Cerium-137m	100
Cerium-139	100
Cerium-141	100
Cerium-143	100
Cerium-144	1
Cesium-125	1,000
Cesium-127	1,000
Cesium-129	1,000
Cesium-130	1,000
Cesium-131	1,000
Cesium-132	100
Cesium-134	10
Cesium-134m	1,000
Cesium-135	100
Cesium-135m	1,000
Cesium-136	10
Cesium-137	10
Cesium-138	1,000
Chlorine-36	10
Chlorine-38	1,000
Chlorine-39	1,000
Chromium-48	1,000
Chromium-49	1,000
Chromium-51	1,000
Cobalt-55	100
Cobalt-56	10
Cobalt-57	100
Cobalt-58	100
Cobalt-58m	1,000
Cobalt-60	1
Cobalt-60m	1,000
Cobalt-61	1,000
Cobalt-62m	1,000
Copper-60	1,000
Copper-61	1,000
Copper-64	1,000
Copper-67	1,000
Curium-238	100
Curium-240	0.1
Curium-241	1
Curium-242	0.01
Curium-243	0.001
Curium-244	0.001
Curium-245	0.001
Curium-246	0.001
Curium-247	0.001
Curium-248	0.001
Curium-249	1,000
Dysprosium-155	1,000
Dysprosium-157	1,000
Dysprosium-159	100
Dysprosium-165	1,000
Dysprosium-166	100
Einsteinium-250	100
Einsteinium-251	100
Einsteinium-253	0.1
Einsteinium-254	0.01
Einsteinium-254m	1
Erbium-161	1,000
Erbium-165	1,000
Erbium-169	100
Erbium-171	100
Erbium-172	100
Europium-145	100
Europium-146	100
Europium-147	100
Europium-148	10
Europium-149	100
Europium-150 (12.62h)	100
Europium-150 (34.2y)	1
Europium-152	1
Europium-152m	100
Europium-154	1
Europium-155	10
Europium-156	100
Europium-157	100
Europium-158	1,000
Fermium-252	1
Fermium-253	1
Fermium-254	10
Fermium-255	1
Fermium-257	0.01
Fluorine-18	1,000
Francium-222	100
Francium-223	100
Gadolinium-145	1,000
Gadolinium-146	10
Gadolinium-147	100
Gadolinium-148	0.001
Gadolinium-149	100
Gadolinium-151	10
Gadolinium-152	100
Gadolinium-153	10
Gadolinium-159	100
Gallium-65	1,000
Gallium-66	100
Gallium-67	1,000
Gallium-68	1,000
Gallium-70	1,000
Gallium-72	100
Gallium-73	1,000
Germanium-66	1,000
Germanium-67	1,000
Germanium-68	10
Germanium-69	1,000
Germanium-71	1,000
Germanium-75	1,000
Germanium-77	1,000
Germanium-78	1,000
Gold-193	1,000
Gold-194	100
Gold-195	10
Gold-198	100
Gold-198m	100
Gold-199	100
Gold-200	1,000
Gold-200m	100
Gold-201	1,000
Hafnium-170	100
Hafnium-172	1
Hafnium-173	1,000
Hafnium-175	100
Hafnium-177m	1,000
Hafnium-178m	0.1

Hafnium-179m	10
Hafnium-180m	1,000
Hafnium-181	10
Hafnium-182	0.1
Hafnium-182m	1,000
Hafnium-183	1,000
Hafnium-184	100
Holmium-155	1,000
Holmium-157	1,000
Holmium-159	1,000
Holmium-161	1,000
Holmium-162	1,000
Holmium-162m	1,000
Holmium-164	1,000
Holmium-164m	1,000
Holmium-166	100
Holmium-166m	1
Holmium-167	1,000
Hydrogen-3	1,000
Indium-109	1,000
Indium-110 (4.9h)	1,000
Indium-110m (69.1min)	1,000
Indium-111	100
Indium-112	1,000
Indium-113m	1,000
Indium-114m	10
Indium-115	100
Indium-115m	1,000
Indium-116m	1,000
Indium-117	1,000
Indium-117m	1,000
Indium-119m	1,000
Iodine-120	100
Iodine-120m	1,000
Iodine-121	1,000
Iodine-123	100
Iodine-124	10
Iodine-125	1
Iodine-126	1
Iodine-128	1,000
Iodine-129	1
Iodine-130	10
Iodine-131	1
Iodine-132	100
Iodine-132m	100
Iodine-133	10
Iodine-134	1,000
Iodine-135	100
Iridium-182	1,000
Iridium-184	1,000
Iridium-185	1,000
Iridium-186	100
Iridium-187	1,000
Iridium-188	100
Iridium-189	100
Iridium-190	100
Iridium-190m	1,000
Iridium-192 (73.8d)	1
Iridium-192m (1.4min)	10
Iridium-194	100
Iridium-194m	10
Iridium-195	1,000
Iridium-195m	1,000
Iron-52	100
Iron-55	100
Iron-59	10
Iron-60	1
Krypton-74	1,000
Krypton-76	1,000
Krypton-77	1,000
Krypton-79	1,000
Krypton-81	1,000
Krypton-83m	1,000
Krypton-85	1,000
Krypton-85m	1,000
Krypton-87	1,000
Krypton-88	1,000
Lanthanum-131	1,000
Lanthanum-132	100
Lanthanum-135	1,000
Lanthanum-137	10
Lanthanum-138	100
Lanthanum-140	100
Lanthanum-141	100
Lanthanum-142	1,000
Lanthanum-143	1,000
Lead-195m	1,000
Lead-198	1,000
Lead-199	1,000
Lead-200	100
Lead-201	1,000
Lead-202	10
Lead-202m	1,000
Lead-203	1,000
Lead-205	100
Lead-209	1,000
Lead-210	0.01
Lead-211	100
Lead-212	1
Lead-214	100
Lutetium-169	100
Lutetium-170	100
Lutetium-171	100
Lutetium-172	100
Lutetium-173	10
Lutetium-174	10
Lutetium-174m	10
Lutetium-176	100
Lutetium-176m	1,000
Lutetium-177	100
Lutetium-177m	10
Lutetium-178	1,000
Lutetium-178m	1,000
Lutetium-179	1,000
Magnesium-28	100
Manganese-51	1,000
Manganese-52	100
Manganese-52m	1,000
Manganese-53	1,000
Manganese-54	100
Manganese-56	1,000
Mendelevium-257	10

Mendelevium-258	0.01
Mercury-193	1,000
Mercury-193m	100
Mercury-194	1
Mercury-195	1,000
Mercury-195m	100
Mercury-197	1,000
Mercury-197m	100
Mercury-199m	1,000
Mercury-203	100
Molybdenum-90	100
Molybdenum-93	10
Molybdenum-93m	100
Molybdenum-99	100
Molybdenum-101	1,000
Neodymium-136	1,000
Neodymium-138	100
Neodymium-139	1,000
Neodymium-139m	1,000
Neodymium-141	1,000
Neodymium-147	100
Neodymium-149	1,000
Neodymium-151	1,000
Neptunium-232	100
Neptunium-233	1,000
Neptunium-234	100
Neptunium-235	100
Neptunium-236 (1.15E+5y)	0.001
Neptunium-236 (22.5h)	1
Neptunium-237	0.001
Neptunium-238	10
Neptunium-239	100
Neptunium-240	1,000
Nickel-56	100
Nickel-57	100
Nickel-59	100
Nickel-63	100
Nickel-65	1,000
Nickel-66	10
Niobium-88	1,000
Niobium-89 (122min)	1,000
Niobium-89m (66min)	1,000
Niobium-90	100
Niobium-93m	10
Niobium-94	1
Niobium-95	100
Niobium-95m	100
Niobium-96	100
Niobium-97	1,000
Niobium-98	1,000
Osmium-180	1,000
Osmium-181	1,000
Osmium-182	100
Osmium-185	100
Osmium-189m	1,000
Osmium-191	100
Osmium-191m	1,000
Osmium-193	100
Osmium-194	1
Palladium-100	100
Palladium-101	1,000
Palladium-103	100
Palladium-107	10
Palladium-109	100
Phosphorus-32	10
Phosphorus-33	100
Platinum-186	1,000
Platinum-188	100
Platinum-189	1,000
Platinum-191	100
Platinum-193	1,000
Platinum-193m	100
Platinum-195m	100
Platinum-197	100
Platinum-197m	1,000
Platinum-199	1,000
Platinum-200	100
Plutonium-234	10
Plutonium-235	1,000
Plutonium-236	0.001
Plutonium-237	100
Plutonium-238	0.001
Plutonium-239	0.001
Plutonium-240	0.001
Plutonium-241	0.01
Plutonium-242	0.001
Plutonium-243	1,000
Plutonium-244	0.001
Plutonium-245	100
Polonium-203	1,000
Polonium-205	1,000
Polonium-207	1,000
Polonium-210	0.1
Potassium-40	100
Potassium-42	1,000
Potassium-43	1,000
Potassium-44	1,000
Potassium-45	1,000
Praseodymium-136	1,000
Praseodymium-137	1,000
Praseodymium-138m	1,000
Praseodymium-139	1,000
Praseodymium-142	100
Praseodymium-142m	1,000
Praseodymium-143	100
Praseodymium-144	1,000
Praseodymium-145	100
Praseodymium-147	1,000
Promethium-141	1,000
Promethium-143	100
Promethium-144	10
Promethium-145	10
Promethium-146	1
Promethium-147	10
Promethium-148	10
Promethium-148m	10
Promethium-149	100
Promethium-150	1,000
Promethium-151	100
Protactinium-227	10
Protactinium-228	1
Protactinium-230	0.1
Protactinium-231	0.001
Protactinium-232	1

Protactinium-233	100
Protactinium-234	100
Radium-223	0.1
Radium-224	0.1
Radium-225	0.1
Radium-226	0.1
Radium-227	1,000
Radium-228	0.1
Radon-220	1
Radon-222	1
Rhenium-177	1,000
Rhenium-178	1,000
Rhenium-181	1,000
Rhenium-182 (64.0h)	100
Rhenium-182 (12.7h)	1,000
Rhenium-184	100
Rhenium-184m	10
Rhenium-186	100
Rhenium-186m	10
Rhenium-187	1,000
Rhenium-188	100
Rhenium-188m	1,000
Rhenium-189	100
Rhodium-99	100
Rhodium-99m	1,000
Rhodium-100	100
Rhodium-101	10
Rhodium-101m	1,000
Rhodium-102	10
Rhodium-102m	10
Rhodium-103m	1,000
Rhodium-105	100
Rhodium-106m	1,000
Rhodium-107	1,000
Rubidium-79	1,000
Rubidium-81	1,000
Rubidium-81m	1,000
Rubidium-82m	1,000
Rubidium-83	100
Rubidium-84	100
Rubidium-86	100
Rubidium-87	100
Rubidium-88	1,000
Rubidium-89	1,000
Ruthenium-94	1,000
Ruthenium-97	1,000
Ruthenium-103	100
Ruthenium-105	1,000
Ruthenium-106	1
Samarium-141	1,000
Samarium-141m	1,000
Samarium-142	1,000
Samarium-145	100
Samarium-146	1
Samarium-147	100
Samarium-151	10
Samarium-153	100
Samarium-155	1,000
Samarium-156	1,000
Scandium-43	1,000
Scandium-44	100
Scandium-44m	100
Scandium-46	10
Scandium-47	100
Scandium-48	100
Scandium-49	1,000
Selenium-70	1,000
Selenium-73	100
Selenium-73m	1,000
Selenium-75	100
Selenium-79	100
Selenium-81	1,000
Selenium-81m	1,000
Selenium-83	1,000
Silicon-31	1,000
Silicon-32	1
Silver-102	1,000
Silver-103	1,000
Silver-104	1,000
Silver-104m	1,000
Silver-105	100
Silver-106	1,000
Silver-106m	100
Silver-108m	1
Silver-111	100
Silver-112	100
Silver-115	1,000
Silver-110m	10
Sodium-22	10
Sodium-24	100
Strontium-80	100
Strontium-81	1,000
Strontium-83	100
Strontium-85	100
Strontium-85m	1,000
Strontium-87m	1,000
Strontium-89	10
Strontium-90	0.1
Strontium-91	100
Strontium-92	100
Sulfur-35	100
Tantalum-172	1,000
Tantalum-173	1,000
Tantalum-174	1,000
Tantalum-175	1,000
Tantalum-176	100
Tantalum-177	1,000
Tantalum-178	1,000
Tantalum-179	100
Tantalum-180	100
Tantalum-180m	1,000
Tantalum-182	10
Tantalum-182m	1,000
Tantalum-183	100
Tantalum-184	100
Tantalum-185	1,000
Tantalum-186	1,000
Technetium-93	1,000
Technetium-93m	1,000
Technetium-94	1,000
Technetium-94m	1,000
Technetium-96	100

Technetium-96m	1,000
Technetium-97	1,000
Technetium-97m	100
Technetium-98	10
Technetium-99	100
Technetium-99m	1,000
Technetium-101	1,000
Technetium-104	1,000
Tellurium-116	1,000
Tellurium-121	100
Tellurium-121m	10
Tellurium-123	100
Tellurium-123m	10
Tellurium-125m	10
Tellurium-127	1,000
Tellurium-127m	10
Tellurium-129	1,000
Tellurium-129m	10
Tellurium-131	100
Tellurium-131m	10
Tellurium-132	10
Tellurium-133	1,000
Tellurium-133m	100
Tellurium-134	1,000
Terbium-147	1,000
Terbium-149	100
Terbium-150	1,000
Terbium-151	100
Terbium-153	1,000
Terbium-154	100
Terbium-155	1,000
Terbium-156	100
Terbium-156m (24.4h)	1,000
Terbium-156m (5.0h)	1,000
Terbium-157	10
Terbium-158	1
Terbium-160	10
Terbium-161	100
Thallium-194	1,000
Thallium-194m	1,000
Thallium-195	1,000
Thallium-197	1,000
Thallium-198	1,000
Thallium-198m	1,000
Thallium-199	1,000
Thallium-200	1,000
Thallium-201	1,000
Thallium-202	100
Thallium-204	100
Thorium-226	10
Thorium-227	0.01
Thorium-228	0.001
Thorium-229	0.001
Thorium-230	0.001
Thorium-231	100
Thorium-232	100
Thorium-234	10
Thorium-natural	100
Thulium-162	1,000
Thulium-166	100
Thulium-167	100
Thulium-170	10
Thulium-171	10
Thulium-172	100
Thulium-173	100
Thulium-175	1,000
Tin-110	100
Tin-111	1,000
Tin-113	100
Tin-117m	100
Tin-119m	100
Tin-121	1,000
Tin-121m	100
Tin-123	10
Tin-123m	1,000
Tin-125	10
Tin-126	10
Tin-127	1,000
Tin-128	1,000
Titanium-44	1
Titanium-45	1,000
Tungsten-176	1,000
Tungsten-177	1,000
Tungsten-178	1,000
Tungsten-179	1,000
Tungsten-181	1,000
Tungsten-185	100
Tungsten-187	100
Tungsten-188	10
Uranium-230	0.01
Uranium-231	100
Uranium-232	0.001
Uranium-233	0.001
Uranium-234	0.001
Uranium-235	0.001
Uranium-236	0.001
Uranium-237	100
Uranium-238	100
Uranium-239	1,000
Uranium-240	100
Uranium-natural	100
Vanadium-47	1,000
Vanadium-48	100
Vanadium-49	1,000
Xenon-120	1,000
Xenon-121	1,000
Xenon-122	1,000
Xenon-123	1,000
Xenon-125	1,000
Xenon-127	1,000
Xenon-129m	1,000
Xenon-131m	1,000
Xenon-133	1,000
Xenon-133m	1,000
Xenon-135	1,000
Xenon-135m	1,000
Xenon-138	1,000
Ytterbium-162	1,000
Ytterbium-166	100
Ytterbium-167	1,000
Ytterbium-169	100
Ytterbium-175	100
Ytterbium-177	1,000
Ytterbium-178	1,000

Yttrium-86	100
Yttrium-86m	1,000
Yttrium-87	100
Yttrium-88	10
Yttrium-90	10
Yttrium-90m	1,000
Yttrium-91	10
Yttrium-91m	1,000
Yttrium-92	100
Yttrium-93	100
Yttrium-94	1,000
Yttrium-95	1,000
Zinc-62	100
Zinc-63	1,000
Zinc-65	10
Zinc-69	1,000
Zinc-69m	100
Zinc-71m	1,000
Zinc-72	100
Zirconium-86	100
Zirconium-88	10
Zirconium-89	100
Zirconium-93	1
Zirconium-95	10
Zirconium-97	100
Any alpha-emitting radionuclide not listed above or mixtures of alpha emitters of unknown composition	0.001
Any radionuclide other than alpha-emitting radionuclides not listed above, or mixtures of beta emitters of unknown composition	0.01

NOTE: For purposes of WAC 246-221-120(8), 246-221-130 (7)(a), and 246-221-240(1) where there is involved a combination of radionuclides in known amounts, the limit for the combination shall be derived as follows: Determine, for each radionuclide in the combination, the ratio between the quantity present in the combination and the limit otherwise established for the specific radionuclide when not in combination. The sum of such ratios for all radionuclides in the combination may not exceed "1" — that is, unity.

[1] The quantities listed above were derived by taking 1/10th of the most restrictive ALI listed in Table I, Columns 1 and 2, of WAC 246-221-290, rounding to the nearest factor of 10, and constraining the values listed between 37 Bq and 37 MBq (0.001 and 1,000 μCi). Values of 3.7 MBq (100 μCi) have been assigned for radionuclides having a radioactive half-life in excess of E+9 years, except rhenium, 37 MBq (1,000 μCi), to take into account their low specific activity.

* To convert μCi to kBq, multiply the μCi value by 37.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-221-300, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-221-300, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70 040. 91-02-049 (Order 121), recodified as § 246-221-300, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-24-230, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-24-230, filed 12/8/80; Order 1095, § 402-24-230, filed 2/6/76; Order 708, § 402-24-230, filed 8/24/72; Order 1, § 402-24-230, filed 7/2/71; Order 1, § 402-24-230, filed 1/8/69; Rules (part), filed 10/26/66.]

Chapter 246-222 WAC
RADIATION PROTECTION—WORKER RIGHTS

WAC

246-222-020 Posting of notices to workers.
246-222-030 Instructions to workers.
246-222-040 Notifications and reports to individuals.
246-222-070 Requests by workers for inspections.
246-222-080 Inspections not warranted—Informal review.

WAC 246-222-020 Posting of notices to workers. (1) Each licensee or registrant shall post current copies of the following documents:

(a) The regulations in this chapter and in chapter 246-221 WAC;

(b) The license, conditions or documents incorporated into the license by reference and amendments thereto;

(c) The operating procedures applicable to work under the license or registration;

(d) Any notice of noncompliance involving radiological working conditions, proposed imposition of civil penalty, order issued pursuant to chapter 246-220 WAC, or any response from the licensee or registrant.

(2) If posting of a document specified in subsection (1)(a), (b), or (c) of this section is not practicable, the licensee or registrant may post a notice which describes the document and states where it may be examined.

(3) Each licensee or registrant shall conspicuously post pertinent emergency procedures when emergency procedures are required by the department.

(4) Properly completed department Form RHF-3 "Notice to employees," shall be posted by each licensee or registrant wherever individuals work in or frequent any portion of a restricted area.

(5) Documents, notices or forms posted pursuant to this section shall appear in a sufficient number of places to permit individuals engaged in work under the license or registration to observe them on the way to or from any particular work location to which the document applies, shall be conspicuous, and shall be replaced if defaced or altered.

(6) Department documents posted pursuant to subsection (1)(d) of this section shall be posted as specified by subsection (5) of this section within five working days after receipt of the documents from the department; the licensee's or registrant's response, if any, shall be posted within five working days after dispatch from the licensee or registrant. Such documents shall remain posted for a minimum of five working days or until action correcting the item(s) of noncompliance has been completed, whichever is later.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-222-020, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-020, filed 12/11/86. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-020, filed 12/8/80; Order 1084, § 402-48-020, filed 1/14/76.]

WAC 246-222-030 Instructions to workers. (1) All individuals likely to receive an occupational dose:

(a) Shall be kept informed of the storage, transfer, or use of sources of radiation in the licensee's or registrant's facility;

(b) Shall be instructed in the health protection considerations for the individual and potential offspring associated with exposure to radiation or radioactive material, in precautions or procedures to minimize exposure, and in the purposes and functions of protective devices employed;

(c) Shall be instructed in, and instructed to observe, to the extent within the worker's control, the applicable provisions of these regulations, department form RHF-3 "Notice to employees," and license conditions for the protection of personnel from exposures to radiation or radioactive material;

(d) Shall be instructed that any worker or representative of workers who believes that a violation of the regulations, license conditions, or unnecessary exposure to radiation exists or occurred, may request an inspection by the department by oral or written notification. The notification shall set forth specific grounds for the complaint. Any such notification to the department is confidential;

(e) Shall be instructed of their right to notify the department if the individual suspects improper actions by a licensee/registrant, or conditions which may lead to a violation of these regulations, the license/registration, or unnecessary exposure to radiation or radioactive materials;

(f) Shall be instructed that employment discrimination by a licensee/registrant against an employee because of actions described in this chapter is prohibited;

(g) Shall be instructed as to their responsibility to report promptly to the licensee or registrant any condition which may constitute, lead to, or cause a violation of the act, these regulations, and licenses or unnecessary exposure to radiation or radioactive material;

(h) Shall be instructed in the appropriate response to warnings made in the event of any unusual occurrence or malfunction that may involve exposure to radiation or radioactive material; and

(i) Shall be advised as to the radiation exposure reports which workers shall be furnished pursuant to WAC 246-222-040.

(2) Records of these instructions described in subsection (1) of this section for all individuals working in, or frequenting any portion of, a restricted area shall be maintained for inspection by the department until further notice. These records shall include a copy of this section, or all the information contained in this section, along with a dated verification signature by the employee stating that the individual has received an explanation of the instructions contained in this section.

(3) The extent of these instructions shall be commensurate with potential radiological health protection considerations present in the workplace.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-222-030, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-030, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-48-030, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-030, filed 12/8/80; Order 1084, § 402-48-030, filed 1/14/76.]

WAC 246-222-040 Notifications and reports to individuals. (1) Radiation exposure data for an individual and the results of any measurements, analyses, and calculations of radioactive material deposited or retained in the body of an individual shall be reported to the individual as specified in this section. The information reported shall include data and results obtained pursuant to these regulations, orders, and license conditions, as shown in records maintained by the licensee or registrant pursuant to these regulations. Each notification and report shall:

(a) Be in writing;

(b) Include appropriate identifying data such as the name of the licensee or registrant, the name of the individual, and the individual's identification number, preferably Social Security number;

(c) Include the individual's exposure information; and

(d) Contain the following statement:

> "This report is furnished to you under the provisions of the Washington state department of health, division of radiation protection, rules and regulations for radiation protection. You should preserve this report for further reference."

(2) Each licensee or registrant shall advise each worker annually of the worker's dose as shown in records maintained by the licensee or registrant pursuant to WAC 246-221-090, 246-221-100, and 246-221-230.

(3) At the request of a worker formerly engaged in work controlled by the licensee or the registrant, each licensee or registrant shall furnish to each worker or former worker a report of the worker's dose due to exposure to radiation or radioactive material upon termination. For the purposes of this section, termination means the end of employment with the licensee or the end of a work assignment in the licensee's restricted area(s) in a given calendar quarter without expectation, or specific scheduling, of reentry into such restricted area(s) during the remainder of that calendar quarter. Such report shall be furnished within thirty days from the time the request is made, or within thirty days after the exposure of the individual has been determined by the licensee or registrant, whichever is later; shall cover, within the period of time specified in the request, the dose record for each year in which the worker's activities involved exposure to radiation from radioactive material licensed by, or radiation machines registered with the department; and shall include the dates and locations of work under the license or registration in which the worker participated during this period.

(4) In addition to the requirements of subsection (3) of this section, at the request of a worker who is terminating employment with the licensee or registrant in work involving radiation exposure, during the current year, each licensee or registrant shall provide at termination to each such worker, or to the worker's designee a written report regarding the radiation dose received by that worker from operations of the licensee or registrant during the current year. If the most recent individual monitoring results are not available at that time, a written estimate of the dose shall be provided together with a clear indication that this is an estimate.

(5) When a licensee or registrant is required pursuant to WAC 246-221-260 to report to the department any exposure of an individual to radiation or radioactive material, the licensee or the registrant shall also provide the individual a written report on the individual's exposure data included

therein. Such reports shall be transmitted at a time not later than the transmittal to the department.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-222-040, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-040, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-040, filed 12/11/86; 83-19-050 (Order 2026), § 402-48-040, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-48-040, filed 12/8/80; Order 1084, § 402-48-040, filed 1/14/76.]

WAC 246-222-070 Requests by workers for inspections. (1) Any worker or representative of workers who believes that a violation of the act, of these regulations, or of license conditions exists or has occurred in work under a license or registration with regard to radiological working conditions in which the worker is engaged, may request an inspection by giving notice of the alleged violation to the Washington state department of health, division of radiation protection. Any such notice shall be in writing, shall set forth the specific grounds for the notice, and shall be signed by the worker or representative of the workers. A copy shall be provided to the licensee or registrant by the office of radiation protection no later than at the time of inspection except that, upon the request of the worker giving such notice, his or her name and the name of individuals referred to therein shall not appear in such copy or on any record published, released, or made available by the department, except for good cause shown.

(2) If, upon receipt of such notice, the inspector for the division of radiation protection determines that the complaint meets the requirements set forth in subsection (1) of this section, and that there are reasonable grounds to believe that the alleged violation exists or has occurred, the inspector shall cause an inspection to be made as soon as practicable, to determine if such alleged violation exists or has occurred. Inspections pursuant to this section need not be limited to matters referred to in the complaint.

(3) No licensee or registrant shall discharge or in any manner discriminate against any worker because such worker has filed any complaint or instituted or caused to be instituted any proceeding under these regulations or has testified or is about to testify in any such proceeding or because of the exercise by such worker on behalf of the worker or other workers of any option afforded by this chapter.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-222-070, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-070, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-070, filed 12/11/86; Order 1084, § 402-48-070, filed 1/14/76.]

WAC 246-222-080 Inspections not warranted—Informal review. (1) If the department of health, division of radiation protection determines, with respect to a complaint under WAC 246-222-070 that an inspection is not warranted because there are no reasonable grounds to believe that a violation exists or has occurred, the division of radiation protection shall notify the complainant in writing of such determination.

(a) If the complaint resulted from activities concerning naturally occurring or accelerator produced radioactive materials and/or radiation producing machines: The complainant may obtain review of such determination by submitting a written statement of position to the Assistant Director, Division of Industrial Safety and Health, P.O. Box 4600, Olympia, Washington 98504-4600. Such request for informal review will be processed according to the provisions of WAC 296-350-460 and the provisions of the interagency agreement between the department of labor and industries and the department of health, division of radiation protection, if any.

(b) If the complaint resulted from activities concerning byproduct material, source material, and/or special nuclear material: The complainant may obtain review of such determination by submitting a written statement of position with the Department of Health, Division of Radiation Protection, P.O. Box 47827, Olympia, Washington 98504-7827 (206/753-3468), who will provide the licensee or registrant with a copy of such statement by certified mail, excluding, at the request of the complainant, the name of the complainant. The licensee or registrant may submit an opposing written statement of position with the department of health, division of radiation protection, who will provide the complainant with a copy of such statement by certified mail. Upon the request of the complainant, the department of health may hold an informal conference in which the complainant and the licensee or registrant may orally present their views. An informal conference may also be held at the request of the licensee or registrant, but disclosure of the identity of the complainant will be made only following receipt of written authorization from the complainant. After considering all written or oral views presented, the department of health shall affirm, modify, or reverse the determination of the division of radiation protection and furnish the complainant and the licensee or registrant a written notification of the decision and the reason therefor.

(2) If the division of radiation protection determines that an inspection is not warranted because the requirements of WAC 246-222-070(1) have not been met, it shall notify the complainant in writing of such determination. Such determination shall be without prejudice to the filing of a new complaint meeting the requirements of WAC 246-222-070(1).

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-222-080, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-222-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-222-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-48-080, filed 12/11/86; Order 1084, § 402-48-080, filed 1/14/76.]

Chapter 246-224 WAC
RADIATION PROTECTION—MACHINE ASSEMBLY AND REGISTRATION

WAC

246-224-030 Repealed.
246-224-040 Expiration of registration.
246-224-050 Renewal of registration.
246-224-070 Report of changes.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-224-030 Issuance of certificate of registration. [Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-232, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-232, filed 12/8/80.] Repealed by 94-01-073, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050.

WAC 246-224-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-224-040 Expiration of registration. Except as provided by WAC 246-224-050(2) each registration shall expire at the end of the day on the date stated therein.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-224-040, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-040, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-234, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-234, filed 12/8/80.]

WAC 246-224-050 Renewal of registration. (1) Application for renewal of registration shall be filed in accordance with WAC 246-224-020 and 246-254-053 at least thirty days prior to the expiration date.

(2) In any case in which a registrant not less than thirty days prior to the expiration of his existing registration has filed an application in proper form for renewal, such existing registration shall not expire until the application status has been determined by the department.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-224-050, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-238, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-238, filed 12/8/80.]

WAC 246-224-070 Report of changes. The registrant shall notify the department in writing when making any change which would render the information contained in the application for registration no longer accurate. Notifications shall be sent to X-Ray Control Section, Department of Health, P.O. Box 47827, Olympia, WA 98504-7827. Notification shall be sent no later than thirty days after such change in the registration information.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-224-070, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-224-070, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-224-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-16-250, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-16-250, filed 12/8/80; Order 1084, § 402-16-250, filed 1/14/76. Formerly WAC 402-16-060.]

Chapter 246-225 WAC
RADIATION PROTECTION—X-RAYS IN THE HEALING ARTS

WAC

246-225-030 General requirements—Plan review.
246-225-040 General requirements for diagnostic x-ray systems.
246-225-050 Fluoroscopic x-ray systems.
246-225-150 X-ray film developing requirements.
246-225-160 Mammography.
246-225-99910 Appendix I—Good practices.

WAC 246-225-030 General requirements—Plan review. (1) Before construction, the floor plans and equipment arrangement of medical installations (new or modifications of existing installations) utilizing x-rays for diagnostic or therapeutic purposes shall be submitted to:

(a) A qualified expert for determination of shielding requirements using National Council on Radiation Protection and Measurements Report No. 49, or equivalent; and

(b) The department for subsequent review.

Review shall not imply approval.

(2) The review of such plans shall not preclude the requirement of additional modifications should a subsequent analysis of operating conditions indicate the possibility of an individual receiving a dose in excess of the limits required under WAC 246-221-010, 246-221-050, and 246-221-060.

(3) Diagnostic veterinary, podiatric, and dental facilities shall be exempt from submitting shielding calculations and floor plans.

(4) In order for the department to provide an evaluation, technical advice, and official review of the shielding requirements for a medical radiation installation, a floor plan drawn to scale and the following data are required:

(a) The normal location of the x-ray tube, along with an indication of anode-cathode orientation to the cassette holders;

(b) The limits of the tube travel;

(c) The directions in which the tube is pointed;

(d) Window locations;

(e) The location of the control booth or operator's position;

(f) The exposure switch location;

(g) The position of the viewing window, if any;

(h) The composition and thickness of the walls;

(i) If more than one story, the height floor-to-floor;

(j) If more than one story, the composition and thickness of materials in the ceiling or floor;

(k) The make and model of the x-ray machine;

(l) The maximum kVp and mA;

(m) The types of examinations or treatments (for example, chest, spine, general x-ray, or therapy);

(n) The identification and occupancy of areas adjacent to the x-ray room;

(o) The anticipated x-ray workload expressed in number of patients and exposures per week including:

(i) Technique factors used, or milliampere-seconds or milliampere-minutes per week; and

(ii) Estimates of the percentage of the workload expected to occur for a particular beam direction.

(5) For new and modified installations only, the following are minimum design requirements for medical x-ray

machine operator booths. These requirements do not apply to dental, podiatry, and veterinary installations. See subsections (6) and (7) of this section for dental panoramic and cephalometric requirements.

(a) The operator shall be allotted 0.7 sq. meters (7.5 sq. ft.) or more of unobstructed floor space in the x-ray booths.

(i) The 0.7 sq. meters (7.5 sq. ft.) of minimum space specified under subsection (5)(a) of this section shall be a geometric configuration where no dimension is less than 61.0 centimeters (2.0 ft.).

(ii) The allotted space shall exclude an encumbrance by the console, such as an overhang, cables, or other similar encroachment.

(iii) An extension of a straight line drawn between any point on the edge of the booth shielding and the nearest vertical edge of a vertical cassette holder, corner of the examination table, or any part of the tube housing assembly shall not impinge on the unobstructed space.

(iv) The booth walls shall be 2.1 meters (7.0 ft.) or more and shall be permanently fixed to the floor or other structure as may be necessary.

(v) When a door or moveable panel is used as the integral part of the booth structure, it must have a permissive device which will prevent an exposure when the door or panel is not closed.

(b) Switch placement. The operator's switch for the radiographic machine shall be fixed within the booth. The switch shall:

(i) Be at least 102 centimeters (forty inches) inside the protected area; and

(ii) Allow the operator to use the available viewing windows.

(c) Viewing system requirements.

(i) Each booth shall have at least one viewing device which shall:

(A) Be placed so the operator can view the patient during exposure; and

(B) Be placed so the operator can have full view of the entries into the room.

(ii) When the viewing system is a window, the following requirements also apply:

(A) The window shall have a visible area of 930 square centimeters (1.0 square foot) or more; and

(B) The glass shall have the same lead equivalence or more as that required in the booth's wall where the glass is mounted.

(iii) When the viewing system is by mirrors, the mirrors shall be located to accomplish the general requirements under subdivision (i) of this subsection.

(iv) When the viewing system is by electronic means (for example, TV):

(A) The camera shall be located to accomplish the general requirements under subdivision (i) of this subsection; and

(B) There shall be an alternate viewing system as a backup for electronic failure.

(d) New or modified facilities shall maintain a copy of the floor plan and shielding calculations required under subsection (1) of this section.

(6) Dimensions of primary beam shielding shall exceed the largest possible beam size by 30.5 centimeters (one foot) or more in every direction. Cephalometric primary beam shielding shall be deemed adequate if, for a maximum workload of twenty films a week, two-pound lead is installed (for occupied areas).

(7) A viewing device shall be present in dental panoramic and cephalometric x-ray installations, so the requirements of subsection (5)(c) of this section are met.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-030, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-030, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-032, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-032, filed 9/16/83; Order 1084, § 402-28-032, filed 1/14/76. Formerly WAC 402-28-030 (part).]

WAC 246-225-040 General requirements for diagnostic x-ray systems. In addition to other requirements of this chapter, diagnostic x-ray systems shall meet the following requirements:

(1) *Warning label.* The control panel containing the main power switch shall bear the warning statement, legible and accessible to view: "WARNING: This x-ray unit may be dangerous to patient and operator unless safe exposure factors and operating instructions are observed."

(2) *Battery charge indicator.* On battery-powered generators, visual means shall be provided on the control panel to indicate the battery is in a state of charge adequate for proper operation.

(3) *Leakage radiation from the diagnostic source assembly.* The leakage radiation from the diagnostic source assembly, measured at a distance of 1 meter in any direction from the source, shall not exceed 2.58×10^{-5} coulombs per kilogram (100 milliroentgens) in one hour when the x-ray tube is operated at its leakage technique factors. Compliance shall be determined by measurements averaged over an area of one hundred square centimeters with no linear dimension greater than twenty centimeters.

(4) *Radiation from components other than the diagnostic source assembly.* The radiation emitted by a component other than the diagnostic source assembly shall not exceed 5.16×10^{-7} coulombs per kilogram (2 milliroentgens) in one hour at 5 centimeters from an accessible surface of the component when it is operated in an assembled x-ray system under conditions for which it was designed. Compliance shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

(5) *Beam quality.*

(a) The half-value layer (HVL) of the useful beam for a given x-ray tube potential shall not be less than the values shown in this section, Table I. If it is necessary to determine such half-value layer at an x-ray tube potential which is not listed in Table I, linear interpolation or extrapolation shall be made.

WAC 246-225-040 TABLE I

Design operating range (kilovolts peak)	Measured potential (kilovolts peak)	Half-value layer (millimeters of aluminum equivalent)	Half-value layer (millimeter of aluminum equivalent for dental units)
Below 51—	30	0.3	N/A
	40	0.4	N/A
	50	0.5	1.5
51 to 70——	51	1.2	1.5
	60	1.3	1.5
	70	1.5	1.5
Above 70———	71	2.1	2.1
	80	2.3	2.3
	90	2.5	2.5
	100	2.7	2.7
	110	3.0	3.0
	120	3.2	3.2
	130	3.5	3.5
	140	3.8	3.8
	150	4.1	4.1

(b) For capacitor energy storage equipment, compliance shall be determined with the system fully charged and a setting of at least 10 mAs for each exposure.

(c) The required minimal half-value layer shall include the filtration contributed by materials permanently in position between the focal spot of the tube and the patient. (For example, a table top when the tube is mounted "under the table" and inherent filtration of the tube)

(d) Filtration control. For x-ray systems with variable kVp and variable filtration for the useful beam, a device shall link the kVp selector with the filters and shall prevent an exposure unless the minimum amount of filtration required by subdivision (a) of this subsection is in the useful beam for the selected kVp.

(6) *Multiple tubes.* Where two or more radiographic tubes are controlled by one exposure switch, the tube or tubes selected shall be clearly indicated prior to initiation of the exposure. Such indication shall be both on the x-ray control panel and near or on the selected tube housing assembly.

(7) *Mechanical support of tube head.* The tube housing assembly supports shall be adjusted such that the tube housing assembly remains stable during an exposure unless the tube housing movement during exposure is a designed function of the x-ray system.

(8) *Technique indicators.*

(a) The technique factors used during an exposure shall be indicated before the exposure begins, except when automatic exposure controls are used, in which case the technique factors set prior to the exposure shall be indicated.

(b) On equipment having fixed technique factors, the requirement, under subdivision (a) of this subsection may be met by permanent markings. Indication of technique factors shall be visible from the operator's position except in the case of spot films made by the fluoroscopist.

(9) Certified units. All diagnostic x-ray systems certified to comply with 21 CFR 1020 shall meet the requirements of that certification.

(10) Linearity. The difference between the ratio of exposure to mAs at one mA or mAs setting and the ratio at another mA or mAs setting shall not exceed 0.10 times the sum of the ratios. This is written as:

$$X_1 - X_2 \leq 0.10 (X_1 + X_2)$$

Where X_1 and X_2 are the ratios (mR/mAs) for each mA or mAs station.

The test shall be performed at any selections of mA or mAs without regard to focal spot size, provided neither focal spot size is less than 0.45 millimeter.

(11) kVp accuracy. The difference between the indicated and actual kVp of an x-ray machine shall not be greater than ten percent of the indicated kVp, or, alternatively, if available, the accuracy specifications of the control panel manufacturer must be met.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-040, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-040, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-035, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-035, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-035, filed 12/8/80; Order 1084, § 402-28-035, filed 1/14/76. Formerly WAC 402-28-030 (part).]

WAC 246-225-050 Fluoroscopic x-ray systems. Fluoroscopic x-ray systems shall meet the following requirements:

(1) Limitation of useful beam.

(a) The fluoroscopic tube shall not produce x-rays unless the primary barrier is in position to intercept the entire useful beam at all times.

(b) The entire cross section of the useful beam shall be intercepted by the primary protective barrier of the fluoroscopic image assembly at any source-to-image-distance (SID).

(c) Nonimage-intensified fluoroscopic equipment shall not be used.

(d) For fluoroscopic equipment without a spot film device, neither the length nor the width of the fluoroscopic x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent of the SID. The sum of the excess length and the excess width shall be no greater than four percent of the SID. Measurements shall be made at the minimum SID available but at no less than 20 centimeters (8 inches) table top to image receptor distance.

(e) For uncertified fluoroscopic equipment with a spot film device, the fluoroscopic x-ray beam with the shutters wide open (during either fluoroscopy itself or spot films) shall be no larger than the dimensions of the largest spot film size for which the device is designed. Measurements shall be made at the minimum SID available, but at no less than 20 centimeters (8 inches) table top to the film plane distance.

(f) For certified (21 CFR 1020) fluoroscopic equipment with a spot film device, neither the length nor the width of the fluoroscopic x-ray field in the plane of the image receptor shall exceed that of the visible area of the image receptor by more than three percent of the SID. The sum of the excess length and width shall be no greater than four percent of the SID. Measurements shall be made at the

minimum SID available, but at no less than 20 centimeters (8 inches) table top to film plane distance.

(g) Fluoroscopic equipment beam limitation:

(i) Means shall be provided to reduce the beam size at the plane of the image receptor to 125 square centimeters or less; and

(ii) The minimum field size at the greatest SID shall be equal to or less than 5 centimeters by 5 centimeters.

(2) *Activation of the fluoroscopic tube.* X-ray production in the fluoroscopic mode shall be controlled by a deadman switch.

(3) *Entrance exposure rate allowable limits.*

(a) For equipment with or without automatic brightness control, the exposure rate measured at the point where the center of the useful beam enters the patient shall not exceed 2.58×10^{-3} coulombs per kilogram per minute (ten roentgens per minute), except during film recording of fluoroscopic images or when an optional high level control (HLC) is activated.

(b) For equipment provided with HLC, the equipment shall not be operable at a combination of tube potential and current which will result in an exposure rate in excess of 1.29×10^{-3} coulombs per kilogram per minute (5 roentgens per minute) at the point where the center of the useful beam enters the patient, unless the HLC is activated.

(i) Special means of activation of high level controls, such as additional pressure applied continuously by the operator, shall be required to avoid accidental use.

(ii) A continuous signal audible to the fluoroscopist shall indicate the high level control is employed.

(c) Measuring compliance of entrance exposure rate limits. Compliance with subsection (3) of this section shall be determined as follows:

(i) Movable grids and compression devices shall be removed from the useful beam during the measurement;

(ii) If the source is below the table, exposure rate shall be measured 1 centimeter above the table top or cradle;

(iii) If the source is above the table, the exposure rate shall be measured at 30 centimeters above the table top with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement;

(iv) In a C-arm type of fluoroscope, the exposure rate shall be measured 30 centimeters from the input surface of the fluoroscopic imaging assembly, with the source positioned at any available SID, provided the end of the beam-limiting device or spacer is no closer than 30 centimeters from the input surface of fluoroscopic imaging assembly; and

(v) In a lateral-type fluoroscope, the exposure rate shall be measured at a point 15 centimeters from the center line of the x-ray table with the end of the beam-limiting device or spacer positioned as closely as possible to the point of measurement. If the table top is movable, the table top shall be positioned as closely as possible to the lateral x-ray source, with the end of the beam-limiting device or spacer no closer than 15 centimeters to the center line of the x-ray table.

(d) Periodic measurement of entrance exposure rate limits.

(i) Periodic measurements of the exposure rate shall be made. An adequate period for such measurements shall be annually or after maintenance of the system affecting the exposure rate.

(ii) Results of exposure rate measurements shall be available where the fluoroscopist has ready access to the measurements while using that fluoroscope. Results of the measurements shall include:

(A) The maximum possible coulombs per kilogram per minute (R/minute), as well as the technique factors associated with it;

(B) The name of the person performing the measurements;

(C) The last date the measurements were performed; and

(D) The type of device used in making the measurements.

(iii) Conditions of measurement:

(A) The kVp shall be adjusted to that which will produce the maximum entrance exposure rate;

(B) The high level control, if present, shall not be activated;

(C) The x-ray systems that incorporate automatic exposure rate control (automatic brightness control) shall have sufficient material, for example, lead or lead equivalence, placed in the useful beam to produce the maximum output of the x-ray system; and

(D) X-ray systems not incorporating automatic exposure rate control shall utilize whatever combination of kVp, mA, and other selectable parameters that will generate the highest exposure rate of the x-ray system. Materials, for example, an attenuation block, may be placed in the useful beam to protect the imaging system, as long as the material does not affect the measurement of the exposure rate.

(4) *Barrier transmitted radiation rate limits.*

(a) The exposure rate due to transmission through the primary protective barrier with the attenuation block in the useful beam, combined with radiation from the image intensifier, if provided, shall not exceed 5.16×10^{-7} coulombs per kilogram per hour (2 milliroentgens per hour) for each 2.58×10^{-4} coulombs per kilogram per minute (roentgen per minute) of entrance exposure rate. The barrier transmission measurement shall be made at 10 centimeters from an accessible surface of the fluoroscopic imaging assembly beyond the plane of the image receptor.

(b) Measuring compliance of barrier transmission.

(i) The exposure rate due to transmission through the primary protective barrier combined with radiation from the image intensifier shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

(ii) If the source is below the table top, the measurement shall be made with the input surface of the fluoroscopic imaging assembly positioned 30 centimeters above the table top.

(iii) If the source is above the table top and the SID is variable, the measurement shall be made with the end of the beam-limiting device or spacer as close to the table top as it can be placed, provided the beam-limiting device or spacer shall not be closer than 30 centimeters.

(iv) Movable grids and compression devices shall be removed from the useful beam during the measurement.

(5) *Indication of potential and current.* During fluoroscopy and cinefluorography, x-ray tube potential and current shall be continuously indicated.

(6) *Source-skin distance (SSD).* The source to skin distance shall not be less than:

(a) 38 centimeters on stationary fluoroscopes;

(b) 30 centimeters on mobile fluoroscopes; and

(c) 20 centimeters for image intensified fluoroscopes used for specific surgical application. The user must provide precautionary measures for the use of the fluoroscope due to its short SSD.

(7) *Fluoroscopic timer.*

(a) Means shall be provided to preset the cumulative on-time of the fluoroscopic tube. The maximum cumulative time of the timing device shall not exceed five minutes without resetting.

(b) A signal audible to the fluoroscopist shall indicate the completion of a preset cumulative on-time. Such signal shall continue to sound while x-rays are produced until the timing device is reset. Alternatively, the timing device may terminate exposures at the end of the preset time.

(c) Total fluoroscopic on-time for each patient shall be recorded, either in patient's chart or in a separate log.

(8) *Control of scattered radiation.*

(a) Fluoroscopic table designs when combined with normal operating procedures shall be such that no unprotected part of staff or ancillary person's body shall be exposed to unattenuated scattered radiation which originates from under the table. The attenuation required shall be not less than 0.25 mm lead equivalent.

(b) Equipment configuration when combined with procedures shall be such that no portion of staff or ancillary person's body, except the extremities, shall be exposed to the unattenuated scattered radiation emanating from above the table top unless:

(i) The radiation has passed through not less than 0.25 mm lead equivalent material, for example, drapes, Bucky-slot cover-sliding or folding panel, or self-supporting curtains, in addition to lead equivalency provided by the protective apron referred to under WAC 246-225-020 (2)(e); and

(ii) Exceptions to subdivision (b) of this subsection may be made in some special procedures where a sterile field will not permit the use of the normal protective barriers. Where the use of prefitted sterilized covers for the barriers is practical, the department shall not permit such exception.

(9) *Radiation therapy simulation systems.* Radiation therapy simulation systems shall be exempt from the requirements of subsection (3) of this section. In addition, these systems shall be exempt from:

(a) Subsections (1) and (4) of this section provided such systems are designed and used in such a manner that no individual other than the patient is in the x-ray room when the system is producing x-rays; and

(b) Subsection (7) of this section if such systems are provided with a means of indicating the cumulative time that an individual patient has been exposed to x-rays.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-050, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-050, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-28-040, filed 12/11/86; 83-19-050 (Order 2026), § 402-28-040, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-28-040, filed 12/8/80; Order 1084, § 402-28-040, filed 1/14/76; Order 1, § 402-28-040, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-225-150 X-ray film developing requirements. Compliance with this section is required of healing arts registrants and is designed to ensure the patient and operator exposure is minimized, and to produce optimum image quality and diagnostic information.

(1) Manual processing of films:

(a) The following relationship between temperature of the developer and development time must be used (standard chemistry only):

THERMOMETER READINGS (DEGREES) C	F	MINIMUM DEVELOPING TIMES (MINUTES)
27 -	80	2
	79	2
	78	2 1/2
	77	2 1/2
24 -	76	3
	75	3
	74	3 1/2
	73	3 1/2
22 -	72	4
	71	4
	70	4 1/2
	69	4 1/2
20 -	68	5
	67	5 1/2
	66	5 1/2
	65	6
18 -	64	6 1/2
	63	7
	62	8
	61	8 1/2
16 -	60	9 1/2

(b) *Processing of film.* All films shall be processed to achieve adequate sensitometric performance. This criterion shall be adjudged met if:

(i) Film manufacturer's published recommendations for time and temperature are followed; or

(ii) Each film is developed in accordance with the time-temperature chart as required under subdivision (a) of this subsection.

(c) Devices shall be available giving:

(i) The actual temperature of the developer; and

(ii) An audible or visible signal indicating the termination of a preset time (in minutes).

(d) Chemical-film processing control.

(i) Chemicals shall be mixed in accordance with the chemical manufacturer's recommendations.

(ii) Developer replenisher shall be periodically added to the developer tank based on the recommendations of the chemical or film manufacturer. Solution may be removed from the tank to permit the addition of an adequate volume of replenisher.

(iii) All processing chemicals shall be completely replaced at least every two months.

(2) Automatic film processors shall be set up and maintained so radiographic density and contrast are optimal. This criterion shall be adjudged met if:

(a) Film manufacturer's published specifications for time and temperature are followed. In the absence of such specifications, the film shall be developed using the following chart:

MINIMAL REQUIRED DEVELOPER TEMPERATURE		PROCESSOR DEVELOPER IMMERSION TIME*
°C	°F	Seconds
35	95	20
34.5	94	21
34	93	22
33.5	92	23
33	91	24
32	90	25
31.5	89	26
31	88	27
30.5	87	28
30	86	29
29.5	85	30

*Immersion time only, no cross-over time included.

The specified developer temperature and immersion time shall be posted in the dark room or on the automatic processor; and

(b) Replenishment of the developer chemistry is optimal:

(i) The processor shall deliver an adequate rate of developer replenishment; and

(ii) For facilities with a low x-ray workload, standby replenishment, flood replenishment, or periodically sending prefixed films through the processor may be necessary.

(c) Sensitometric tests of processor performance demonstrate the processor is achieving radiographic density and contrast equal to other processor models operating at equivalent developer immersion time and developer temperatures and using comparable chemistry.

(3) *Darkrooms.* Darkrooms shall be constructed so film being processed, handled, or stored will be exposed only to light passed through a safelight filter. The filter shall be of the type specified by the film manufacturer. Bulb wattage in the safelight shall be no greater than fifteen watts. The safelight shall be mounted at least 1.2 meters (four feet) above work areas.

(4) The department shall make x-ray film development and darkroom tests as necessary to determine compliance with this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-150, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-150, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-990, filed 9/16/83; Order 1084, Appendix C (codified as WAC 402-28-990), filed 1/14/76.]

WAC 246-225-160 Mammography. (1) The use of a special purpose x-ray machine designed and used solely for mammography is required. Exempted from this requirement shall be x-ray equipment using xerography for evaluation of breast implant integrity.

(2) All mammographic calibration, evaluation, service, and quality control actions shall be documented in writing and maintained at the facility for a three-year period. Records must be easily accessible to operators of these x-ray units.

(3) All tests requiring the use of a breast phantom shall employ a phantom similar to or identical to the one required by the American College of Radiology for its mammography accreditation program.

(4) Machine requirements:

(a) Mammography x-ray machines must be evaluated upon any major component change and on a yearly basis by a qualified medical physicist. Evaluation shall document (but is not limited to) half-value layer (HVL), kVP accuracy, reproducibility, timer accuracy, resolution achieved with film in use at the facility, focal spot size, mA linearity, light versus x-ray field alignment, and patient exposures (glandular tissue dose) following the measurement protocol in NCRP Report No. 85 (using a breast phantom). This requirement shall include initial acceptance testing upon the x-ray system's installation prior to human use.

(b) The half-value layer (HVL) for film/screen mammography shall be between the values of measured kVp/100 and measured kVp/100 + 0.1 millimeters aluminum. The half-value layer for xerography shall be at least 1.2 mm but no greater than 1.6 mm of aluminum as measured at 50 kVP. The HVL shall include the contribution to filtration made by the compression device.

(c) Exposure reproducibility: Manual techniques. See WAC 246-225-090.

(d) Exposure reproducibility: Photo-timed techniques. Mammographic systems in the AEC mode shall be able to maintain constant film density to within an optical density of ± 0.3 of the average optical density over the range of clinically used kVps, using BR-12 or other breast equivalent material phantom thicknesses of 2 centimeters to 6 centimeters. If the facility has established a technique chart that utilizes varying technical factors for different breast thicknesses, those adjustments in technique may be used when complying with this requirement.

(e) Radiographic timers. See WAC 246-225-070.

(f) kVP accuracy: The kVP accuracy published by the x-ray machine manufacturer shall be maintained at the specified level. For determination of actual versus indicated kVP, the manufacturer's recommendations for testing shall be followed.

(g) mA linearity. See WAC 246-225-040(10).

(h) All special purpose x-ray machines designed solely for mammography and installed after January 1, 1992, shall be equipped with a milli-ampere-second (mAs) read-out device, registering after each phototimed exposure. Alternatively, a means of determining mAs after each exposure shall be provided.

(i) Beam limitation:

(i) Mammographic systems shall be provided with means to limit the useful beam such that the x-ray field at the plane of the image receptor does not extend beyond any edge of the image receptor at any designed SID except the edge of the image receptor designed to be adjacent to the

chest wall where the x-ray field may not extend beyond such edge by more than two percent of the SID.

(ii) Beam limiting devices consisting of an assortment of fixed, removable cones sufficient to meet the requirement for each combination of image receptor size and SID for which the unit is designed shall have clear and permanent markings to indicate the image receptor size and SID for which it is designed.

(iii) When the beam limiting device and image receptor support device are designed to be used to immobilize the breast during a mammographic procedure and the SID may vary, the SID indication specified in WAC 246-225-060 (4)(c)(i) and (ii) shall be the maximum SID for which the beam limiting device or aperture is designed.

(iv) In the absence of a visually defined x-ray field each image receptor support shall have clear and permanent markings to indicate the maximum image receptor size for which it is designed.

(j) The combination of source-to-image distance, magnification, and focal spot size shall result in a radiographic resolution of at least 12 line pairs per millimeter. This standard applies to the mammographic, single emulsion film being used at the facility.

(k) The x-ray machine shall be equipped with a means of immobilizing and compressing the breast with a force of at least twenty-five pounds but no greater than forty pounds.

(l) Dedicated mammographic x-ray units are exempted from the requirements of WAC 246-225-030 (5)(b)(i) provided that appropriate operator shielding is employed (as defined by NCRP Report 49).

(m) *Transmission limit for image receptor supporting devices used for mammography.* For x-ray systems manufactured after September 5, 1978, which are designed only for mammography, the transmission of the primary beam through any image receptor support provided with the system shall be limited such that the exposure 5 centimeters from any accessible surface beyond the plane of the image receptor supporting device does not exceed 25.8 nanocoulombs per kilogram (0.1 milliroentgen) for each activation of the tube. Exposure shall be measured with the system operated at the minimum SID for which it is designed. Compliance shall be determined at the maximum rated peak tube potential for the system and at the maximum rated product of tube current and exposure time (mAs) for that peak tube potential. Compliance shall be determined by measurements averaged over an area of 100 square centimeters with no linear dimension greater than 20 centimeters.

(n) Maximum glandular doses. Glandular tissue dose for a cranio-caudal view of a 4.5 cm compressed breast using dose calculation methods found in NCRP Report # 85 shall not exceed the following:

Screen-film:

No grid = 1.5 milliGray (100 millirads)/projection

Grid = 2.5 milliGray (300 millirads)/projection

Xerox = 4.0 milliGray (400 millirads)/projection

(5) A quality control program shall be written and implemented for all mammographic facilities. This shall include (but shall not be limited to) tests performed, testing frequency, testing protocol, control limits for each test, corrective actions taken, and equipment maintenance/service. Program requirements include:

(a) Daily tests:

Film processor control charts using a sensitometric/densitometric based measurement system shall be required for each day the mammographic machine is in operation. Single emulsion mammographic film shall be used for this evaluation. The sensitometer shall be one with a 21-step optical attenuator.

Parameters in daily film processor tests shall include:

(i) Speed index (mid-density):

Control limits ± 0.15 optical density

(ii) Contrast index (density difference):

Control limits ± 0.15 optical density

(iii) Base + fog:

Maximum density shall not exceed 0.20 optical density.

(iv) Solution temperatures, using a digital thermometer that reads out in tenths of a degree and that is accurate to within ± 0.5°F.

Control limits ± 1.0 F

(b) Monthly tests:

(i) Chemical replenishment rates.

(ii) Image quality evaluation. The mammographic system shall be capable of providing an image of a 0.75 mm fiber, 0.32 mm speck group, and a 0.75 mm mass from an ACR, or equivalent, phantom on the standard mammographic image receptor system in use at the facility. Mammograms shall not be taken on patients if this minimum is not met. Any fibers, speck groups or masses larger than those specified shall also be imaged.

(c) Quarterly tests:

(i) Film/screen contact for all cassettes, using a 40-mesh copper screen.

(ii) Analyses of reject/repeat films.

(iii) Fixer retention in processed film.

(d) Semi-annual tests:

(i) Darkroom fog.

(ii) Compression device force.

(e) Yearly tests: See WAC 246-225-160 (4)(a).

(f) Cassette screens must be cleaned at least weekly.

(g) Records shall be maintained for quality control test equipment which requires calibration, and such calibrations shall be performed in accordance with recommendations of the manufacturer of the test equipment.

(h) Film processing. See WAC 246-225-150. A film processor that cannot be consistently made to operate within the control limits specified in (a) of this subsection shall not be used to process mammographic films.

(6) Operator competency:

(a) A mammographic machine operator shall be licensed, certified, or registered by the department as either:

(i) A health care practitioner, licensed under Title 18 RCW, if performing mammography is within the person's authorized scope of practice; or

(ii) A diagnostic radiologic technologist certified in accordance with chapter 18.84 RCW; or

(iii) An x-ray technician registered in accordance with chapter 18.84 RCW, with two or more years' experience in performing mammography and satisfactory completion of at least sixteen hours of training in mammographic positioning, mammographic quality assurance, and/or other related areas subject to approval by the department.

(b) A mammographic machine operator shall complete the equivalent of at least eight hours of training every twelve

months covering such areas as mammographic positioning, mammographic quality assurance and other related areas subject to approval by the department.

(c) A mammographic machine operator shall meet the requirements of WAC 246-225-020 (2)(b) and 246-225-99920.

(7) Masking devices shall be made available to block extraneous light from the viewer's eye when the illuminated surface of the viewbox is larger than the exposed area on the film.

(8) Additional requirement for mobile mammography services:

The daily film processor performance testing required in subsection (5)(a) of this section shall apply to all film processors used by the mobile service. No processor shall be used unless it meets the control limits specified by subsection (5)(a)(i) through (iv) of this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-160, filed 12/9/93, effective 1/9/94; 92-05-011 (Order 240), § 246-225-160, filed 2/7/92, effective 3/9/92.]

WAC 246-225-99910 Appendix I—Good practices. The following are included in this handbook of regulations as suggested good practices and are not intended to be a regulation. The topics presented in these good practices may, however, become incorporated into the Washington Administrative Code at a future date.

(1) Exchange of information. Because patient exposure to diagnostic x-rays is the most predominant source of exposure to artificially produced ionizing radiation, radiographs should be exchanged among the practitioners of the various healing arts. Such exchange can only benefit patients by reducing the unnecessary repeated exposures of patients who are referred to, or change to, other practitioners.

(2) Patient exposure guidelines. The following patient exposure values should be achievable with high speed image receptor systems, proper filtration, a reasonable radiographic density preference, proper choice of technique factors, and proper film development. State radiation safety surveyors can provide registrants with results of measurements of patient exposure values upon request.

Dental Bitewing (D-Speed Film)*

KVP Range Utilized	Upper Limit of Skin Entrance Exposure, mR
50 - 64	350
65 - 70	300
71 - 80	250
81 - 90	200

Medical (400 Speed Imaging System)*

Exam*	Upper Limit of Skin Entrance Exposure, mR
Abdomen (AP)	300
Lumbar spine (AP)	350
Cervical spine (AP)	95
Full spine (AP)	150
Skull (LAT)	70
Chest (PA)	10 (Nongrid), 15 (Grid)

*On average-size adult patients

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-225-99910, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-083 (Order 183), § 246-225-99910, filed 7/23/91, effective 8/23/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-225-99910, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-28-99001, filed 9/16/83; Order 1084, Appendix D (codified as WAC 402-28-99001), filed 1/14/76.]

Chapter 246-227 WAC
RADIATION PROTECTION—INDUSTRIAL X-RAY

WAC

246-227-001 Purpose.
246-227-010 Scope.
246-227-020 Definitions.
246-227-040 Radiation survey instruments.
246-227-050 Utilization and survey records.
246-227-060 Limitations—Personal radiation safety requirements for radiographers and radiographer's assistants.
246-227-070 Operating and emergency procedures.
246-227-080 Personnel monitoring control.
246-227-090 Security—Precautionary procedures in radiographic operations.
246-227-095 Posting.
246-227-120 Other records required.
246-227-130 Special requirements for enclosed radiography.
246-227-150 Special requirements for permanent radiographic installation.
246-227-170 Appendix A—Minimum subjects to be covered in training radiographers.

WAC 246-227-001 Purpose. The regulations in this chapter establish radiation safety requirements for persons utilizing x-ray machines for industrial radiography. The requirements of this part are in addition to and not in substitution for the other requirements of these regulations.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-001, filed 12/9/93, effective 1/9/94.]

WAC 246-227-010 Scope. The regulations in this chapter apply to all registrants who use x-ray machines for industrial radiography: *Provided, however,* That nothing in this part shall apply to the use of sources of radiation in the healing arts.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-010, filed 12/9/93, effective 1/9/94.]

WAC 246-227-020 Definitions. As used in this part:

(1) "Enclosed radiography" means industrial radiography employing radiation machines conducted in an enclosed cabinet or room and includes cabinet radiography and shielded room radiography.

(a) "Cabinet radiography" means industrial radiography employing radiation machines conducted in an enclosure or cabinet so shielded that every location at the exterior of the enclosure or cabinet meets the condition specified in WAC 246-221-060.

"Cabinet x-ray system" means an x-ray system with the x-ray tube installed in an enclosure (hereinafter termed

"cabinet") which, independently of existing architectural structure except the floor on which it may be placed, is intended to contain at least that portion of a material being irradiated, provide radiation attenuation, and exclude personnel from its interior during generation of x-radiation. Included are all x-ray systems designed primarily for the inspection of carry-on baggage at airline, railroad, and bus terminals, and in similar facilities. An x-ray tube used within a shielded part of a building, or x-ray equipment which may temporarily or occasionally incorporate portable shielding is not considered a cabinet x-ray system.

(b) "Shielded-room radiography" means industrial radiography conducted in a room so shielded that every location on the exterior of the room meets the conditions specified in WAC 246-221-060.

(2) "Industrial radiography" means the examination of the macroscopic structure of materials by nondestructive methods utilizing x-ray machines. Industrial radiography as used in this chapter does not include well logging operations.

(3) "Permanent radiographic installation" means an installation in which the shielding is an integral part to the building structure, such that the radiographic operations conducted there are not mobile and not temporary.

(4) "Personal supervision" means supervision by a radiographer such that the radiographer is physically present at the radiography site and in such proximity that communication can be maintained and immediate assistance given as required.

(5) "Radiographer" means any individual who performs or who, in attendance at the site where x-ray machines are being used, personally supervises industrial radiographic operations and who is responsible to the registrant for assuring compliance with the requirements of these regulations.

(6) "Radiographer's assistant" means any individual who, under the personal supervision of a radiographer, uses radiation machines, or radiation survey instruments in industrial radiography.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-020, filed 12/9/93, effective 1/9/94.]

WAC 246-227-040 Radiation survey instruments. (1) The registrant shall maintain sufficient calibrated and operable radiation survey instruments to make physical radiation surveys as required by this part and chapter 246-221 WAC. Instrumentation required by this section shall have a range such that two milliroentgens per hour through one roentgen per hour can be measured.

(2) Each radiation survey instrument shall be calibrated:

(a) At energies appropriate for use and at intervals not to exceed three months and after each instrument servicing;

(b) Such that accuracy within ± twenty percent traceable to a national standard can be demonstrated; and

(c) At two or more widely separated points, other than zero, on each scale.

(3) Records of these calibrations shall be maintained for three years after the most recent calibration date.

(4) The requirements of this section do not apply to registrants using only radiation machines in enclosed radiographic systems.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-040, filed 12/9/93, effective 1/9/94.]

WAC 246-227-050 Utilization and survey records. (1) Each registrant shall maintain records of the following information for three years after the date of each radiographic operation and shall maintain these records for inspection by the department:

(a) A description (or make and model number) of the radiation machine used along with the techniques utilized for each job;

(b) The identity of the radiographer and radiographer's assistant performing the work;

(c) Locations where used and dates of use;

(d) A physical radiation survey made of the boundary of the restricted area during radiographic operations. The maximum reading at the boundary shall be recorded. The records shall indicate approximate distance from source to boundaries and any occupied areas with exposure levels greater than 2 mR in any hour during radiographic operations; and

(e) The model and serial number of the survey meter used in (d) of this subsection.

(2) The requirements of subsection (1) of this section shall not apply in industrial radiography utilizing radiation machines in enclosed interlocked cabinets or rooms which are not occupied during radiographic operations, which are equipped with interlocks such that the radiation machine will not operate unless all openings are securely closed and which is so shielded that every location on the exterior meets conditions for an unrestricted area, as specified in WAC 246-221-060.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-050, filed 12/9/93, effective 1/9/94.]

WAC 246-227-060 Limitations—Personal radiation safety requirements for radiographers and radiographer's assistants. (1) No registrant shall permit any individual to act as a radiographer as defined in this chapter until such individual:

(a) Has been instructed in the subjects outlined in WAC 246-227-170;

(b) Has received copies of and instruction in the regulations contained in chapters 246-220, 246-222, 246-221 and 246-227 WAC, and the registrant's operating and emergency procedures, and shall have demonstrated understanding thereof;

(c) Has demonstrated competence to use the radiation machine and the radiation survey instruments which will be employed in the individual's assignment; and

(d) Has demonstrated understanding of the instructions in this paragraph by successful completion of written test or oral test on the subjects covered.

(2) No registrant shall permit any individual to act as a radiographer's assistant as defined in this part until such individual:

(a) Has received copies of an instruction in the registrant's operating and emergency procedures;

(b) Has demonstrated competence to use, under the personal supervision of the radiographer, the radiation survey

instruments which will be employed in the individual's assignment;

(c) Has demonstrated understanding of the instructions in this paragraph by successfully completing a written or oral test.

(3) Each registrant shall maintain records of training and testing which demonstrate that the requirements of subsections (1) and (2) of this section are met. These records shall be retained for at least one year following termination of employment.

(4) When a radiographer's assistant is using an x-ray machine, the radiographer shall maintain direct surveillance.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-060, filed 12/9/93, effective 1/9/94.]

WAC 246-227-070 Operating and emergency procedures. The registrant's operating and emergency procedures shall include instructions in at least the following:

(1) The handling and use of radiation machines to be employed such that no individual is likely to be exposed to radiation doses in excess of the limits established in chapter 246-221 WAC;

(2) Methods and occasions for conducting radiation surveys;

(3) Methods for controlling access to radiographic areas;

(4) Methods and occasions for locking or securing radiation machines;

(5) Personnel monitoring and the use of personnel monitoring equipment including steps that must be taken immediately by radiography personnel in the event a pocket dosimeter is found to be off-scale;

(6) The procedure for notifying proper personnel in the event of a theft, loss, overexposure or accident involving a radiation machine; and

(7) Maintenance of records.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-070, filed 12/9/93, effective 1/9/94.]

WAC 246-227-080 Personnel monitoring control. (1) No registrant shall permit any individual to act as a radiographer or as a radiographer's assistant unless, at all times during radiographic operations, each such individual shall wear a film or TLD badge and a direct reading pocket dosimeter. Pocket dosimeters shall be capable of measuring exposures from zero to at least two hundred milliroentgens. A film or TLD badge shall be assigned to and worn by only one individual.

(2) Pocket dosimeters shall be read and doses recorded daily. Pocket dosimeters shall be charged at the beginning of each working day. Pocket dosimeters shall be checked at least annually for correct response to radiation. Acceptable dosimeters shall read within ± thirty percent of the true radiation exposure. A film or TLD badge shall be immediately processed if a pocket dosimeter is discharged beyond its range during normal use. The film or TLD badge reports received from the film or TLD badge processor and records of pocket dosimeter readings shall be maintained until the department authorizes their disposal.

(3) The requirements for use of pocket dosimeter or pocket chamber shall not apply in industrial radiography utilizing radiation machines in enclosed interlocked cabinets or rooms which are not occupied during radiographic operations, which are equipped with interlocks such that the radiation machine will not operate unless all openings are securely closed and which are so shielded that every location on the exterior meets conditions for an unrestricted area, as specified in WAC 246-221-060.

(4) The requirement for film badges or TLDs do not apply to those users of cabinet x-ray systems which do not allow human access and which meet the requirements of WAC 246-227-130.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-080, filed 12/9/93, effective 1/9/94.]

WAC 246-227-090 Security—Precautionary procedures in radiographic operations. (1) During each radiographic operation, the radiographer or radiographer's assistant shall maintain a direct surveillance of the operation to protect against unauthorized entry into a high radiation area, as defined in chapter 246-220 WAC except:

(a) Where the high radiation area is equipped with a control device or alarm system as described in WAC 246-221-120 (1)(e)(ii); or

(b) Where the high radiation area is locked to protect against unauthorized or accidental entry.

(2) When not in operation or when not under direct surveillance, radiation machines shall be secured to prevent use by unauthorized personnel.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-090, filed 12/9/93, effective 1/9/94.]

WAC 246-227-095 Posting. Notwithstanding any provisions in WAC 246-221-130, areas in which radiography is being performed shall be conspicuously posted and access to the area shall be controlled as required by WAC 246-221-120. This requirement shall not apply to areas using enclosed radiography systems (cabinets) which do not allow human access and in which the requirements of WAC 246-221-060 are met at the surface of the cabinet.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-095, filed 12/9/93, effective 1/9/94.]

WAC 246-227-120 Other records required. Each registrant conducting industrial radiography shall have the following documents, where applicable, available on site for inspection by the department:

(1) Operating and emergency procedures;

(2) Applicable regulations;

(3) Survey records required pursuant to WAC 246-227-050;

(4) Daily pocket dosimeter records for the period of operation at the site pursuant to WAC 246-227-080; and

(5) Proof of the latest calibration for specific instruments in use at the site pursuant to WAC 246-227-040.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-120, filed 12/9/93, effective 1/9/94.]

WAC 246-227-130 Special requirements for enclosed radiography. (1) Shielded room radiography systems and cabinet systems shall:

(a) Comply with all applicable requirements of this chapter and WAC 246-221-060;

(b) Be interlocked such that the exposure will terminate if a door or port accessible to individuals is opened during the exposure, except for those systems employing conveyor belts or sample ports; and

(c) Be tested for the proper operation of interlocks, high radiation area control devices or alarm systems, where applicable, at the beginning of each day of use. The results of these tests shall be recorded and maintained for three years.

(2) The registrant shall perform an evaluation, at intervals not to exceed one year, to determine conformance with this chapter and WAC 246-221-060. Records of each evaluation shall be maintained for three years.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-130, filed 12/9/93, effective 1/9/94.]

WAC 246-227-150 Special requirements for permanent radiographic installation. Permanent radiographic installations having high radiation area entrance controls of the types described in WAC 246-221-102(1) or where the high radiation area is locked to protect against unauthorized or accidental entry, shall also meet the following special requirements:

(1) Each entrance that is used for personnel access to the high radiation area in a permanent radiographic installation to which this section applies shall have both visible and audible warning signals to warn of the presence of radiation. The visible signal shall be actuated by radiation whenever the x-rays are exposed. The audible signal shall be actuated when an attempt is made to enter the installation while x-rays are being generated.

(2) Both visible and audible alarm systems are required and shall be tested prior to the first use of a source in the installation and thereafter at intervals not to exceed three months. Records of the tests shall be kept for three years.

(3) The department shall review and approve, in advance of construction, plans for permanent radiographic installations whose construction had not commenced by the effective date of these regulations. Construction of the permanent facility shall be in accordance with the plans approved by the department.

(4) A physical radiation survey shall be conducted and results recorded following construction or major modification of the facility to be used in the installation. Radiography shall not be conducted if exposure levels in unrestricted areas are greater than 2mR in any hour. Any increase in output capability of radiation machines will require resurvey of the installation prior to the conduct of industrial radiography.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-150, filed 12/9/93, effective 1/9/94.]

WAC 246-227-170 Appendix A—Minimum subjects to be covered in training radiographers. (1) Fundamentals of radiation safety:

(a) Characteristics of ionizing radiation;

(b) Units of radiation dose (mrem) and quantity of radioactivity (curie);

(c) Hazards of exposure to radiation:

(i) Radiation protection standards;

(ii) Biological effects of radiation dose;

(d) Levels of radiation from x-ray machines;

(e) Methods of controlling radiation dose:

(i) Working time;

(ii) Working distances;

(iii) Shielding.

(2) Radiation detection instrumentation to be used:

(a) Use of radiation survey instruments:

(i) Operation;

(ii) Calibration;

(iii) Limitations;

(b) Survey techniques;

(c) Use of personnel monitoring equipment:

(i) Film badges;

(ii) Pocket dosimeters;

(iii) Thermoluminescent dosimeters.

(3) Operation and control of x-ray equipment.

(4) The requirements of pertinent federal and state regulations.

(5) The registrant's written operating and emergency procedures.

(6) Case histories of radiography accidents.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-227-170, filed 12/9/93, effective 1/9/94.]

Chapter 246-235 WAC
RADIOACTIVE MATERIALS—SPECIFIC LICENSES

WAC

246-235-055 Precedence of license condition over regulation.
246-235-130 Appendix—General laboratory rules for safe use of unsealed sources.

WAC 246-235-055 Precedence of license condition over regulation. (1) A license condition may be used to specifically modify any regulation pertaining to the possession, use, storage, transfer, or disposal of radioactive material. Any license condition used to modify an existing regulation shall set forth the title, chapter, section, and, where applicable, any subsection and paragraph numbers for the regulation being modified, and fully define the nature and extent of the modification.

(2) In the event a regulation is changed, an existing license condition that is more restrictive than the new regulation remains in force until there is an amendment or renewal of the license that removes or modifies the license condition.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-235-055, filed 12/9/93, effective 1/9/94.]

WAC 246-235-130 Appendix—General laboratory rules for safe use of unsealed sources. (1) In addition to the requirements set forth in WAC 246-235-020, a specific licensee who uses unsealed, unplated and/or liquid sources shall possess adequate facilities including ventilation systems which are compatible with the proposed uses: and,

(2) Possess, use, and store, radioactive materials in accordance with, but not limited to, the following:

(a) Receive, handle, and store radioactive materials only at specifically designated locations within the applicant's facility. Vessels containing radioactive material must be labeled as required by chapter 246-221 WAC.

(b) Wear disposable gloves at all times when handling dispersible radioactive material or potentially contaminated items.

(c) Wear personnel monitoring devices (film badge and/or TLD), when required, at all times when working with, or in the vicinity of, radioactive materials. Extremity doses shall be considered in evaluating the need for separate extremity dosimeters. Extremity dosimetry should be worn when working with millicurie or greater quantities of material (excluding low energy beta emitters and pure alpha emitters). Monitoring devices, when not in use, shall be stored only in a designated low-background area. Calculations based on whole body badge results for photon emitters may be used in lieu of separate extremity dosimeters.

(d) Use remote tools, lead shields, lead-glass shields, and/or plexiglass shields as appropriate.

(e) Prohibit eating, chewing, drinking, smoking, and application of cosmetics in any area where radioactive material is used or stored.

(f) Do not store food, drink or personal effects in any area, container, or refrigerator designated for radioactive materials use or storage.

(g) Do not pipette radioactive materials or perform any similar operation by employing mouth suction.

(h) Use disposable absorbent material with impervious backing to cover work surfaces where spillage is possible.

(i) Properly dress and protect open wounds on exposed body surfaces before working with radioactive materials.

(j) Wear laboratory coats when working with radioactive material. Potentially contaminated laboratory coats shall not be worn outside the immediate work area.

(k) Nuclides in gaseous or volatile form, or with a high potential for volatilization shall be used only in areas with adequate ventilation systems.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-235-130, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-235-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-235-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-22-240, filed 12/11/86; 83-19-050 (Order 2026), § 402-22-240, filed 9/16/83.]

Chapter 246-243 WAC
RADIATION PROTECTION—INDUSTRIAL RADIOGRAPHY

WAC

246-243-010 Scope.
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246-243-220 Special requirements for permanent radiographic installation.
246-243-230 Appendix A—Minimum subjects to be covered in training radiographers.
246-243-240 Appendix B—General guidelines for inspection of radiography equipment.

WAC 246-243-010 Scope. The regulations in this chapter apply to all licensees who use sources of radiation for industrial radiography: *Provided, however,* That nothing in this part shall apply to the use of sources of radiation in the healing arts.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-010, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-010, filed 12/27/90, effective 1/31/91; Order 1084, § 402-36-020, filed 1/14/76; Order 1, § 402-36-020, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-020 Definitions. As used in this part:

(1) "Enclosed radiography" means industrial radiography employing radiographic exposure devices conducted in an enclosed cabinet or room and includes cabinet radiography and shielded room radiography.

(a) "Cabinet radiography" means industrial radiography employing radiographic exposure devices conducted in an enclosure or cabinet so shielded that every location at the exterior meets the conditions specified in WAC 246-221-060 of these regulations.

(b) "Shielded-room radiography" means industrial radiography conducted in a room so shielded that every location on the exterior meets the conditions specified in WAC 246-221-060 of these regulations.

(2) "Industrial radiography" means the examination of the macroscopic structure of materials by nondestructive methods utilizing sources of radiation. Industrial radiography as used in this chapter does not include well logging operations.

(3) "Permanent radiographic installation" means a shielded installation or structure designed or intended for radiography employing a radiographic exposure device and in which radiography is regularly performed, regardless of ownership.

(4) "Personal supervision" means supervision by a radiographer such that the radiographer is physically present at the radiography site and in such proximity that communication can be maintained and immediate assistance given as required. When a radiographer's assistant is using or handling sources of radiation, the radiographer must maintain direct surveillance.

(5) "Radiographer" means any individual who performs or who, in attendance at the site where sources of radiation are being used, personally supervises industrial radiographic

operations and who is responsible to the licensee for assuring compliance with the requirements of these regulations and all license conditions.

(6) "Radiographer's assistant" means any individual who, under the personal supervision of a radiographer, uses sources of radiation, related handling tools, or radiation survey instruments in industrial radiography.

(7) "Radiographic exposure device" means any instrument containing a sealed source fastened or contained therein, in which the sealed source or shielding thereof may be moved, or otherwise changed, from a shielded to unshielded position for purposes of making a radiographic exposure.

(8) "Shielded position" means the location within the radiographic exposure device or storage container which, by manufacturer's design, is the proper location for storage of the sealed source.

(9) "Source changer" means a device designed and used for replacement of sealed sources in radiographic exposure devices, including those also used for transporting and storage of sealed sources.

(10) "Storage container" means a device in which sealed sources are transported or stored.

(11) Temporary job site refers to any location which is not specifically authorized and described in a license.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-020, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-020, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-025, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-025, filed 12/8/80; Order 1084, § 402-36-025, filed 1/14/76.]

WAC 246-243-040 Equipment control. (1) Equipment used in industrial radiography operations must meet the following criteria, the following requirements apply to radiographic exposure devices and associated equipment that allow the source to be moved out of the device for routine operation:

(a) The coupling between the source assembly and the control cable must be designed in such a manner that the source assembly will not become disconnected if cranked outside the guide tube. The coupling must be such that it can not be unintentionally disconnected under normal and reasonably foreseeable abnormal conditions.

(b) The device must automatically secure the source assembly when it is cranked back into the fully shielded position within the device. The securing system may only be released by means of a deliberate operation on the exposure device.

(c) The outlet fittings, lock box, and drive cable fitting on each radiographic exposure device must be equipped with safety plugs or covers which must be installed during storage and transportation to protect the source assembly from water, mud, sand, or other foreign matter.

(d) The guide tube must have passed the crushing tests for the control tube as specified in ANSI N432 and a kinking resistance test that closely approximates the kinking forces likely to be encountered during use.

(e) Guide tubes or exposure heads connected directly to the device must be used when moving the source out of the device.

(f) An exposure head or similar device designed to protect the source assembly from passing out of the end of the guide tube must be attached to the outermost end of the guide tube during radiographic operations. The guide tube exposure head connection must be able to withstand the tensile test for control units specified in ANSI N432.

(g) Source changers must provide a system for assuring that the source will not be accidentally withdrawn from the changer when connecting or disconnecting the drive cable to or from a source assembly.

(h) All newly manufactured radiographic exposure devices and associated equipment acquired by licenses after January 1, 1995, must comply with the requirements of this section.

(i) All radiographic exposure devices and associated equipment in use after January 1, 1998, must comply with the requirements of this section.

(2) Limits on levels of radiation for radiographic exposure devices and storage containers:

(a) Radiographic exposure devices measuring less than four inches from the sealed source storage position to any exterior surface of the device shall have no radiation level in excess of fifty milliroentgens per hour (50mR/hr) at six inches from any exterior surface of the device.

(b) Radiographic exposure devices measuring a minimum of four inches from the sealed source storage position to any exterior surface of the device, and all storage containers for sealed sources or outer containers for radiographic exposure devices, shall have no radiation level in excess of two hundred milliroentgens per hour (200mR/hr) at any exterior surface, and ten milliroentgens per hour (10mR/hr) at one meter from any exterior surface.

(c) The radiation levels specified are with the sealed source in the shielded (i.e., "off") position.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-040, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-030, filed 12/8/80; Order 1084, § 402-36-030, filed 1/14/76; Order 1, § 402-36-030, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-070 Storage precautions. (1) Locked radiographic exposure devices and storage containers shall be physically secured to prevent tampering or removal by unauthorized personnel.

(2) At least one calibrated and operable radiation survey instrument shall be available at the storage area whenever a radiographic exposure device, a storage container, or source is being placed in storage.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-070, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-050, filed 12/8/80; Order 1084, § 402-36-050, filed 1/14/76; Order 1, § 402-36-050, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-080 Radiation survey instruments. (1) The licensee shall maintain sufficient calibrated and operable radiation survey instruments to make physical radiation surveys as required by this part and chapter 246-221 WAC. Instrumentation required by this section shall

have a range such that two milliroentgens per hour through one roentgen per hour can be measured.

(2) Each radiation survey instrument shall be calibrated:

(a) At energies appropriate for use and at intervals not to exceed three months and after each instrument servicing;

(b) Such that accuracy within ± 20 percent traceable to a national standard can be demonstrated; and

(c) At two or more widely separated points, other than zero,

on each scale.

(3) Records shall be maintained of these calibrations for three years after the calibration date for inspection by the department.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-080, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-080, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-060, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-060, filed 12/8/80; Order 1084, § 402-36-060, filed 1/14/76; Order 1, § 402-36-060, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-090 Leak testing, repair, tagging, opening, modification, and replacement of sealed sources. (1) The replacement of any sealed source fastened to or contained in a radiographic exposure device and leak testing, repair, tagging, opening, or any other modification of any sealed source shall be performed only by persons specifically authorized to do so by the department, the United States Nuclear Regulatory Commission, or any agreement state.

(2) Each sealed source shall be tested for leakage at intervals not to exceed six months. In the absence of a certificate from a transferor that a test has been made within the six-month period prior to the transfer, the sealed source shall not be put into use until tested and results obtained.

(3) The leak test shall be capable of detecting the presence of 185 becquerels (0.005 microcurie) of removable contamination on the sealed source. An acceptable leak test for sealed sources in the possession of a radiography licensee would be to test at the nearest accessible point to the sealed source storage position, or other appropriate measuring point, by a procedure specifically approved in a license condition. Records of leak test results shall be kept in units of microcuries and maintained for inspection by the department for three years after the leak test is performed.

(4) Any test conducted pursuant to subsections (2) and (3) of this section which reveals the presence of 185 becquerels (0.005 microcurie) or more of removable radioactive material shall be considered evidence that the sealed source is leaking. The licensee shall immediately withdraw the equipment involved from use and shall cause it to be decontaminated and repaired or to be disposed in accordance with regulations of the department. Within five days after obtaining results of the test, the licensee shall file a report with the department describing the involved equipment, the test results, and the corrective action taken.

(5) A sealed source which is not fastened to or contained in a radiographic exposure device shall have permanently attached to it a durable tag at least one inch square bearing the prescribed radiation caution symbol in conventional colors magenta or purple on a yellow background, and at least the instructions: "Danger - Radioactive Material - Do not handle - Notify civil authorities if found."

(6) Each radiographic exposure device shall have permanently and conspicuously attached to it a durable label at least two inches square bearing the prescribed radiation caution symbol in conventional colors (magenta or purple on a yellow background), and at a minimum the instructions, "Danger - Radioactive Material - Do not handle - Notify civil authorities if found."

(7) Each radiographic exposure device must have attached to it by the user, a durable, legible, clearly visible label bearing the following:

(a) Chemical symbol and mass number of the radionuclide in the device;

(b) Activity and the date on which this activity was last measured;

(c) Model number and serial number of the sealed source;

(d) Manufacturer of the sealed source; and

(e) Licensee's name, address, and telephone number.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-090, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-090, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-36-070, filed 12/11/86; 83-19-050 (Order 2026), § 402-36-070, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-070, filed 12/8/80; Order 1084, § 402-36-070, filed 1/14/76; Order 1, § 402-36-070, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-100 Quarterly inventory. Each licensee shall conduct a quarterly physical inventory to account for all sealed sources received or possessed. The records of the inventories shall be maintained for three years from the date of inventory for inspection by the department and shall include:

(1) Exposure device or source changer make, model, and serial number;

(2) Sealed source serial number and manufacturer;

(3) Radionuclide and current activity;

(4) Location of device/changer;

(5) Date of inventory;

(6) Name of person who performed inventory.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-100, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-080, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-080, filed 12/8/80; Order 1084, § 402-36-080, filed 1/14/76; Order 1, § 402-36-080, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-110 Utilization logs. (1) Each licensee shall maintain current logs, which shall be kept available for inspection by the department for three years from the date of the recorded event, at the address specified in the license showing for each radiation exposure device the following information:

(a) A description (or make and model number) of each radiation exposure device or storage container in which the sealed source is located:

(b) The identity of the radiographer to whom assigned; and

(c) Locations where used and dates of use.

(2) A separately identified utilization log is not required if the equivalent information is available in records of the licensee and available at the address specified in the license.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-110, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-110, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-090, filed 12/8/80; Order 1084, § 402-36-090, filed 1/14/76; Order 1, § 402-36-090, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-120 Inspection and maintenance of radiographic exposure devices, control cables, storage containers and source changers. (1) The licensee shall conduct a program for inspection and maintenance of radiographic exposure devices, storage containers, control units (to include cables), and source changers at intervals, not to exceed three months or prior to first use thereafter to assure proper functioning of components important to safety. Records of these inspections and maintenance shall be kept for three years.

(2) The licensee shall check for obvious defects in radiographic exposure devices, storage containers, control assemblies, and source changers prior to use each day the equipment is used.

(3) The licensee's program shall include a thorough visual inspection for corrosion, and specific maintenance procedures that address corrosion removal and prevention.

(4) If any inspection conducted pursuant to subsections (1) or (2) of this section reveals damage to components critical to radiation safety, the device shall be removed from service until proper repairs have been made.

(5) Any maintenance performed on radiographic exposure devices and accessories shall be in accordance with the manufacturer's specifications.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-120, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-120, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-095, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-095, filed 12/8/80; Order 1084, § 402-36-095, filed 1/14/76.]

WAC 246-243-130 Limitations—Personal radiation safety requirements for radiographers and radiographers' assistants. (1) No licensee shall permit any individual to act as a radiographer as defined in this chapter until such individual:

(a) Has been instructed in the subjects outlined in WAC 246-243-230;

(b) Has received copies of and instruction in the regulations contained in chapters 246-220, 246-222, 246-221, and 246-243 WAC and the applicable sections of appropriate license(s), and the licensee's operating and emergency procedures, and shall have demonstrated understanding thereof;

(c) Has demonstrated competence to use the source of radiation, related handling tools, and radiation survey instruments which will be employed in the individual's assignment; and

(d) Has demonstrated understanding of the instructions in this paragraph by successful completion of written test and a field examination on the subjects covered.

(2) No licensee shall permit any individual to act as a radiographer's assistant as defined in this part until such individual:

(a) Has received copies of and instruction in the licensee's operating and emergency procedures;

(b) Has demonstrated competence to use under the personal supervision of the radiographer the sources of radiation, related handling tools, and radiation survey instruments which will be employed in the individual's assignment;

(c) Has demonstrated understanding of the instructions in this paragraph by successfully completing a written or oral test and a field examination on the subjects covered; and

(d) Records of the above training including copies of written tests and dates of oral tests and field examinations shall be maintained for at least one year following termination of employment.

(3) Each licensee shall maintain, for inspection by the department, records of training and testing which demonstrate that the requirements of subsections (1) and (2) of this section and WAC 246-235-080 (5)(a) are met.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-130, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-130, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-130, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-100, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-100, filed 12/8/80; Order 1084, § 402-36-100, filed 1/14/76; Order 1, § 402-36-100, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-140 Operating and emergency procedures. The licensee's operating and emergency procedures shall include instructions in at least the following:

(1) The handling and use of sources of radiation to be employed such that no individual is likely to be exposed to radiation doses in excess of the limits established in chapter 246-221 WAC Standards for protection against radiation;

(2) Methods and occasions for conducting radiation surveys;

(3) Methods for controlling access to radiographic areas;

(4) Methods and occasions for locking and securing sources of radiation;

(5) Personnel monitoring and the use of personnel monitoring equipment including steps that must be taken immediately by radiography personnel in the event a pocket dosimeter is found to be off-scale;

(6) Transportation to field locations, including packing of sources of radiation in the vehicles, posting of vehicles, and control of sources of radiation during transportation;

(7) Minimizing exposure of individuals in the event of an accident;

(8) Notifying proper personnel in the event of a theft, loss, overexposure or accident involving sources of radiation;

(9) Maintenance of records;

(10) The inspection and maintenance of radiographic exposure devices and storage containers; and

(11) Identifying and reporting defects and noncompliance as required by these regulations.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-140, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-140, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-110, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-110, filed 12/8/80; Order 1084, § 402-36-110, filed 1/14/76; Order 708, § 402-36-110, filed 8/24/72; Order 1, § 402-36-110, filed 7/2/71; Order 1, § 402-36-110, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-150 Personnel monitoring control. (1) No licensee shall permit any individual to act as a radiographer or as a radiographer's assistant unless, at all times during radiographic operations, each such individual shall wear a film or TLD badge, a direct reading pocket dosimeter, and an alarming rate meter. In permanent facilities where other appropriate alarming or warning devices are in routine use, the wearing of an alarming rate meter is not required. Pocket dosimeters shall be capable of measuring exposures from zero to at least 200 milliroentgens. A film or TLD badge shall be assigned to and worn by only one individual.

(2)(a) Pocket dosimeters shall be read and exposures recorded daily. Pocket dosimeters shall be charged at the beginning of each working day. Pocket dosimeters shall be checked annually at periods not to exceed thirteen months for correct response to radiation. Acceptable dosimeters shall read within plus or minus twenty percent of the true radiation exposure.

(b) Each alarming rate meter must:

(i) Be checked to ensure that the alarm functions properly (sounds) prior to use at the start of each shift;

(ii) Be set to give an alarm signal at a maximum preset rate of 500 mR/hr.;

(iii) Require special means to change the preset alarm functions; and

(iv) Be calibrated annually at periods not to exceed thirteen months for correct response to radiation: Acceptable rate meters must alarm within plus or minus twenty percent of the true radiation exposure rate.

(c) A film or TLD badge shall be immediately processed if a pocket dosimeter is discharged beyond its range during normal use. The film or TLD badge reports received from the film or TLD badge processor and records of pocket dosimeter readings shall be maintained for inspection by the department until it authorizes their disposal.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-150, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-150, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-150, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-120, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-120, filed 12/8/80; Order 1084, § 402-36-120, filed 1/14/76; Order 1, § 402-36-120, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-160 Supervision of radiographers' assistants. Whenever a radiographer's assistant uses radiographic exposure devices, uses sealed sources or related source handling tools, or conducts radiation surveys required by WAC 246-243-190 (2), (3), (4), or (5) to determine that the sealed source has returned to the shielded position after an exposure, he or she shall be under the personal supervision of a radiographer, as defined in WAC 246-243-020. Personal supervision shall include (1) the radiographer's personal presence at the site where the sealed sources are being used, (2) the ability of the radiographer to communicate and give immediate assistance if required, and (3) the radiographer's ability to observe the performance of his/her assistant during the operations referred to in this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-160, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-160, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-160, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-125, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-125, filed 12/8/80.]

WAC 246-243-170 Security—Precautionary procedures in radiographic operations. (1) During each radiographic operation, the radiographer or radiographer's assistant shall maintain a direct surveillance of the operation to protect against unauthorized entry into a high radiation area, as defined in chapter 246-220 WAC except:

(a) Where the high radiation area is equipped with a control device or alarm system as described in WAC 246-221-102(1); or

(b) Where the high radiation area is locked to protect against unauthorized or accidental entry.

(2) When not in operation or when not under direct surveillance, portable radiation exposure devices shall be physically secured to prevent removal by unauthorized personnel.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-170, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-170, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-170, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-130, filed 12/8/80; Order 1084, § 402-36-130, filed 1/14/76; Order 1, § 402-36-130, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-180 Posting. Notwithstanding any provisions in paragraph WAC 246-221-130 areas in which radiography is being performed or in which a radiographic exposure device is being stored shall be conspicuously posted and access to the area shall be controlled as required by WAC 246-221-120 and 246-221-102(1).

(1) All potential radiation areas where industrial radiographic operations are to be performed shall be posted based on calculated or estimated exposure rates before industrial radiography operations begin.

(2) Each time the exposure device is relocated and/or the exposed position of the sealed source is changed, the requirements of subsection (1) of this section shall be met.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-180, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-180, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-180, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-140, filed 12/8/80; Order 1084, § 402-36-140, filed 1/14/76; Order 1, § 402-36-140, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-190 Radiation surveys and survey records. (1) No radiographic operation shall be conducted

unless calibrated and operable radiation survey instrumentation as described in WAC 246-243-080 is available and used at each site where radiographic operations are being performed and at the storage area whenever a radiographic exposure device, a storage container, or source is being placed in storage.

(2) A physical radiation survey shall be made after each radiographic exposure utilizing radiographic exposure devices or sealed sources of radioactive material to determine that the sealed source has been returned to its shielded position. The horizontal circumference of the radiographic exposure device shall be surveyed. If the radiographic exposure device has a source guide tube, the survey shall include the guide tube.

(3) A physical radiation survey shall be made to determine that each sealed source is in its shielded condition prior to securing the radiographic exposure device or storage container as specified in WAC 246-243-060. The horizontal circumference of the radiographic exposure device shall be surveyed. If the radiographic exposure device has a source guide tube, the survey shall include the guide tube.

(4) A physical radiation survey shall be made of the boundary of the restricted area during radiographic operations not employing shielded room radiography. The maximum survey reading at the boundary shall be recorded. The records shall indicate approximate distance from source to boundaries, whether or not the exposed source is collimated and any occupied areas with exposure levels greater than 2 mR in any hour during radiographic operations.

(5) A survey with a calibrated and operable survey instrument shall be made any time a radiographic exposure device is placed into the storage area to ensure that the sealed source is in its shielded position. The horizontal circumference of the radiographic exposure device with emphasis on the source exit port must be surveyed.

(6) Records required by subsections (3), (4), and (5) of this section shall include the model and serial number of the survey meter used and shall be maintained for inspection by the department for three years after completion of the survey. If the survey was used to determine an individual's exposure, however, the records of the survey shall be maintained until the department authorizes their disposition.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-190, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 92-06-008 (Order 245), § 246-243-190, filed 2/21/92, effective 3/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-190, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-150, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-150, filed 12/8/80; Order 1084, § 402-36-150, filed 1/14/76; Order 1, § 402-36-150, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-195 Reporting. (1) In addition to the reporting requirements specified in other sections of the regulations, each licensee shall provide a written report to the department within thirty days of the occurrence of any of the following incidents involving radiographic equipment:

(a) Unintentional disconnection of the source assembly from the control cable.

(b) Inability to retract the source assembly to its fully shielded position and secure it in this position.

(c) Failure of any component (critical to safe operation of the device) to properly perform its intended function.

(2) The licensee shall include the following information in each report submitted under subsection (1) of the section.

(a) A description of the equipment problem;

(b) Cause of each incident, if known;

(c) Manufacturer and model number of equipment involved in the incident;

(d) Place, time, and date of incident;

(e) Actions taken to reestablish normal operations;

(f) Corrective actions taken or planned to prevent recurrence;

(g) Qualifications of personnel involved in the incident.

(3) Reports of overexposure submitted under WAC 246-221-260 which involve failure of safety components of radiographic equipment must also include the information specified in subsection (2) of this section.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-195, filed 12/9/93, effective 1/9/94.]

WAC 246-243-200 Records required at temporary job sites. Each licensee conducting radiographic operations at a temporary site shall have the following records available at that site for inspection by the department:

(1) Appropriate license;

(2) Operating and emergency procedures;

(3) Applicable regulations;

(4) Survey records required pursuant to WAC 246-243-190 for the period of operation at the site;

(5) Daily pocket dosimeter records for the period of operation at the site;

(6) The latest instrument calibration and leak test record for specific devices in use at the site.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-200, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-200, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-153, filed 12/8/80.]

WAC 246-243-205 Temporary job site notification. (1) Each licensee shall provide notification to the department as required by the department, preferably twenty-four hours but no later than two hours, prior to beginning radiographic operations at a temporary job site. The notification will be given by using the prescribed 1-800 telephone notification system. The notification shall include:

(a) Name and office telephone number of the licensee;

(b) Radioactive materials license number;

(c) Address or directions to the temporary job site;

(d) Specific date(s), time(s), and duration of expected radiographic operations;

(e) Names of radiographers and, if applicable, radiographer assistants taking part in the radiographic operations; and

(f) Name and telephone number of a contact person at the temporary job site.

(2) In the event that operations at a temporary job site continue for longer than thirty days, the licensee will renotify the department, as required by subsection (1) of this section, each succeeding month.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-205, filed 12/9/93, effective 1/9/94.]

WAC 246-243-210 Special requirements for enclosed radiography. (1) Radiographic exposure device systems designed to exclude individuals during radiography are exempt from the requirements of chapter 246-243 WAC except that:

(a) Operating personnel must be provided with either a film badge or a thermoluminescent dosimeter and reports of the results must be maintained for inspection by the department.

(b) No licensee shall permit any individual to operate radiographic exposure device systems until such individual has received a copy of and instruction in the operating procedures for the unit and has demonstrated competence in its use. Records which demonstrate compliance with this subparagraph shall be maintained for inspection by the department until disposition is authorized by the department.

(c) Tests for proper operation of high radiation area control devices or alarm systems, where applicable, must be conducted at the beginning of each day of use and recorded.

(d) The licensee shall perform an evaluation, at intervals not to exceed one year, to determine conformance with WAC 246-221-060 of these regulations.

Records of these evaluations shall be maintained for inspection by the department for a period of three years after the evaluation.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-210, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-210, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-155, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-155, filed 12/8/80; Order 1084, § 402-36-155, filed 1/14/76.]

WAC 246-243-220 Special requirements for permanent radiographic installation. Permanent radiographic installations having high radiation area entrance controls of the types described in WAC 246-221-102(1) or where the high radiation area is locked to protect against unauthorized or accidental entry, shall also meet the following special requirements.

(1) Each entrance that is used for personnel access to the high radiation area in a permanent radiographic installation to which this section applies shall have both visible and audible warning signals to warn of the presence of radiation. The visible signal shall be actuated by radiation whenever the source is exposed. The audible signal shall be actuated when an attempt is made to enter the installation while the source is exposed.

(2) Both visible and audible alarm systems are required and shall be tested prior to the first use of a source in the installation and thereafter at intervals not to exceed three months. Records of the tests shall be kept for three years.

(3) The department shall review and approve, in advance of construction, plans for permanent radiographic installations whose construction had not commenced by the effective date of these regulations. Construction of the permanent facility shall be in accordance with the plans approved by the department.

(4) A physical radiation survey shall be conducted and results recorded following construction or major modification of the facility to be used in the installation. Radiography shall not be conducted if exposure levels in unrestricted areas are greater than 2 mR in any hour. Any increase in source strength will require resurvey of the installation prior to the conduct of industrial radiography.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-220, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-15-112 (Order 184), § 246-243-220, filed 7/24/91, effective 8/24/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-220, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-157, filed 9/16/83. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-157, filed 12/8/80.]

WAC 246-243-230 Appendix A—Minimum subjects to be covered in training radiographers. (1) *Fundamentals of radiation safety*

(a) Characteristics of ionizing radiation

(b) Units of radiation dose (mrem) and quantity of radioactivity (curie)

(c) Hazards of exposure to radiation

(i) Radiation protection standards

(ii) Biological effects of radiation dose

(d) Levels of radiation from sources of radiation

(e) Methods of controlling radiation dose

(i) Working time

(ii) Working distances

(iii) Shielding

(2) *Radiation detection instrumentation to be used*

(a) Use of radiation survey instruments

(i) Operation

(ii) Calibration

(iii) Limitations

(b) Survey techniques

(c) Use of personnel monitoring equipment

(i) Film badges

(ii) Pocket dosimeters

(iii) Thermoluminescent dosimeters

(iv) Alarming rate meters

(3) *Radiographic equipment to be used*

(a) Remote handling equipment

(b) Radiographic exposure devices and sealed sources

(c) Storage containers

(4) *The requirements of pertinent federal and state regulations*

(5) *The licensee's written operating and emergency procedures*

(6) *Case histories of radiography accidents.*

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-230, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.050. 81-01-011 (Order 1570), § 402-36-160, filed 12/8/80; Order 1084, § 402-36-160, filed 1/14/76; Order 1, § 402-36-160, filed 1/8/69; Rules (part), filed 10/26/66.]

WAC 246-243-240 Appendix B—General guidelines for inspection of radiography equipment. (1) Panoramic devices (devices in which the source is physically removed from shielded container during exposure) should be inspected for:

(a) Radiographic exposure unit;

(i) Abnormal surface radiation levels anywhere on camera;

(ii) Condition of safety plugs;

(iii) Proper operation of locking mechanism;
(iv) Condition of pigtail connector;
(v) Alignment of "S" tube with exit port;
(vi) Condition of carrying device (straps, handle, etc.);
(vii) Proper labeling;
(b) Source tube;
(i) Rust, corrosion, dirt, or sludge buildup inside the source tube;
(ii) Condition of source tube connector;
(iii) Condition of source stop;
(iv) Kinks or damage that could prevent proper operation;
(c) Control cables and drive mechanism;
(i) Proper drive mechanism for this camera, if appropriate;
(ii) Changes in general operating characteristics;
(iii) Condition of connector on drive cable;
(iv) Drive cable flexibility, wear, and rust;
(v) Excessive wear or damage to crank assembly parts;
(vi) Damage to drive cable conduit that could prevent the cable from moving freely;
(vii) Connection of the control cable connector with the pigtail connector for proper mating;
(viii) Proper operation of source position indicator, if applicable.
(2) Directional beam devices should be inspected for:
(a) Abnormal surface radiation;
(b) Changes in the general operating characteristics of the unit;
(c) Proper operation of shutter mechanism;
(d) Chafing or binding of shutter mechanism;
(e) Damage to the device which might impair its operation;
(f) Proper operation of locking mechanism;
(g) Proper drive mechanism with this camera, if appropriate;
(h) Condition of carrying device (strap, handle, etc.);
(i) Proper labeling.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-243-240, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-243-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 83-19-050 (Order 2026), § 402-36-165, filed 9/16/83.]

Chapter 246-250 WAC
RADIOACTIVE WASTE—LICENSING LAND DISPOSAL

WAC
246-250-001 Purpose and scope.

WAC 246-250-001 Purpose and scope. (1) The regulations in this chapter establish procedures, criteria, and terms and conditions upon which the department issues licenses for land disposal of low-level radioactive wastes received from other persons. (Applicability of the requirements in this chapter to department licenses for waste disposal facilities in effect on the effective date of this regulation will be determined on a case-by-case basis and implemented through terms and conditions of the license or by orders issued by the department.) The requirements of this chapter are in addition to, and not in substitution for, other applicable requirements of these regulations or other state regulations.

(2) The regulations in this chapter do not apply to disposal of tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore where the tailings or wastes result in quantities greater than 10,000 kilograms and containing more than 185 mega becquerels (five millicuries) of radium 226, or disposal of waste provided in WAC 246-221-070, 246-221-190, or 246-221-200.

(3) This chapter establishes procedural requirements and performance objectives applicable to any method of land disposal. It establishes specific technical requirements for near-surface disposal of radioactive waste which involves disposal in the uppermost portion of the earth.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-250-001, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-250-001, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-250-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-61-010, filed 12/11/86.]

Chapter 246-252 WAC
RADIATION PROTECTION—URANIUM AND/OR THORIUM MILLING

WAC
246-252-030 Criteria related to disposition of uranium mill tailings or wastes.

WAC 246-252-030 Criteria related to disposition of uranium mill tailings or wastes. As used in this section, the term "as low as reasonably achievable" has the same meaning as in WAC 246-220-007. The term by-product material means the tailings or wastes produced by the extraction or concentration of uranium or thorium from any ore processed primarily for its source material content.

As required by WAC 246-235-110(6), each applicant for a license to possess and use source material in conjunction with uranium or thorium milling, or by-product material at sites formerly associated with such milling, is required to include in a license application proposed specifications relating to the milling operation and the disposition of tailings or waste resulting from such milling activities. This section establishes criteria relating to the siting, operation, decontamination, decommissioning, and reclamation of mills and tailings or waste systems and sites at which such mills and systems are located and site and by-product material ownership. Applications must clearly demonstrate how these criteria have been addressed. The specifications shall be developed considering the expected full capacity of tailings or waste systems and the lifetime of mill operations. Where later expansions of systems or operations may be likely, the amenability of the disposal system to accommodate increased capacities without degradation in long-term stability and other performance factors shall be evaluated.

Licensees or applicants may propose alternatives to the specific requirements in these criteria. The alternative proposals may take into account local or regional conditions, including geology, topography, hydrology, and meteorology. The department may find that the proposed alternatives meet

the department's requirements if the alternatives will achieve a level of stabilization and containment of the sites concerned; and a level of protection for public health, safety, and the environment from radiological and nonradiological hazards associated with the sites, which is equivalent to, to the extent practicable, or more stringent than the level which would be achieved by the requirements of the standards promulgated by the United States Environmental Protection Agency in 40 CFR 192, Subparts D and E.

(1) Criterion 1 - In selecting among alternative tailings disposal sites or judging the adequacy of existing tailings sites, the following site features which would contribute to meeting the broad objective of permanent isolation of the tailings and associated contaminants from man and the environment for one thousand years to the extent reasonably achievable, and in any case, for at least two hundred years without ongoing active maintenance shall be considered:

(a) Remoteness from populated areas;

(b) Hydrogeologic and other environmental conditions conducive to continued immobilization and isolation of contaminants from groundwater sources; and

(c) Potential for minimizing erosion, disturbance, and dispersion by natural forces over the long term.

The site selection process must be an optimization to the maximum extent reasonably achievable in terms of these features.

In the selection of disposal sites, primary emphasis shall be given to isolation of tailings or wastes, a matter having long-term impacts, as opposed to consideration only of short-term convenience or benefits, such as minimization of transportation or land acquisition costs. While isolation of tailings will be a function of both site characteristics and engineering design, overriding consideration shall be given to siting features given the long-term nature of the tailings hazards.

Tailings shall be disposed in a manner such that no active maintenance is required to preserve the condition of the site.

(2) Criterion 2 - To avoid proliferation of small waste disposal sites, by-product material from in-situ extraction operations, such as residues from solution evaporation or contaminated control processes, and wastes from small remote above ground extraction operations shall be disposed at existing large mill tailings disposal sites; unless, considering the nature of the wastes, such as their volume and specific activity and the costs and environmental impacts of transporting the wastes to a large disposal site, such offsite disposal is demonstrated to be impracticable or the advantage of onsite burial clearly outweighs the benefits of reducing the perpetual surveillance obligations.

(3) Criterion 3 - The "prime option" for disposal of tailings is placement below grade, either in mines or specially excavated pits (that is, where the need for any specially constructed retention structure is eliminated).

The evaluation of alternative sites and disposal methods performed by mill operators in support of their proposed tailings disposal program (provided in applicants' environmental reports) shall reflect serious consideration of this disposal mode. In some instances, below grade disposal may not be the most environmentally sound approach, such as might be the case if a groundwater formation is relatively close to the surface or not very well isolated by overlying soils and rock. Also, geologic and topographic conditions might make full, below grade burial impracticable; for example, near-surface bedrock could create prominent excavation costs while more suitable alternate sites may be available. Where full below grade burial is not practicable, the size of the retention structures, and the size and steepness of slopes of associated exposed embankments, shall be minimized by excavation to the maximum extent reasonably achievable or appropriate, given the geologic and hydrogeologic conditions at a site. In these cases, it must be demonstrated that an above-grade disposal program will provide reasonably equivalent isolation of the tailings from natural erosional forces.

(4) Criterion 4 - The following site and design criteria shall be adhered to whether tailings or wastes are disposed of above or below grade:

(a) Upstream rainfall catchment areas must be minimized to decrease erosion potential and the size of the probable maximum flood which could erode or wash out sections of the tailings disposal area.

(b) Topographic features shall provide good wind protection.

(c) Embankment and cover slopes shall be relatively flat after final stabilization to minimize erosion potential and to provide conservative factors of safety assuring long-term stability. The broad objective should be to contour final slopes to grades which are as close as possible to those which would be provided if tailings were disposed of below grade; this could, for example, lead to slopes of about ten horizontal to one vertical (10h:1v) or less steep. In general, slopes should not be steeper than about 5h:1v. Where steeper slopes are proposed, reasons why a slope less steep than 5h:1v would be impracticable should be provided, and compensating factors and conditions which make such slopes acceptable should be identified.

(d) A fully self-sustaining vegetative cover shall be established or rock cover employed to reduce wind and water erosion to negligible levels.

Where a full vegetative cover is not likely to be self-sustaining due to climatic conditions, such as in semi-arid and arid regions, rock cover shall be employed on slopes of the impoundment system. The NRC will consider relaxing this requirement for extremely gentle slopes such as those which may exist on the top of the pile.

The following factors shall be considered in establishing the final rock cover design to avoid displacement of rock particles by human and animal traffic or by natural processes, and to preclude undercutting and piping:

(i) Shape, size, composition, gradation of rock particles (excepting bedding material, average particle size shall be at least cobble size or greater);

(ii) Rock cover thickness and zoning of particles by size; and

(iii) Steepness of underlying slopes.

(e) Individual rock fragments shall be dense, sound, and resistant to abrasion, and free from defects that would tend to unduly increase their destruction by water and frost actions. Weak, friable, or laminated aggregate shall not be used. Shale, rock laminated with shale, and cherts shall not be used.

Rock covering of slopes may not be required where top covers are on the order of ten meters or greater; impoundment slopes are on the order of 10h:1v or less; bulk cover materials have inherently favorable erosion resistance characteristics; and there is negligible drainage catchment area upstream of the pile, and there is good wind protection as described in (a) and (b) of this subsection.

(f) Impoundment surfaces shall be contoured to avoid areas of concentrated surface runoff or abrupt or sharp changes in slope gradient. In addition to rock cover on slopes, areas toward which surface runoff might be directed shall be well protected with substantial rock cover (riprap). In addition to providing for stability of the impoundment systems itself, the overall stability, erosion potential, and geomorphology of surrounding terrain shall be evaluated to assure that there are no processes, such as gully erosion, which would lead to impoundment instability.

(g) The impoundment shall not be located near a capable fault that could cause a maximum credible earthquake larger than that which the impoundment could reasonably be expected to withstand. As used in this criterion, the term "capable fault" has the same meaning as defined in Section III (g) of Appendix A of 10 CFR Part 100. The term "maximum credible earthquake" means that earthquake which would cause the maximum vibratory ground motion based upon an evaluation of earthquake potential considering the regional and local geology and seismology and specific characteristics of local subsurface material.

(h) The impoundment, where feasible, should be designed to incorporate features which will promote deposition of suspended particles. For example, design features which promote deposition of sediment suspended in any runoff which flows into the impoundment area might be utilized; the object of such a design feature would be to enhance the thickness of cover over time.

(5) Criterion 5 - Criteria 5(a) through 5(g) and new Criterion 13 incorporate the basic groundwater protection standards imposed by the United States Environmental Protection Agency in 40 CFR Part 192, Subparts D and E (48 FR 45926; October 7, 1983) which apply during operations and prior to the end of closure. Groundwater monitoring to comply with these standards is required by Criterion 7.

(a) The primary groundwater protection standard is a design standard for surface impoundments used to manage uranium and thorium by-product material. Surface impoundments (except for an existing portion) must have a liner that is designed, constructed, and installed to prevent any migration of wastes out of the impoundment to the adjacent subsurface soil, groundwater, or surface water at any time during the active life (including the closure period) of the impoundment. The liner may be constructed of materials that may allow wastes to migrate into the liner (but not into the adjacent subsurface soil, groundwater, or surface water) during the active life of the facility, provided that impoundment closure includes removal or decontamination of all waste residues, contaminated containment system components (liners, etc.), contaminated subsoils, and structures and equipment contaminated with waste and leachate. For impoundments that will be closed with the liner material left in place, the liner must be constructed of materials that can prevent wastes from migrating into the liner during the active life of the facility.

(b) The liner required by (a) of this subsection must be:

(i) Constructed of materials that have appropriate chemical properties and sufficient strength and thickness to prevent failure due to pressure gradients (including static head and external hydrogeologic forces), physical contact with the waste or leachate to which they are exposed, climatic conditions, the stress of installation, and the stress of daily operation;

(ii) Placed upon a foundation or base capable of providing support to the liner and resistance to pressure gradients above and below the liner to prevent failure of the liner due to settlement, compression, or uplift; and

(iii) Installed to cover all surrounding earth likely to be in contact with the wastes or leachate.

(c) The applicant or licensee will be exempted from the requirements of (a) of this subsection if the department finds, based on a demonstration by the applicant or licensee, that alternate design and operating practices, including the closure plan, together with site characteristics will prevent the migration of any hazardous constituents into groundwater or surface water at any future time. In deciding whether to grant an exemption, the department will consider:

(i) The nature and quantity of the wastes;

(ii) The proposed alternate design and operation;

(iii) The hydrogeologic setting of the facility, including the attenuative capacity and thickness of the liners and soils present between the impoundment and groundwater or surface water; and

(iv) All other factors which would influence the quality and mobility of the leachate produced and the potential for it to migrate to groundwater or surface water.

(d) A surface impoundment must be designed, constructed, maintained, and operated to prevent overtopping resulting from normal or abnormal operations; overfilling; wind and wave actions; rainfall; run-on; from malfunctions of level controllers, alarms, and other equipment; and human error.

(e) When dikes are used to form the surface impoundment, the dikes must be designed, constructed, and maintained with sufficient structural integrity to prevent massive failure of the dikes. In ensuring structural integrity, it must not be presumed that the liner system will function without leakage during the active life of the impoundment.

(f) Uranium and thorium by-product materials must be managed to conform to the following secondary groundwater protection standard: Hazardous constituents entering the groundwater from a licensed site must not exceed the specified concentration limits in the uppermost aquifer beyond the point of compliance during the compliance period. Hazardous constituents are those constituents identified by the department pursuant to (g) of this subsection. Specified concentration limits are those limits established by the department as indicated in (j) of this subsection. The department will also establish the point of compliance and compliance period on a site specific basis through license conditions and orders. The objective in selecting the point of compliance is to provide the earliest practicable warning that the impoundment is releasing hazardous constituents to the groundwater. The point of compliance must be selected to provide prompt indication of groundwater contamination on the hydraulically downgradient edge of

the disposal area. The department must identify hazardous constituents, establish concentration limits, set the compliance period, and adjust the point of compliance, if needed, when the detection monitoring established under criterion 7 indicates leakage of hazardous constituents from the disposal area.

(g) A constituent becomes a hazardous constituent subject to (j) of this subsection when the constituent:

(i) Is reasonably expected to be in or derived from the by-product material in the disposal area;

(ii) Has been detected in the groundwater in the uppermost aquifer; and

(iii) Is listed in WAC 246-252-050 Appendix A.

(h) The department may exclude a detected constituent from the set of hazardous constituents on a site specific basis if it finds that the constituent is not capable of posing a substantial present or potential hazard to human health or the environment. In deciding whether to exclude constituents, the department will consider the following:

(i) Potential adverse effect on groundwater quality, considering —

(A) The physical and chemical characteristics of the waste in the licensed site, including its potential for migration;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity of groundwater and the direction of groundwater flow;

(D) The proximity and withdrawal rates of groundwater users;

(E) The current and future uses of groundwater in the area;

(F) The existing quality of groundwater, including other sources of contamination and their cumulative impact on the groundwater quality;

(G) The potential for health risks caused by human exposure to waste constituents;

(H) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents;

(I) The persistence and permanence of the potential adverse effects.

(ii) Potential adverse effects on hydraulically-connected surface water quality, considering —

(A) The volume and physical and chemical characteristics of the waste in the licensed site;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity and quality of groundwater, and the direction of groundwater flow;

(D) The patterns of rainfall in the region;

(E) The proximity of the licensed site to surface waters;

(F) The current and future uses of surface waters in the area and any water quality standards established for those surface waters;

(G) The existing quality of surface water, including other sources of contamination and the cumulative impact on surface water quality;

(H) The potential for health risks caused by human exposure to waste constituents;

(I) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents; and

(J) The persistence and permanence of the potential adverse effects.

(i) In making any determinations under (h) and (k) of this subsection about the use of groundwater in the area around the facility, the department will consider any identification of underground sources of drinking water and exempted aquifers made by the United States Environmental Protection Agency.

(j) At the point of compliance, the concentration of a hazardous constituent must not exceed —

(i) The department approved background concentration of that constituent in the groundwater;

(ii) The respective value given in the table in subsection (5)(l) of this section if the constituent is listed in the table and if the background level of the constituent is below the value listed; or

(iii) An alternate concentration limit established by the department.

(k) Conceptually, background concentrations pose no incremental hazards and the drinking water limits in (j)(i) of this subsection state acceptable hazards but these two options may not be practically achievable at a specific site. Alternate concentration limits that present no significant hazard may be proposed by licensees for department consideration. Licensees must provide the basis for any proposed limits including consideration of practicable corrective actions, that limits are as low as reasonably achievable, and information on the factors the department must consider.

The department will establish a site specific alternate concentration limit for a hazardous constituent as provided in (j) of this subsection if it finds that the constituent will not pose a substantial present or potential hazard to human health or the environment as long as the alternate concentration limit is not exceeded. In establishing alternate concentration limits, the department will apply its as low as reasonably achievable criterion in this chapter. The department will also consider the following factors:

(i) Potential adverse effects on groundwater quality, considering —

(A) The physical and chemical characteristics of the waste in the licensed site including its potential for migration;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity of groundwater and the direction of groundwater flow;

(D) The proximity and withdrawal rates of groundwater users;

(E) The current and future uses of groundwater in the area;

(F) The existing quality of groundwater, including other sources of contamination and their cumulative impact on the groundwater quality;

(G) The potential for health risks caused by human exposure to waste constituents;

(H) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents;

(I) The persistence and permanence of the potential adverse effects.

(ii) Potential adverse effects on hydraulically-connected surface water quality, considering —

(A) The volume and physical and chemical characteristics of the waste in the licensed site;

(B) The hydrogeological characteristics of the facility and surrounding land;

(C) The quantity and quality of groundwater, and the direction of groundwater flow;

(D) The patterns of rainfall in the region;

(E) The proximity of the licensed site to surface waters;

(F) The current and future uses of surface waters in the area and any water quality standards established for those surface waters;

(G) The existing quality of surface water including other sources of contamination and the cumulative impact on surface water quality;

(H) The potential for health risks caused by human exposure to waste constituents;

(I) The potential damage to wildlife, crops, vegetation, and physical structures caused by exposure to waste constituents; and

(J) The persistence and permanence of the potential adverse effects.

(l) MAXIMUM VALUES FOR GROUNDWATER PROTECTION:

Constituent or Property	Maximum Concentration
	Milligrams per liter
Arsenic	0.05
Barium	1.0
Cadmium	0.01
Chromium	0.05
Lead	0.05
Mercury	0.002
Selenium	0.01
Silver	0.05
Endrin (1,2,3,4,10,10-hexachloro-1,7 -expoxy-1,4,4a,5,6,7,8,9a-octahydro-1, 4-endo, endo-5,8-dimethano naphthalene)	0.0002
Lindane (1,2,3,4,5,6-hexachlorocyclohexane, gamma isomer)	0.004
Methoxychlor (1,1,1-Trichloro-2,2-bis (p-methoxyphenylethane)	0.1
Toxaphene ($C_{10}H_{10}Cl_6$, Technical chlorinated camphene, 67-69 percent chlorine)	0.005
2,4-D (2,4-Dichlorophenoxyacetic acid)	0.1
2,4,5-TP Silvex (2,4,5-Trichlorophenoxypropionic acid)	0.01
	Picocuries per liter
Combined radium - 226 and radium - 228	5
Gross alpha - particle activity (excluding radon and uranium when producing uranium by-product material or thorium when producing thorium by-product material)	15

(m) If the groundwater protection standards established under (f) of this subsection are exceeded at a licensed site, a corrective action program must be put into operation as soon as is practicable, and in no event later than eighteen months after the department finds that the standards have been exceeded. The licensee shall submit the proposed corrective action program and supporting rationale for department approval prior to putting the program into operation, unless otherwise directed by the department. The objective of the program is to return hazardous constituent concentration levels in groundwater to the concentration limits set as standards. The licensee's proposed program must address removing the hazardous constituents that have entered the groundwater at the point of compliance or treating them in place. The program must also address removing or treating in place any hazardous constituents that exceed concentration limits in groundwater between the point of compliance and the downgradient facility property boundary. The licensee shall continue corrective action measures to the extent necessary to achieve and maintain compliance with the groundwater protection standard. The department will determine when the licensee may terminate corrective action measures based on data from the groundwater monitoring program and other information that provide reasonable assurance that the groundwater protection standard will not be exceeded.

(n) In developing and conducting groundwater protection programs, applicants and licensees shall also consider the following:

(i) Installation of bottom liners (where synthetic liners are used, a leakage detection system must be installed immediately below the liner to ensure major failures are detected if they occur. This is in addition to the groundwater monitoring program conducted as provided in Criterion 7. Where clay liners are proposed or relatively thin, in-situ clay soils are to be relied upon for seepage control, tests must be conducted with representative tailings solutions and clay materials to confirm that no significant deterioration of permeability or stability properties will occur with continuous exposure of clay to tailings solutions. Tests must be run for a sufficient period of time to reveal any effects if they are going to occur (in some cases deterioration has been observed to occur rather rapidly after about nine months of exposure)).

(ii) Mill process designs which provide the maximum practicable recycle of solutions and conservation of water to reduce the net input of liquid to the tailings impoundment.

(iii) Dewatering of tailings by process devices and/or in-situ drainage systems (at new sites, tailings must be dewatered by a drainage system installed at the bottom of the impoundment to lower the phreatic surface and reduce the driving head of seepage, unless tests show tailings are not amenable to such a system. Where in-situ dewatering is to be conducted, the impoundment bottom must be graded to assure that the drains are at a low point. The drains must be protected by suitable filter materials to assure that drains remain free running. The drainage system must also be adequately sized to assure good drainage).

(iv) Neutralization to promote immobilization of hazardous constituents.

(o) Where groundwater impacts are occurring at an existing site due to seepage, action must be taken to alleviate conditions that lead to excessive seepage impacts and restore groundwater quality. The specific seepage control and groundwater protection method, or combination of methods, to be used must be worked out on a site-specific basis. Technical specifications must be prepared to control installation of seepage control systems. A quality assurance, testing, and inspection program, which includes supervision

by a qualified engineer or scientist, must be established to assure the specifications are met.

(p) In support of a tailings disposal system proposal, the applicant/operator shall supply information concerning the following:

(i) The chemical and radioactive characteristics of the waste solutions.

(ii) The characteristics of the underlying soil and geologic formations particularly as they will control transport of contaminants and solutions. This includes detailed information concerning extent, thickness, uniformity, shape, and orientation of underlying strata. Hydraulic gradients and conductivities of the various formations must be determined. This information must be gathered from borings and field survey methods taken within the proposed impoundment area and in surrounding areas where contaminants might migrate to groundwater. The information gathered on boreholes must include both geologic and geophysical logs in sufficient number and degree of sophistication to allow determining significant discontinuities, fractures, and channeled deposits of high hydraulic conductivity. If field survey methods are used, they should be in addition to and calibrated with borehole logging. Hydrologic parameters such as permeability may not be determined on the basis of laboratory analysis of samples alone; a sufficient amount of field testing (e.g., pump tests) must be conducted to assure actual field properties are adequately understood. Testing must be conducted to allow estimating chemi-sorption attenuation properties of underlying soil and rock.

(iii) Location, extent, quality, capacity and current uses of any groundwater at and near the site.

(q) Steps must be taken during stockpiling of ore to minimize penetration of radionuclides into underlying soils; suitable methods include lining and/or compaction of ore storage areas.

(6) Criterion 6 - (a) In cases where waste by-product material is to be permanently disposed, an earthen cover shall be placed over tailings or wastes at the end of the milling operations and the waste disposal area shall be closed in accordance with a design[1] which shall provide reasonable assurance of control of radiological hazard to:

(i) Be effective for one thousand years, to the extent reasonably achievable, and, in any case, for at least two hundred years; and

(ii) Limit releases of Radon-222 from uranium by-product materials, and Radon-220 from thorium by-product materials, to the atmosphere so as to not exceed an average[2] release rate of twenty picocuries per square meter per second (pCi/m^2s) to the extent practicable throughout the effective design life determined pursuant to (a)(i) of this subsection. In computing required tailings cover thicknesses, moisture in soils in excess of amounts found normally in similar soils in similar circumstances shall not be considered. Direct gamma exposure from the tailings or wastes should be reduced to background levels. The effects of any thin synthetic layer shall not be taken into account in determining the calculated radon exhalation level. If nonsoil materials are proposed as cover materials, it must be demonstrated that such materials will not crack or degrade by differential settlement, weathering, or other mechanism over long term time intervals.

(b) Near surface materials (i.e., within the top three meters) shall not include mine waste or rock that contains elevated levels of radium; soils used for near surface cover must be essentially the same, as far as radioactivity is concerned, as that of surrounding soils. This is to insure that surface radon exhalation is not significantly above background because of the cover material itself.

(c) The design requirements in this criterion for longevity and control of radon releases shall apply to any portion of a licensed and/or disposal site unless such portion contains a concentration of radium in land, averaged over areas of one hundred square meters, which, as a result of by-product material does not exceed the background level by more than:

(i) Five picocuries per gram (pCi/g) of Radium-226, or, in the case of thorium by-product material, Radium-228, averaged over the first fifteen centimeters below the surface; and

(ii) Fifteen pCi/g of Radium-226, or, in the case of thorium by-product material, Radium-228, averaged over fifteen centimeters thick layers more than fifteen centimeters below the surface.

(d) The licensee must also address the nonradiological hazards associated with the wastes in planning and implementing closure. The licensee shall ensure that disposal areas are closed in a manner that minimizes the need for further maintenance. To the extent necessary to prevent threats to human health and the environment, the license shall control, minimize, or eliminate post-closure escape of nonradiological hazardous constituents, leachate, contaminated rainwater, or waste decomposition products to the ground or surface waters or to the atmosphere.

Footnotes:

[1] The standard applies to design. Monitoring for radon after installation of an appropriately designed cover is not required.

[2] This average shall apply to the entire surface of each disposal area over periods of at least one year, but short compared to one hundred years. Radon will come from both uranium by-product materials and from covering material. Radon emissions from covering materials should be estimated as part of developing a closure plan for each site. The standard, however, applies only to emissions from by-product materials to the atmosphere.

(7) Criterion 7 - At least one full year prior to any major site construction, a preoperational monitoring program must be conducted to provide complete baseline data on a milling site and its environs. Throughout the construction and operating phases of the mill, an operational monitoring program must be conducted to complete the following:

(a) To measure or evaluate compliance with applicable standards and regulations;

(b) To evaluate performance of control systems and procedures;

(c) To evaluate environmental impacts of operation; and

(d) To detect potential long-term effects.

The licensee shall establish a detection monitoring program needed for the department to set the site-specific groundwater protection standards in Criterion 5 of this section. For all monitoring under this paragraph, the licensee or applicant will propose for department approval as license conditions, which constituents are to be monitored on a site-specific basis. A detection monitoring program has two purposes. The initial purpose of the program is to

detect leakage of hazardous constituents from the disposal area so that the need to set groundwater protection standards is monitored. If leakage is detected, the second purpose of the program is to generate data and information needed for the department to establish the standards under Criterion 5. The data and information must provide a sufficient basis to identify those hazardous constituents which require concentration limit standards and to enable the department to set the limits for those constituents and the compliance period. They may also need to provide the basis for adjustments to the point of compliance. For licenses in effect September 30, 1983, the detection monitoring programs must have been in place by October 1, 1984. For licenses issued after September 30, 1983, the detection monitoring programs must be in place when specified by the department in orders or license conditions. Once groundwater protection standards have been established pursuant to Criterion 5, the licensee shall establish and implement a compliance monitoring program. The purpose of the compliance monitoring program is to determine that the hazardous constituent concentrations in ground water continue to comply with the standards set by the department. In conjunction with a corrective action program, the licensee shall establish and implement a corrective action monitoring program. The purpose of the corrective action monitoring program is to demonstrate the effectiveness of the corrective actions. Any monitoring program required by this paragraph may be based on existing monitoring programs to the extent the existing programs can meet the stated objective for the program.

(8) Criterion 8 - Milling operations shall be conducted so that all airborne effluent releases are reduced to as low as is reasonably achievable. The primary means of accomplishing this shall be by means of emission controls. Institutional controls, such as extending the site boundary and exclusion area, may be employed to ensure that offsite exposure limits are met, but only after all practicable measures have been taken to control emissions at the source. Notwithstanding the existence of individual dose standards, strict control of emissions is necessary to assure that population exposures are reduced to the maximum extent reasonably achievable and to avoid site contamination. The greatest potential sources of offsite radiation exposure (aside from radon exposure) are dusting from dry surfaces of the tailings disposal area not covered by tailings solution and emissions from yellowcake drying and packaging operations. During operations and prior to closure, radiation doses from radon emissions from surface impoundments shall be kept as low as is reasonably achievable. Checks shall be made and logged hourly of all parameters (e.g., differential pressure and scrubber water flow rate) which determine the efficiency of yellowcake stack emission control equipment operation. It shall be determined whether or not conditions are within a range prescribed to ensure that the equipment is operating consistently near peak efficiency; corrective action shall be taken when performance is outside of prescribed ranges. Effluent control devices shall be operative at all times during drying and packaging operations and whenever air is exhausting from the yellowcake stack.

Drying and packaging operations shall terminate when controls are inoperative. When checks indicate the equipment is not operating within the range prescribed for peak efficiency, actions shall be taken to restore parameters to the prescribed range. When this cannot be done without shutdown and repairs, drying and packaging operations shall cease as soon as practicable.

Operations may not be restarted after cessation due to off-normal performance until needed corrective actions have been identified and implemented. All such cessations, corrective actions, and restarts shall be reported to the department in writing, within ten days of the subsequent restart.

To control dusting from tailings, that portion not covered by standing liquids shall be wetted or chemically stabilized to prevent or minimize blowing and dusting to the maximum extent reasonably achievable. This requirement may be relaxed if tailings are effectively sheltered from wind, such as may be the case where they are disposed of below grade and the tailings surface is not exposed to wind. Consideration shall be given in planning tailings disposal programs to methods which would allow phased covering and reclamation of tailings impoundments since this will help in controlling particulate and radon emissions during operation. To control dustings from diffuse sources, such as tailings and ore pads where automatic controls do not apply, operators shall develop written operating procedures specifying the methods of control which will be utilized.

Milling operations producing or involving thorium by-product material shall be conducted in such a manner as to provide reasonable assurance that the annual dose equivalent does not exceed twenty-five millirems to the whole body, seventy-five millirems to the thyroid, and twenty-five millirems to any other organ of any member of the public as a result of exposures to the planned discharge of radioactive materials, Radon-220 and its daughters excepted, to the general environment.

Uranium and thorium by-product materials shall be managed so as to conform to the applicable provisions of Title 40 of the Code of Federal Regulations, Part 440, Ore Mining and Dressing Point Source Category: Effluent Limitations Guidelines and New Source Performance Standards, Subpart C, Uranium, Radium, and Vanadium Ores Subcategory, as codified on January 1, 1983.

The licensee shall establish a detection monitoring program needed to establish the groundwater protection standards in subsection (5)(f) of this section. A detection monitoring program has two purposes. The initial purpose of the program is to detect leakage of hazardous constituents from the disposal area so that the need to set groundwater protection standards is monitored. If leakage is detected, the second purpose of the program is to generate data and information needed for the department to establish the standards under subsection (5)(f) of this section. The data and information must provide a sufficient basis to identify those hazardous constituents which require concentration limit standards and to enable the department to set the limits for those constituents and the compliance period. They may also need to provide the basis for adjustments to the point of compliance. For licenses in effect September 30, 1983, the detection monitoring programs must have been in place by October 1, 1984. For licenses issued after September 30, 1983, the detection monitoring programs must be in place when specified by the department in orders or license conditions. Once groundwater protection standards have been established pursuant to subsection (5)(f) of this section,

the licensee shall establish and implement a compliance monitoring program. The purpose of the compliance monitoring program is to determine that the hazardous constituent concentrations in groundwater continue to comply with the standards set by the department. In conjunction with a corrective action program, the licensee shall establish and implement a corrective action monitoring program. The purpose of the corrective action monitoring program is to demonstrate the effectiveness of the corrective actions. Any monitoring program required by this paragraph may be based on existing monitoring programs to the extent the existing programs can meet the stated objective for the program.

Daily inspections of tailings or waste retention systems must be conducted by a qualified engineer or scientist and documented. The department must be immediately notified of any failure in a tailings or waste retention system which results in a release of tailings or waste into unrestricted areas, and/or of any unusual conditions (conditions not contemplated in the design of the retention system) which if not corrected could indicate the potential or lead to failure of the system and result in a release of tailings or waste into unrestricted areas.

(9) Criterion 9 - (a) Pursuant to chapter 70.121 RCW, and except as otherwise provided, financial surety arrangements for site reclamation and long-term surveillance and control which may consist of surety bonds, cash deposits, certificates of deposit, deposits of government securities, irrevocable letters or lines of credit, or any combination of the above, or other arrangements approved by the department, milling operations shall be established for source material to ensure the protection of the public health and safety in the event of abandonment, default, or other inability of the licensee to meet the requirements of the act and these regulations.

(i) The amount of funds to be ensured by such surety arrangements shall be based on department-approved cost estimates.

(ii) Self-insurance, or any arrangement which essentially constitutes self-insurance (e.g., a contract with a state or federal agency), will not satisfy the surety requirement, since this provides no additional assurance other than that which already exists through license requirements.

(b) The arrangements required in (a) of this subsection shall be established prior to commencement of operations to assure that sufficient funds will be available to carry out decontamination and decommissioning of the facility.

(c) Amendments to licenses in effect on the effective date of this regulation may be issued, providing that the required surety arrangements are established within ninety days after the effective date of this subsection.

(d) For source material milling operations, the amount of funds to be ensured by such surety arrangements shall be based on department-approved cost estimates in an approved plan for (i) decontamination and decommissioning of mill buildings and the milling site to levels which would allow unrestricted use of these areas upon decommissioning, and (ii) the reclamation of tailings and/or waste disposal areas in accordance with the technical criteria delineated in this section. The licensee shall submit this plan in conjunction with an environmental report that addresses the expected environmental impacts of the milling operation, decommissioning and tailings reclamation, and evaluates alternatives for mitigating these impacts. In addition, the surety shall cover the payment of the charge for long-term surveillance and control required by the department. In establishing specific surety arrangements, the licensee's cost estimates shall take into account total costs that would be incurred if an independent contractor were hired to perform the decommissioning and reclamation work. In order to avoid unnecessary duplication and expense, the department may accept financial sureties that have been consolidated with financial or surety arrangements established to meet requirements of other federal or state agencies and/or local governing bodies for such decommissioning, decontamination, reclamation, and long-term site surveillance, provided such arrangements are considered adequate to satisfy these requirements and that portion of the surety which covers the decommissioning and reclamation of the mill, mill tailings site and associated areas, and the long-term funding charge is clearly identified and committed for use in accomplishing these activities. The licensee's surety mechanism will be reviewed annually by the department to assure that sufficient funds will be available for completion of the reclamation plan if the work had to be performed by an independent contractor. The amount of surety liability should be adjusted to recognize any increases or decreases resulting from inflation, changes in engineering plans, activities performed, and any other conditions affecting costs. Regardless of whether reclamation is phased through the life of the operation or takes place at the end of operations, an appropriate portion of surety liability shall be retained until final compliance with the reclamation plan is determined. This will yield a surety that is at least sufficient at all times to cover the costs of decommissioning and reclamation of the areas that are expected to be disturbed before the next license renewal. The term of the surety mechanism must be open ended, unless it can be demonstrated that another arrangement would provide an equivalent level of assurance. This assurance could be provided with a surety instrument which is written for a specific period of time (e.g., five years), yet which must be automatically renewed unless the surety notifies the beneficiary (the state regulatory agency) and the principal (the licensee) some reasonable time (e.g., ninety days) prior to the renewal date of their intention not to renew. In such a situation, the surety requirement still exists and the licensee would be required to submit an acceptable replacement surety within a brief period of time to allow at least sixty days for the department to collect.

Proof of forfeiture must not be necessary to collect the surety so that in the event that the licensee could not provide an acceptable replacement surety within the required time, the surety shall be automatically collected prior to its expiration. The conditions described above would have to be clearly stated on any surety instrument which is not open-ended and must be agreed to by all parties.

Long-term care requirements. Pursuant to chapter 70.121 RCW, and as otherwise provided in WAC 246-235-080 (6)(d), a long-term care trust fund shall be established by source material milling licensees prior to the issuance of the license.

(10) Criterion 10 - (a) A minimum charge of two hundred fifty thousand dollars (1978 United States dollars)

accrued as specified in WAC 246-235-080 (6)(d) to cover the costs of long-term surveillance shall be paid by each mill operator to the agency prior to the termination of a uranium or thorium mill license. If site surveillance or control requirements at a particular site are determined, on the basis of a site-specific evaluation, to be significantly greater than those specified in (a) of this subsection (e.g., if fencing is determined to be necessary), variance in funding requirements may be specified by the department. The total charge to cover the costs of long-term surveillance shall be such that, with an assumed one percent annual real interest rate, the collected funds will yield interest in an amount sufficient to cover the annual costs of site surveillance. The charge will be adjusted annually prior to actual payments to recognize inflation. The inflation rate to be used is that indicated by the change in the consumer price index published by the United States Department of Labor, Bureau of Labor Statistics. Contributions by a licensee to the long-term care trust fund pursuant to chapter 70.121 RCW shall be transferred to cover the costs assessed under this criterion.

(11) Criterion 11 - These criteria relating to ownership of tailings and their disposal sites become effective on November 8, 1981, and apply to all licenses terminated, issued, or renewed after that date.

Any uranium or thorium milling license or tailings license shall contain such terms and conditions as the United States Nuclear Regulatory Commission determines necessary to assure that prior to termination of the license, the licensee will comply with ownership requirements of this criterion for sites used for tailings disposal.

Title to the by-product material licensed pursuant to WAC 246-252-030 and land, including any interests therein (other than land owned by the United States or by the state of Washington) which is used for the disposal of any such by-product material, or is essential to ensure the long-term stability of such disposal site, shall be transferred to the United States or the state of Washington. In view of the fact that physical isolation must be the primary means of long term control, and government land ownership is a desirable supplementary measure, ownership of certain severable subsurface interests (for example, mineral rights) may be determined to be unnecessary to protect the public health and safety and the environment. In any case, the applicant/operator must demonstrate a serious effort to obtain such subsurface rights, and must, in the event that certain rights cannot be obtained, provide notification in local public land records of the fact that the land is being used for the disposal of radioactive material and is subject to either a United States Nuclear Regulatory Commission general or specific license prohibiting the disruption and disturbance of the tailings. In some rare cases, such as may occur with deep burial where no ongoing site surveillance will be required, surface land ownership transfer requirements may be waived. For licenses issued before November 8, 1981, the United States Nuclear Regulatory Commission may take into account the status of the ownership of such land, and interests therein, and the ability of a licensee to transfer title and custody thereof to the United States or the state. If the United States Nuclear Regulatory Commission, subsequent to title transfer, determines that use of the surface or subsurface estates, or both, of the land transferred to the United States or to a state will not endanger the public health, safety, welfare or environment, the United States Nuclear Regulatory Commission may permit the use of the surface or subsurface estates, or both, of such land in a manner consistent with the provisions provided in these criteria. If the United States Nuclear Regulatory Commission permits such use of such land, it will provide the person who transferred such land with the right of first refusal with respect to such use of such land.

Material and land transferred to the United States or a state in accordance with this criterion must be transferred without cost to the United States or a state other than administrative and legal costs incurred in carrying out such transfer.

The provisions of this part, respecting transfer of title and custody to land and tailings and wastes, do not apply in the case of lands held in trust by the United States for any Indian tribe, or lands owned by such Indian tribe subject to a restriction against alienation imposed by the United States. In the case of such lands which are used for the disposal of byproduct material, as defined in this section, the licensee shall enter into arrangements with the United States Nuclear Regulatory Commission as may be appropriate to assure the long-term surveillance of such lands by the United States.

(12) Criterion 12 - The final disposition of tailings or wastes at milling sites should be such that ongoing active maintenance is not necessary to preserve isolation. As a minimum, annual site inspections must be conducted by the government agency retaining ultimate custody of the site where tailings or wastes are stored, to confirm the integrity of the stabilized tailings or waste systems, and to determine the need, if any, for maintenance and/or monitoring. Results of the inspection must be reported to the United States Nuclear Regulatory Commission within sixty days following each inspection. The United States Nuclear Regulatory Commission may require more frequent site inspections if, on the basis of a site-specific evaluation, such a need appears necessary, due to the features of a particular tailings or waste disposal system.

(13) Criterion 13 - Secondary groundwater protection standards required by Criterion 5 of this section are concentration limits for individual hazardous constituents. The list of constituents found in Appendix A of this chapter, chapter 246-252 WAC, identifies the constituents for which standards must be set and complied with if the specific constituent is reasonably expected to be in or derived from the by-product material and has been detected in groundwater. For purposes of this criterion, the property of gross alpha activity will be treated as if it is a hazardous constituent. Thus, when setting standards under subsection (5)(j) of this section, the department will also set a limit for gross alpha activity.

[Statutory Authority: RCW 70.98.050. 94-01-073, § 246-252-030, filed 12/9/93, effective 1/9/94. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-252-030, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-252-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-52-100, filed 12/11/86. Statutory Authority: Chapter 70.121 RCW. 81-16-031 (Order 1683), § 402-52-100, filed 7/28/81.]

Chapter 246-254 WAC
RADIATION PROTECTION—FEES

WAC

246-254-053 Radiation machine facility registration fees.
246-254-070 Fees for specialized radioactive material licenses.
246-254-080 Fees for medical and veterinary radioactive material licenses.
246-254-090 Fees for industrial radioactive material licenses.
246-254-100 Fees for laboratory radioactive material licenses.
246-254-120 Fees for licensing and compliance actions.

WAC 246-254-053 Radiation machine facility registration fees. (1) Persons owning and/or leasing and using radiation-producing machines shall submit an eighty dollar registration fee to the department at the time of application and every two years thereafter. In addition:

(a) For dentists, veterinarians, and podiatrists, add:

(i) Eighty-five dollars for the first tube; and

(ii) Thirty-five dollars for each additional tube.

(b) For hospitals and medical or chiropractic facilities, add:

(i) Two hundred thirty dollars for the first tube; and

(ii) One hundred dollars for each additional tube.

(c) For industrial, research, and other uses, add:

(i) One hundred thirty dollars for the first tube; and

(ii) Thirty-five dollars for each additional tube.

(2) The department shall charge a maximum total fee of five thousand dollars for any facility or group of facilities where an in-house, full-time staff of at least two or more is devoted entirely to in-house radiation safety.

(3) For any facility with a mammographic x-ray machine, add a biennial surcharge of two hundred fifty dollars.

(4) A penalty fee of eighty dollars shall be charged for late registration or late reregistration.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-053, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-053, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-053, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20B.110. 89-16-064 (Order 2839), § 440-44-050, filed 7/31/89, effective 8/31/89. Statutory Authority: RCW 43.20A.055. 86-08-054 (Order 2359), § 440-44-050, filed 3/28/86. Statutory Authority: Chapter 70.98 RCW and 1985 c 383. 85-20-021 (Order 2283), § 440-44-050, filed 9/23/85. Statutory Authority: RCW 43.20A.055. 85-13-007 (Order 2238), § 440-44-050, filed 6/7/85; 83-12-058 (Order 1965), § 440-44-050, filed 6/1/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-050, filed 6/4/82.]

WAC 246-254-070 Fees for specialized radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following special categories shall forward annual fees to the department as follows:

(a) Three thousand eight hundred thirty dollars for operation of a single nuclear pharmacy.

(b) Six thousand five hundred sixty dollars for operation of a single nuclear laundry.

(c) Six thousand five hundred sixty dollars for a license authorizing a single facility to use more than one curie of unsealed radioactive material in the manufacture and distribution of radioactive products or devices containing radioactive material.

(d) Two thousand three hundred dollars for a license authorizing a single facility to use less than or equal to one curie of unsealed radioactive material or any quantity of previously sealed sources in the manufacture and distribution of products or devices containing radioactive material.

(e) Six hundred dollars for a license authorizing the receipt and redistribution from a single facility of manufactured products or devices containing radioactive material.

(f) Four thousand three hundred eighty dollars for a license authorizing decontamination services operating from a single facility.

(g) Two thousand eighty dollars for a license authorizing waste brokerage including the possession, temporary storage at a single facility, and over-packing only of radioactive waste.

(h) Nine hundred thirty dollars for a license authorizing equipment servicing involving:

(i) Incidental use of calibration sources;

(ii) Maintenance of equipment containing radioactive material; or

(iii) Possession of sealed sources for purpose of sales demonstration only.

(i) One thousand seven hundred fifty dollars for a license authorizing health physic services, leak testing, or calibration services.

(j) One thousand ninety dollars for a civil defense license.

(k) Three hundred thirty dollars for a license authorizing possession of special nuclear material as pacemakers or depleted uranium as shielding.

(2) Persons licensed or authorized to possess and use radioactive material in the following broad scope categories shall forward annual fees to the department as follows:

(a) Thirteen thousand one hundred thirty dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than one curie.

(b) Six thousand twenty dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession of any single isotope greater than 0.1 curie but less than or equal to one curie.

(c) Four thousand nine hundred twenty dollars for a license authorizing possession of atomic numbers three through eighty-three with maximum authorized possession less than or equal to 0.1 curie.

(3) Persons licensed or authorized to possess or use radioactive material which are not covered by any of the annual license fees described in WAC 246-254-070 through 246-254-100, shall pay fees as follows:

(a) An initial application fee of one thousand dollars;

(b) Billing at the rate of eighty dollars for each hour of direct staff time associated with issuing and maintaining the license and for the inspection of the license; and

(c) Any fees for additional services as described in WAC 246-254-120.

(d) The initial application fee will be considered a credit against billings for direct staff charges but is otherwise nonrefundable.

(4) Persons licensed or authorized to possess or use radioactive material in a facility for radioactive waste processing, including resource recovery, volume reduction,

decontamination activities, or other waste treatment, but not permitting commercial on-site disposal, shall pay fees as follows:

(a) A nonrefundable initial application fee for a new license of sixteen thousand dollars which shall be credited to the applicant's quarterly billing described in (b) of this subsection; and

(b) Quarterly billings for actual direct and indirect costs incurred by the department including, but not limited to, license renewal, license amendments, compliance inspections, a resident inspector for time spent on the licensee's premises as deemed necessary by the department, laboratory and other support services, and travel costs associated with staff involved in the foregoing.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-070, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-070, filed 10/29/91, effective 11/29/91.]

WAC 246-254-080 Fees for medical and veterinary radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following medical or veterinary categories shall forward annual fees to the department as follows:

(a) Three thousand five hundred dollars for operation of a mobile nuclear medicine program from a single base of operation.

(b) Two thousand four hundred ten dollars for a license authorizing groups II and III of WAC 246-235-120 for diagnostic nuclear medicine at a single facility.

(c) Two thousand eighty dollars for a license authorizing groups IV and V of WAC 246-235-120 for medical therapy at a single facility.

(d) Three thousand two hundred eighty dollars for a license authorizing groups II or III and groups IV or V of WAC 246-235-120 for full diagnostic and therapy services at a single facility.

(e) One thousand seven hundred fifty dollars for a license authorizing groups VI of WAC 246-235-120 for brachytherapy at a single facility.

(f) One thousand ninety dollars for a license authorizing brachytherapy or gamma stereotactic therapy or teletherapy at a single facility.

(g) One thousand six hundred forty dollars for a license authorizing medical or veterinary possession of greater than two hundred millicuries total possession of radioactive material at a single facility.

(h) One thousand three hundred ten dollars for a license authorizing medical or veterinary possession of greater than thirty millicuries but less than or equal to two hundred millicuries total possession of radioactive material at a single facility.

(i) Nine hundred eighty dollars for a license authorizing medical or veterinary possession of less than or equal to thirty millicuries total possession of radioactive material at a single facility.

(j) Eight hundred seventy dollars for a license authorizing group I as defined in WAC 246-235-120 or in vitro uses of radioactive material at a single facility.

(k) Five hundred fifty dollars for a license authorizing medical or veterinary possession of a sealed source for diagnostic use at a single facility.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location or base of operation.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-080, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-080, filed 10/29/91, effective 11/29/91.]

WAC 246-254-090 Fees for industrial radioactive material licenses. (1) Persons licensed or authorized to possess or use radioactive material in the following industrial categories shall forward annual fees to the department as follows:

(a) Four thousand fifty dollars for a license authorizing the use of radiographic exposure devices in one or more permanent radiographic vaults in a single facility.

(b) Five thousand one hundred fifty dollars for a license authorizing the use of radiographic exposure devices at temporary job sites but operating from a single storage facility.

(c) Two thousand five hundred twenty dollars for a license authorizing well-logging activities including the use of radioactive tracers operating from a single storage facility.

(d) Five hundred fifty dollars for a license authorizing possession of portable sealed sources including moisture/density gauges and excluding radiographic exposure devices operating from a single storage facility.

(e) Six hundred dollars for a license authorizing possession of any nonportable sealed source, including special nuclear material and excluding radioactive material used in gas chromatograph at a single facility.

(f) Three hundred eighty dollars for a license authorizing possession of gas chromatograph units containing radioactive material at a single facility.

(g) One thousand forty dollars for a license authorizing possession of any self-shielded or pool type irradiator with sealed source total quantity greater than one hundred curies at a single facility.

(h) Five thousand five hundred dollars for a license authorizing possession of sealed sources for a walk-in type irradiator at a single facility.

(i) Four thousand eight hundred ten dollars for a license authorizing possession of greater than one gram of unsealed special nuclear material or greater than five hundred kilograms of source material at a single facility.

(j) One thousand five hundred thirty dollars for a license authorizing possession of less than or equal to one gram of unsealed special nuclear material or five hundred kilograms of source material at a single facility.

(k) Two hundred fifty dollars for a license authorizing possession of static elimination devices not covered by a general license.

(2) Persons with licenses authorizing multiple locations of permanent storage shall increase the annual fee by fifty percent for each additional location.

(3) Depleted uranium registrants required to file Form RHF-20 shall forward an annual fee of fifty-five dollars to the department.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-090, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-090, filed 10/29/91, effective 11/29/91.]

WAC 246-254-100 Fees for laboratory radioactive material licenses. (1) Persons licensed or authorized to possess or use unsealed radioactive material in the following laboratory categories shall forward annual fees to the department as follows:

(a) Two thousand six hundred thirty dollars for a license authorizing possession at a single facility of unsealed sources in amounts greater than:

(i) One millicurie of I-125 or I-131; or

(ii) One hundred millicuries of H-3 or C-14; or

(iii) Ten millicuries of any single isotope.

(b) One thousand three hundred ten dollars for a license authorizing possession at a single facility of unsealed sources in amounts:

(i) Greater than 0.1 millicurie and less than or equal to one millicurie of I-125 or I-131; or

(ii) Greater than ten millicuries and less than or equal to one hundred millicuries of H-3 or C-14; or

(iii) Greater than one millicurie and less than or equal to ten millicuries of any single isotope.

(c) One thousand ninety dollars for a license authorizing possession at a single facility of unsealed sources in amounts:

(i) Greater than 0.01 millicurie and less than or equal to 0.1 millicurie of I-125 or I-131; or

(ii) Greater than one millicurie and less than or equal to ten millicuries of H-3 or C-14; or

(iii) Greater than 0.1 millicurie and less than or equal to one millicurie of any other single isotope.

(d) Three hundred eighty dollars for a license authorizing possession at a single facility of unsealed or sealed sources in amounts:

(i) Less than or equal to 0.01 millicurie of I-125 or I-131; or

(ii) Less than or equal to one millicurie of H-3 or C-14; or

(iii) Less than or equal to 0.1 millicurie of any other single isotope.

(e) Five hundred dollars for a license authorizing possession at a single facility of large quantities of naturally occurring radioactive material in total concentration not exceeding 0.002 microcuries per gram.

(2) Persons with licenses authorizing multiple locations of use shall increase the annual fee by fifty percent for each additional location.

(3) Persons registered to perform in vitro testing pursuant to Form RHF-15 shall forward an annual fee of fifty-five dollars to the department.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-100, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-100, filed 10/29/91, effective 11/29/91.]

WAC 246-254-120 Fees for licensing and compliance actions. (1) In addition to the fee for each radioactive material license as described under WAC 246-254-070, 246-254-080, 246-254-090, and 246-254-100, a licensee shall pay a service fee for each additional licensing and compliance action as follows:

(a) For a second follow-up inspection, and each follow-up inspection thereafter, a fee of eighty dollars per hour of direct staff time associated with the follow-up inspection, not to exceed eight hundred dollars per follow-up inspection. Hours are calculated in half-hour increments.

(b) For each environmental cleanup monitoring visit, a fee of eighty dollars per hour of direct staff time associated with the environmental cleanup monitoring visit, not to exceed two thousand dollars per visit. Hours are calculated in half-hour increments.

(c) For each new license application, the fee of one hundred fifty dollars in addition to the required annual fee.

(d) For each sealed source and device evaluation, a fee of eighty dollars per hour of direct staff time associated with each sealed source and device evaluation, not to exceed two thousand four hundred dollars per evaluation.

(e) For review of air emission and environmental programs and data collection and analysis of samples, and review of decommissioning activities by qualified staff in those work units, a fee of eighty dollars per hour of direct staff time associated with the review. The fee does not apply to reviews conducted by the radioactive materials section staff and does not apply unless the review time would result in a special service charge exceeding ten percent of the licensee's annual fee.

(f) For expedited licensing review, a fee of eighty dollars per hour of direct staff time associated with the review. This fee only applies when, by the mutual consent of licensee and affected staff, a licensing request is taken out of date order and processed by staff during nonwork hours and for which staff is paid overtime.

(2) The licensee or applicant shall pay any additional service fees at the time of application for a new license or within thirty days of the date of the billing for all other licensing and compliance actions.

(3) The department shall process an application only upon receipt of the new application fee and the annual fee.

(4) The department may take action to modify, suspend, or terminate the license or sealed source and device registration if the licensee fails to pay the fee for additional licensing and compliance actions billed by the department.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 93-13-019 (Order 372), § 246-254-120, filed 6/8/93, effective 7/9/93. Statutory Authority: RCW 43.70.110. 91-22-027 (Order 208), § 246-254-120, filed 10/29/91, effective 11/29/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-254-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-70-070, filed 12/11/86; 79-12-073 (Order 1459), § 402-70-070, filed 11/30/79, effective 1/1/80.]

Chapter 246-282 WAC
SANITARY CONTROL OF SHELLFISH

WAC

246-282-990 Shellfish program certification fees.

WAC 246-282-990 Shellfish program certification fees. (1) Annual certificate fees shall be:

Type of Operation	Annual Fee
Shellstock Shipper	
0 - 49 Acres	$250.
50 or greater Acres	$400.

Shucker-Packer	
Plants with floor space < 2000 sq. ft.	$450.
Plants with floor space > 2000 sq. ft. and < 5000 sq. ft.	$550.
Plants with floor space > 5000 sq. ft.	$1,000.

(2) Type of operations are defined as follows:

(a) "Shellstock shipper" shall mean shippers growing, harvesting, buying, or selling shellstock. Shellstock shippers are not authorized to shuck shellfish or to repack shucked shellfish.

(b) "Shucker-packer" shall mean shippers shucking and packing shellfish. A shucker-packer may act as a shellstock dealer.

[Statutory Authority: RCW 43.70.040. 93-17-096 (Order 389), § 246-282-990, filed 8/17/93, effective 9/17/93; 91-02-049 (Order 121), recodified as § 246-282-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 85-12-029 (Order 2236), § 440-44-065, filed 5/31/85; 84-13-006 (Order 2109), § 440-44-065, filed 6/7/84; 83-15-021 (Order 1991), § 440-44-065, filed 7/14/83. Statutory Authority: 1982 c 201. 82-13-011 (Order 1825), § 440-44-065, filed 6/4/82.]

Chapter 246-290 WAC
PUBLIC WATER SUPPLIES

WAC

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246-290-672 Interim treatment requirements.
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246-290-676 Filtration technology and design criteria.
246-290-678 Reliability for filtered systems.
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246-290-686 Compliance requirements for unfiltered systems.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-290-210 Source protection. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-210, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-125, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-125, filed 9/8/83.] Repealed by 93-08-011 (Order 352B), filed 3/25/93, effective 4/25/93. Statutory Authority: RCW 43.20.050.

246-290-400 Operator certification. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-400, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-194, filed 2/17/88.] Repealed by 93-08-011 (Order 352B), filed 3/25/93, effective 4/25/93. Statutory Authority: RCW 43.20.050.

246-290-450 Watershed control. [Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-450, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-225, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-225, filed 9/8/83.] Repealed by 93-08-011 (Order 352B), filed 3/25/93, effective 4/25/93. Statutory Authority: RCW 43.20.050.

WAC 246-290-001 Purpose and scope. (1) The purpose of these rules is to define basic regulatory requirements and to protect the health of consumers using public drinking water supplies.

(2) The rules of this chapter are specifically designed to ensure:

(a) Adequate design, construction, sampling, management, maintenance, and operation practices; and

(b) Provision of high quality drinking water in a reliable manner and in a quantity suitable for intended use.

(3) Purveyors shall be responsible for complying with the regulatory requirements of this chapter.

(4) These rules are intended to conform with P.L. 93-523, the Federal Safe Drinking Water Act of 1974, and P.L. 99-339, the Safe Drinking Water Act Amendments of 1986.

(5) The rules set forth are adopted under chapter 43.20 RCW. Other statutes relating to this chapter are:

(a) RCW 43.20B.020, Fees for services—Department of health and department of social and health services;

(b) Chapter 43.70 RCW, Department of health;

(c) Chapter 70.05 RCW, Local health department, boards, officers—Regulations;

(d) Chapter 70.116 RCW, Public Water System Coordination Act of 1977;

(e) Chapter 70.119 RCW, Public water supply systems—Certification and regulation of operators;

(f) Chapter 70.119A RCW, Public water systems—Penalties and compliance; and

(g) Chapter 70.142 RCW, Chemical contaminants and water quality.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-001, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-001, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-005, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-005, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-005, filed 9/8/83.]

WAC 246-290-010 Definitions. Abbreviations:

BAT - best available technology;

CSE - comprehensive system evaluation;

GWI - ground water under the direct influence of surface water;

kPa - kilo pascal (SI units of pressure);

m - meter;

MCL - maximum contaminant level;

mg/L - milligrams per liter;

mL - milliliter;

mm - millimeter;

NTNC - nontransient **noncommunity;**

NTU - nephelometric turbidity unit;

pCi/L - picocuries per liter;

psi - pounds per square inch;

SAL - state advisory level;

SOC - synthetic organic chemical;

THM - trihalomethane;

TNC - transient **noncommunity;**

TNTC - too numerous to count;

ug/L - micrograms per liter;

umhos/cm - micromhos per centimeter;

VOC - volatile organic chemical; and

WFI - water facilities inventory and report form.

"Acute" means posing an immediate risk to human health.

"Best available technology (BAT)" means the best technology, treatment techniques, or other means which EPA finds, after examination for efficacy under field conditions, are available (taking cost into consideration). For the purposes of setting MCLs for synthetic organic chemicals, any BAT must be at least as effective as granular activated carbon.

"Category red operating permit" means an operating permit identified as such pursuant to chapter 246-294 WAC. Placement in this category results in permit issuance with conditions and a determination that the system is inadequate.

"Coliform sample" means a sample of water collected from the distribution system at or after the first service and analyzed for coliform presence in compliance with this chapter.

"Composite sample" means a sample created in a certified laboratory by mixing equal parts of water from up to five different sources.

"Comprehensive system evaluation (CSE)" means a review, inspection, and assessment of a public water system, including but not limited to: Source; facilities; equipment; operation and administration; maintenance; records; planning documents and schedules; and monitoring, for the purpose of ensuring that safe and adequate drinking water is provided.

"Confirmation" means to demonstrate the results of a sample to be precise by analyzing a repeat sample. Confirmation occurs when analysis results fall within plus or minus thirty percent of the original sample.

"Confluent growth" means a continuous bacterial growth covering a portion or the entire filtration area of a membrane filter in which bacterial colonies are not discrete.

"Contaminant" means a substance present in drinking water which may adversely affect the health of the consumer or the aesthetic qualities of the water.

"Cross-connection" means a physical arrangement connecting a public water system, directly or indirectly, with anything other than another potable water system, and capable of contaminating the public water system.

"Department" means the Washington state department of health or health officer as identified in a joint plan of operation in accordance with WAC 246-290-030(1).

"Disinfection" means the use of chlorine or other agent or process the department approves for killing or inactivating microbiological organisms, including pathogenic and indicator organisms.

"Distribution system" means that portion of a public water system which conveys water from the source and/or treatment facilities to consumers.

"Domestic or other nondistribution system plumbing problem," means contamination of a system having more than one service connection with the contamination limited to the specific service connection from which the sample was taken.

"Duplicate (verification) sample" means a second sample collected at the same time and location as the first sample and used for verification.

"Fire flow" means the rate of water flow needed to fight fires under WAC 246-293-640 or adopted city, town, or county standards.

"First customer" means the first service connection, i.e., the point where water is first withdrawn for human consumption, excluding connections where water is delivered to another water system covered by these regulations.

"Grab sample" means a water qualify sample collected at a specific instant in time and analyzed as an individual sample.

"Ground water under the direct influence of surface water (GWI)" means any water beneath the surface of the ground, which the department determines has the following characteristics:

Significant occurrence of insects or other macroorganisms, algae, or large-diameter pathogens such as *Giardia lamblia;* or

Significant and relatively rapid shifts in water characteristics such as turbidity, temperature, conductivity, or pH closely correlating to climatological or surface water conditions.

"Guideline" means a department document assisting the purveyor in meeting a rule requirement.

"Health officer" means the health officer of the city, county, city-county health department or district, or an authorized representative.

"Hydraulic analysis" means the study of the water system network evaluating water flows within the distribution system under worst case conditions such as, peak hourly design flow plus fire flow, when required. Hydraulic

analysis includes consideration of all factors affecting system energy losses.

"Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 4.

"Maximum contaminant level violation" means a confirmed measurement above the MCL and for a duration of time, where applicable, as outlined under WAC 246-290-310.

"Nonacute" means posing a possible or less than immediate risk to human health.

"Nonresident" means a person without a permanent home or without a home served by the system, such as travelers, transients, employees, students, etc.

"Peak hourly design flow" means the maximum rate of water use, excluding fire flow, which can be expected to ever occur within a defined service area over a sixty minute time period.

"Population served" means the number of persons, resident and nonresident, having immediate access to drinking water from a public water system, whether or not such persons have actually consumed water from that system. The number of nonresidents shall be the average number of persons having immediate access to drinking water on days access was provided during that month. In the absence of specific population data, the number of residents shall be computed by multiplying the number of active services by two and one-half.

"Potable" means water suitable for drinking by the public.

"Primary standards" means standards based on chronic, nonacute, or acute human health effects.

"Protected ground water source" means a ground water source the purveyor shows to the department's satisfaction as protected from potential sources of contamination on the basis of hydrogeologic data and/or satisfactory water quality history.

"Public water system" is defined and referenced under WAC 246-290-020.

"Purchased source" means water a purveyor purchases from a public water system not under the control of the purveyor for distribution to the purveyor's customers.

"Purveyor" means an agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or other entity owning or operating a public water system. Purveyor also means the authorized agents of such entities.

"Regularly" means four hours or more per day for four days or more per week.

"Repeat sample" means a sample collected to confirm the results of a previous analysis.

"Resident" means an individual living in a dwelling unit served by a public water system.

"Residual disinfectant concentration" means the concentration of disinfectant in mg/L in a representative sample of disinfected water.

"Seasonal source" means a public water system source used on a regular basis, but not in use more than three consecutive months within a twelve-month period.

"Secondary standards" means standards based on factors other than health effects.

"Service" means a connection to a public water system designed to serve a single family residence, dwelling unit, or equivalent use. When the connection is a group home or barracks-type accommodation, two and one-half persons shall be equivalent to one service.

"Special purpose sample" means a sample collected for reasons other than the monitoring compliance specified in this chapter.

"Standard methods" means the 18th edition of the book, titled *Standard Methods for the Examination of Water and Waste Water,* jointly published by the American Public Health Association, American Water Works Association (AWWA), and Water Pollution Control Federation. This book is available through public libraries or may be ordered from AWWA, 6666 West Quincy Avenue, Denver, Colorado 80235.

"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.

"State board of health" and "board" means the board created by RCW 43.20.030.

"Surface water" means a body of water open to the atmosphere and subject to surface runoff.

"Synthetic organic chemical (SOC)" means a manufactured carbon-based chemical.

"Too numerous to count (TNTC)" means the total number of bacterial colonies exceeds 200 on a 47-mm diameter membrane filter used for coliform detection.

"Trihalomethane (THM)" means one of a family of organic compounds, named as derivatives of methane, where three of the four hydrogen atoms in methane are each substituted by a halogen atom in the molecular structure. Trihalomethanes may occur when chlorine, a halogen, is added to water.

"Verification" means to demonstrate the results of a sample to be precise by analyzing a duplicate sample. Verification occurs when analysis results fall within plus or minus thirty percent of the original sample.

"Volatile organic chemical (VOC)" means a manufactured carbon-based chemical that vaporizes quickly at standard pressure and temperature.

"Waterborne disease outbreak" means the significant occurrence of acute infectious illness, epidemiologically associated with drinking water from a public water system, as determined by the appropriate local health agency or the department.

"Water facilities inventory form (WFI)" means the department form summarizing each public water system's characteristics.

"Watershed" means the region or area which:

Ultimately drains into a surface water source diverted for drinking water supply; and

Affects the physical, chemical, microbiological, and radiological quality of the source.

"Well field" means a group of wells one purveyor owns or controls which:

Draw from the same aquifer or aquifers as determined by comparable inorganic chemical analysis; and

Discharge water through a common pipe and the common pipe shall allow for collection of a single sample before the first distribution system connection.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-010, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-010, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-010, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-010, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-015, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-015, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-015, filed 9/8/83.]

WAC 246-290-020 Applicability. (1) Public water system shall mean any system, excluding a system serving only one single-family residence and a system with four or fewer connections all of which serve residences on the same farm, providing piped water for human consumption, including any:

(a) Collection, treatment, storage, or distribution facilities under control of the purveyor and used primarily in connection with such system; and

(b) Collection or pretreatment storage facilities not under control of the purveyor primarily used in connection with such system.

(2) The rules of this chapter shall apply to all public water systems except those systems meeting all of the following conditions:

(a) Consists only of distribution and/or storage facilities and does not have any source or treatment facilities;

(b) Obtains all water from, but is not owned by, a public water system where the rules of this chapter apply;

(c) Does not sell water directly to any person;

(d) Has water distribution facilities that are subject to inspection or regulation by a state or local agency other than the department; and

(e) Is not a passenger-conveying carrier in interstate commerce.

(3) Public water systems shall be categorized as follows:

(a) A **Group A** water system shall be a system:

(i) With fifteen or more service connections, regardless of the number of people; or

(ii) Serving an average of twenty-five or more people per day for sixty or more days within a calendar year, regardless of the number of service connections.

Group A water systems are further defined as **community** and **noncommunity** water systems.

(b) **Community** (residential) water system means any **Group A** public water system:

(i) With fifteen or more service connections used by residents for one hundred eighty or more days within a calendar year, regardless of the number of people; or

(ii) Regularly serving twenty-five or more residents for one hundred eighty or more days within the calendar year, regardless of the number of service connections.

Examples of a **community** (residential) water system might include a municipality, subdivision, mobile home park, apartment complex, college with dormitories, nursing home, or prison.

(c) **Noncommunity** water system means a **Group A** public water system which is not a **community** (residential) water system. **Noncommunity** water systems are further defined as:

(i) **Nontransient (NTNC)** water system means a **noncommunity** water system regularly serving twenty-five or more of the same nonresidents for one hundred eighty or more days within a calendar year.

Examples of a **NTNC** water system might include a school, day care center, or a business, factory, motel, or restaurant with twenty-five or more employees on-site.

(ii) **Transient (TNC)** water system means a **noncommunity** water system:

(A) Having fifteen or more service connections used less than one hundred eighty days within a calendar year; or

(B) Serving twenty-five or more different nonresidents for sixty or more days within a calendar year; or

(C) Serving twenty-five or more of the same nonresidents for sixty or more days, but less than one hundred eighty days within a calendar year; or

(D) Serving twenty-five or more residents for sixty or more days, but less than one hundred eighty days within a calendar year.

Examples of a **TNC** water system might include a restaurant, tavern, motel, campground, state or county park, an RV park, vacation cottages, highway rest area, or church.

(d) A **Group B** water system means a public water system which is not a **Group A** water system. This would include a water system with less than fifteen service connections and serving:

(i) An average of less than twenty-five people for sixty or more days within a calendar year; or

(ii) Any number of people for less than sixty days within a calendar year.

(4) A public water system meeting more than one of the categories described in this section shall be classified by the department in the following order:

(a) **Community** water system;

(b) **NTNC** water system;

(c) **TNC** water system; and

(d) **Group B** water system.

(5) The rules of this chapter to apply to the source or supply of water used by bottled water plants to produce bottled water are as follows:

(a) If the bottled water plant is a **Group A** water system and the plant uses the system's source for the water that is bottled, the source and supply used for the bottled water shall meet the applicable **Group A** requirements;

(b) If the bottled water plant uses its own source for the water that is bottled, and the plant is not a **Group A** system, the owner or operator shall obtain source approval from the department, and the water shall meet the minimum requirements for a **Group A** system;

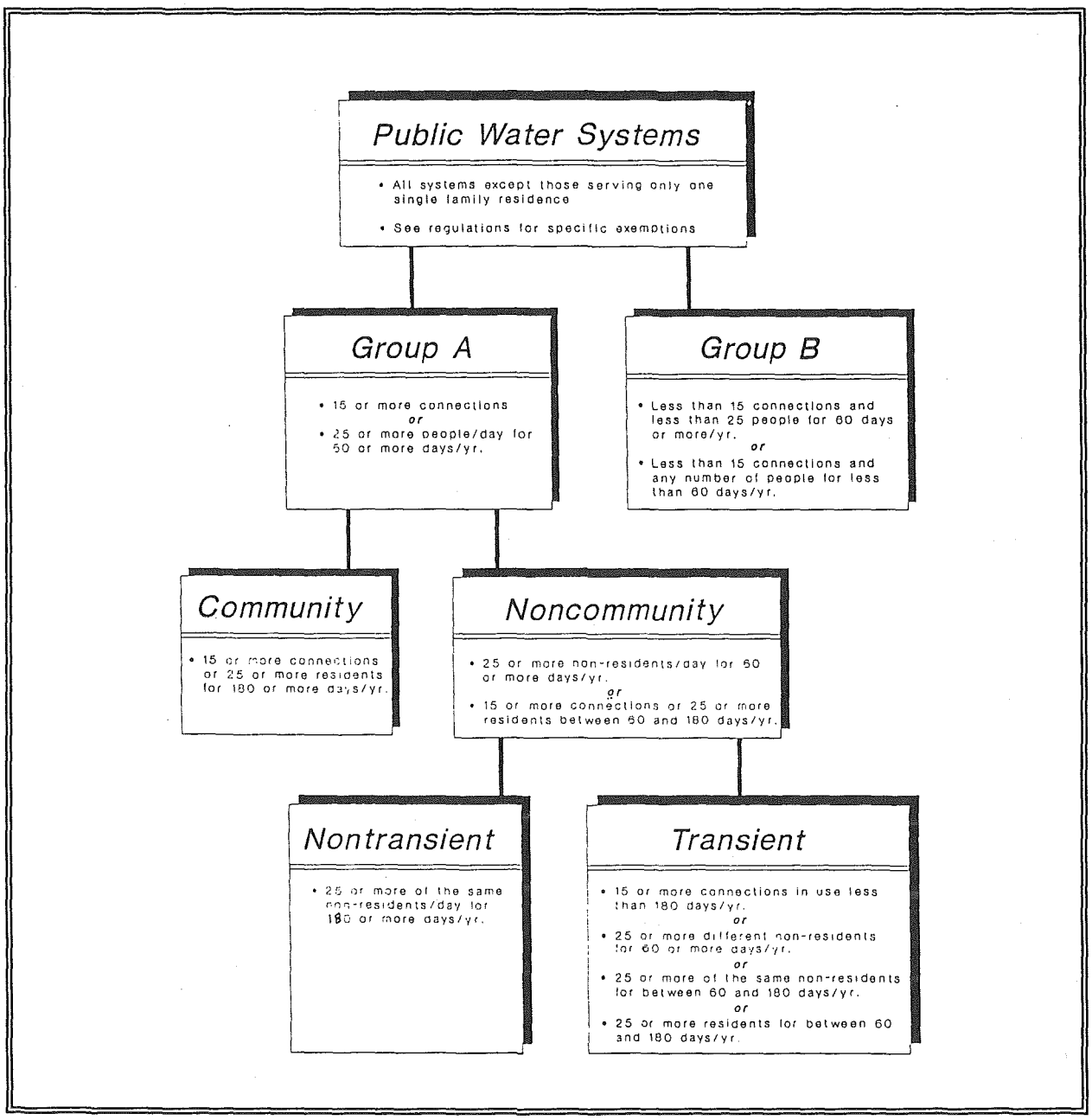
(c) If the bottled water plant purchases the water for bottling from another source or supply, the water shall meet the minimum requirements for a **Group A** system, and the owner or operator of the plant shall ensure that the water meets such requirements;

(d) The source or supply for the water that is bottled shall be protected from contamination prior to the bottling process; and

(e) In addition to the requirements imposed under this subsection, the processing of bottled water shall be subject

to regulation by the state department of agriculture and the United States Food and Drug Administration.

Table 1



[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-020, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-020, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-006, filed 10/10/89, effective 11/10/89.]

WAC 246-290-030 General administration. (1) The department and the health officer for each local health jurisdiction shall develop a joint plan of operation listing the roles of each agency for administering these rules. This plan shall:

(a) Specifically designate those systems for which the department and local health officer have primary responsibility;

(b) Provide for a minimum acceptable level of water system supervision;

(c) Be signed by the department and the chairperson of the local board of health; and

(d) Be updated as needed.

Wherever in these rules the term "department" is used, the term "health officer" may be substituted based on the terms of this plan of operation.

(2) The department shall, upon request, review and report on the adequacy of water supply supervision to both the state and local boards of health.

(3) The local board of health may adopt rules governing public water systems within its jurisdiction for which the health officer has assumed primary responsibility. Adopted local board of health rules shall be:

(a) No less stringent than this chapter; and

(b) Revised, if necessary, within twelve months after the effective date of revised state board of health rules. During this time period, existing local rules shall remain in effect, except provisions of the revised state board of health rules which are more stringent than the local board of health rules shall apply.

(4) The health officer may waive any or all requirements of these rules for **Group B** water systems with two connections where the health officer has assumed primary responsibility for these systems.

(5) For those public water systems where the health officer has assumed primary responsibility, the health officer may approve project reports and construction documents in accordance with engineering criteria approved by the department.

(6) An advisory committee shall be established to provide guidance to the department on drinking water issues. Members shall be appointed by the department and conform to department policies for advisory committees. The committee shall be composed of representatives of public water systems, public groups, agencies, and individuals having an interest in drinking water.

(7) The department may develop guidelines to clarify sections of the rules as needed and make these available for distribution.

(8) Fees may be charged by the department as authorized in chapter 43.20B RCW and by local health agencies as authorized in RCW 70.05.060 to recover all or a portion of the costs incurred in administering these rules.

(9) All state and local agencies involved in review, approval, surveillance, testing, and/or operation of public water systems, or issuance of permits for buildings or sewage systems shall be governed by these rules and any decisions of the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-030, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-030, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-025, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-025, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-025, filed 9/8/83.]

WAC 246-290-040 Engineering requirements. (1) Purveyors shall ensure that all water system plans, project reports, and construction documents are prepared by a professional engineer:

(a) Licensed in the state of Washington under chapter 18.43 RCW; and

(b) Having specific expertise regarding design, operation, and maintenance of public water systems.

All documents shall bear the professional engineer's seal and signature. Tracer studies, where required by this chapter, shall also be prepared by a professional engineer licensed in accordance with chapter 18.43 RCW.

(2) Exceptions to the professional engineer requirement in subsection (1) of this section are:

(a) Minor projects not requiring engineering expertise as determined by the department under WAC 246-290-120 (2)(a) through (d); and

(b) Public water systems serving less than ten service connections consisting of a simple well and pressure tank with one pressure zone and not providing special treatment or having special hydraulic considerations. These systems may be designed by a water system designer certified by the local health jurisdiction in those counties having a water system designer program recognized by the department.

(3) Purveyors shall submit a *Construction Report For Public Water System Projects* to the department within sixty days of completion and before use of any project approved by the department. The form shall:

(a) Be signed by:

(i) A professional engineer; or

(ii) In the case of projects identified in subsection (2)(b) of this section, by the certified designer.

(b) State:

(i) The project is constructed and is substantially completed in accordance with approved construction documents; and

(ii) In the opinion of the engineer, based on information available, the installation, testing, and disinfection of the system was carried out per department guidelines.

(4) The purveyor shall ensure the requirements of this section are fulfilled before the use of any completed project. When required by the department, the purveyor shall submit an updated water facilities inventory form with the *Construction Report For Public Water System Projects* form.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-040, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-040, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-035, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-035, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-035, filed 9/8/83.]

WAC 246-290-050 Enforcement. When any purveyor is out of compliance with these rules, the department may initiate appropriate enforcement actions, regardless of any prior approvals issued by the department. These actions may include any one or combination of the following:

(1) Notice of violation instructing or requiring appropriate corrective measures;

(2) Compliance schedule for specific actions necessary to achieve compliance status;

(3) Departmental order requiring submission of project reports, construction documents, and construction report forms;

(4) Departmental order requiring specific actions or ceasing unacceptable activities within a designated time period;

(5) Departmental order to stop work and/or refrain from using any public water system or improvements thereto until all written approvals required by statute or rule are obtained;

(6) Imposition of civil penalties for failure to comply with departmental orders may be issued for up to 5,000 dollars per day per violation under authority of chapter 70.119A RCW; and

(7) Legal action may be taken by the attorney general or local prosecutor. The legal action may be criminal or civil.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-050, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-050, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-045, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-045, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-045, filed 9/8/83.]

WAC 246-290-060 Variances, exemptions, and waivers. (1) General.

(a) The state board of health may grant variances, exemptions, and waivers of the requirements of this chapter according to the procedures outlined in subsection (5) of this section. The procedures outlined in this section rather than the procedures outlined in WAC 246-08-210 shall govern the board's consideration of requests for variances, exemptions, and waivers of the requirements of this chapter.

(b) Consideration by the board of requests for variances, exemptions, and waivers shall not be considered adjudicative proceedings as that term is defined in chapter 34.05 RCW.

(c) Statements and written material regarding the request may be presented to the board at or before the public hearing wherein the application will be considered. Allowing cross-examination of witnesses shall be within the discretion of the board.

(d) The board may grant a variance, exemption, or waiver if it finds:

(i) Due to compelling factors, the public water system is unable to comply with the requirements; and

(ii) The granting of the variance, exemption, or waiver will not result in an unreasonable risk to the health of consumers.

(2) Variances.

(a) MCL.

(i) The board may grant a MCL variance to a public water system that cannot meet the MCL requirements because of characteristics of the source water that is reasonably available to the system.

(ii) A MCL variance may only be granted after the system has applied the best available technology (BAT), treatment techniques, or other means as identified by the environmental protection agency (EPA) and still cannot meet a MCL as specified in section 1415, P.L. 99-523 as amended by P.L. 99-339.

(iii) A variance shall not be granted from the MCL for presence of total coliform under WAC 246-290-310(3).

(b) Treatment techniques.

(i) The board may grant a treatment technique variance to a public water system if the system demonstrates that the treatment technique is not necessary to protect the health of consumers because of the nature of the system's source water.

(ii) A variance shall not be granted from any treatment technique requirement under Part 6 of chapter 246-290 WAC.

(c) The board shall condition the granting of a variance upon a compliance schedule as described in subsection (6) of this section.

(3) Exemptions.

(a) The board may grant a MCL or treatment technique exemption to a public water system that cannot meet an MCL or provide the required treatment in a timely manner, or both, as specified under section 1416, P.L. 93-523 as amended by P.L. 99-339.

(b) An exemption may be granted for up to one year if the system was:

(i) In operation on the effective date of the MCL or treatment technique requirement; or

(ii) Not in operation on the effective date, and no reasonable alternative source of drinking water is available.

(c) No exemption shall be granted from:

(i) The requirement to provide a residual disinfectant concentration in the water entering the distribution system under WAC 246-290-662 or 246-290-692; or

(ii) The MCL for presence of total coliform under WAC 246-290-310(2).

(d) The board shall condition the granting of an exemption upon a compliance schedule as described in subsection (6) of this section.

(4) Waivers. The board may grant a waiver to a public water system if the system cannot meet the requirements of these regulations pertaining to any subject not covered by EPA regulations.

(5) Procedures.

(a) For variances and exemptions. The board shall consider granting a variance or exemption to a public water system upon completion of the following actions:

(i) The purveyor applies in writing to the department. The application, which may be in the form of a letter shall clearly state the reason for the request and what actions the purveyor has taken to meet the requirement;

(ii) The purveyor provides notice of the purveyor's application to customers and provides proof of such notice to the department;

(iii) The department prepares recommendations, including a compliance schedule for the board's consideration;

(iv) The board provides notice for and conducts a public hearing on the purveyor's request.

(v) EPA reviews any variance or exemption granted by the board for concurrence, revocation, or revision as provided under sections 1415 and 1416 of P.L. 93-523.

(b) For waivers. The board shall consider granting a waiver upon completion of the following actions:

(i) The purveyor applies to the department in writing. The application, which may be in the form of a letter, shall clearly state the reason for the request;

(ii) The purveyor provides notice of the purveyor's application to customers and provides proof of such notice to the department;

(iii) The department prepares a recommendation to the board; and

(iv) The board provides notice for and conducts a public hearing on the purveyor's request.

(6) Compliance schedule.

(a) The board shall condition the granting of a variance or exemption based on a compliance schedule. The compliance schedule shall include:

(i) Actions the purveyor must undertake to comply with a MCL or treatment technique requirement within a specified time period; and

(ii) A description and time-table for implementation of interim control measures the department may require while the purveyor completes the actions required in (a)(i) of this subsection.

(b) The purveyor shall complete the required actions in the compliance schedule within the stated time frame.

(7) Extensions to exemptions.

(a) The board may extend the final date of compliance prescribed in the compliance schedule for a period of up to three years after the date the exemption was granted upon a finding that the water system:

(i) Cannot meet the MCL or treatment technique requirements without capital improvements which cannot be completed within the original exemption period; or

(ii) Has entered into an agreement to obtain needed financial assistance for necessary improvements; or

(iii) Has entered into an enforceable agreement to become part of a regional public water system and the system is taking all practicable steps to meet the MCL.

(b) The board may extend the final date of compliance prescribed in the compliance schedule of an exemption for one or more additional two-year periods if the purveyor:

(i) Is a Group A community water system providing water to less than five hundred service connections; and

(ii) Needs financial assistance for the necessary improvements; and

(iii) Is taking all practicable steps to meet the compliance schedule.

(c) Procedures listed in subsection (5) of this section shall be followed in the granting of extensions to exemptions.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-060, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-060, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-055, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-055, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-055, filed 9/8/83.]

WAC 246-290-100 Water system plan. (1) The purpose of this section is to establish a uniform process for purveyors to:

(a) Identify present and future needs;

(b) Set forth means for meeting those needs; and

(c) Do so in a manner consistent with other relevant plans and local, state, and federal laws.

(2) Purveyors of the following categories of public water systems shall ensure the development and submittal of a water system plan for review and approval by the department:

(a) All public water systems having one thousand or more services;

(b) Public water systems located in areas utilizing the Public Water System Coordination Act of 1977, chapter 70.116 RCW and chapter 248-56 WAC;

(c) Any public water system experiencing problems related to planning, operation, and/or management as determined by the department;

(d) Any expanding Group A water system;

(e) Any Group A water system for which a change of ownership is proposed; and

(f) All new Group A water systems.

(3) The department shall work with the purveyor and other parties to establish the level of detail for a water system plan. In general, the scope and detail of the plan will be related to size and complexity of the water system. Project reports may be combined with a water system plan.

(4) The water system plan shall address the following elements as a minimum for a period of at least twenty years into the future. A department guideline titled *Planning Handbook* is available to assist the utility in adequately addressing these elements:

(a) Basic water system planning data;

(b) Existing system analysis;

(c) Planned improvements;

(d) Conservation program;

(e) Financial program;

(f) Relationship and compatibility with other plans, including local growth management plans and development policies;

(g) Supporting maps;

(h) Operations program;

(i) Ownership and management;

(j) State Environmental Policy Act; and

(k) Watershed control program when applicable under WAC 246-290-135.

(5) Department approval of a water system plan shall be in effect for six years from the date of written approval unless:

(a) Major system improvements are contemplated which are not addressed in the plan;

(b) Changes occur in the basic planning data affecting improvements identified; or

(c) The department requests an updated plan.

(6) The purveyor shall update the plan and submit it for approval every six years. However, if only minor alterations to an existing plan are considered necessary, the purveyor may submit an amendment to the plan for department approval.

(7) Project reports and construction documents submitted for approval per WAC 246-290-110 and 246-290-120 by purveyors required to have a water system plan, will not be considered for approval unless there is a current approved water system plan and the plan adequately addresses the project.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-100, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-065, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-065, filed 9/8/83.]

WAC 246-290-110 Project report. (1) The purpose of this section is to assure the following factors are taken into account for specific projects prior to construction:

(a) Engineering concepts;

(b) Design criteria;

(c) Planning;

(d) Source protection;

(e) Water quality and quantity;

(f) Results of the filtration facility pilot study;

(g) Local requirements such as fire flow;

(h) Facility operation;

(i) Short-term and long-term financing; and

(j) Other necessary department-determined considerations.

The project report shall document the reasons for carrying out the project and construction documents shall identify how the project will be constructed.

(2) The purveyor shall submit project reports to the department for written approval prior to installation of any new water system, water system extension, or improvement with the following exceptions:

(a) Installation of valves, fittings, and meters;

(b) Installation of hydrants under WAC 246-290-230;

(c) Repair of a system component or replacement with a similar component;

(d) Maintenance or painting of surfaces not contacting potable water; and

(e) Distribution mains if:

(i) Approved standard construction specifications are documented in the water system plan approved by the department; and

(ii) The purveyor provides documentation to the department that a professional engineer registered in Washington, certified the construction and that said construction complied with the standard specifications found in the current department-approved water system plan; and

(iii) The purveyor provides documentation to the department of the pressure test results, disinfection procedures used and tests performed, and water quality sample results obtained prior to placing the distribution pipe into service.

(3) Project reports shall be consistent with the standards identified under WAC 246-290-200 and shall include, at a minimum, the following elements (information contained in a current approved water system plan or current project report need not be duplicated in the new project report. Any planning information in a project report shall be project specific.):

(a) Project description. Identify what the project is intended to achieve, design considerations, approach, etc.;

(b) Planning. If the system has an approved water system plan, show the project's relationship to the plan. If a water system plan is not required, include:

(i) General project background with population and water demand forecasts;

(ii) Relationship between the project and other system components;

(iii) Project schedule;

(iv) Management program; and

(v) How the project will impact neighboring water systems.

(c) Alternatives. Describe options, their impacts, and justify the selected alternative;

(d) Legal considerations. Identify legal aspects such as ownership, right-of-way, sanitary control area, and restrictive covenants. Include discussion of the project's relationship with the boundary review board and the utility and transportation commission;

(e) Engineering calculations. Describe how the project complies with the design considerations. Include the hydraulic analysis, sizing justification, and other relevant technical considerations necessary to support the project;

(f) Management. If the system has an approved management program, refer to that document. If not, describe:

(i) System ownership and management responsibilities;

(ii) Long-term management considerations;

(iii) How the project will be operated; and

(iv) How the project will be maintained over time.

(g) Implementation. Identify the schedule for completion of the project and implementation strategies, if any. Project phasing should also be discussed;

(h) State Environmental Policy Act (SEPA). Include an environmental impact statement, determination of nonsignificance, or justify why SEPA does not apply to the project. Refer to chapter 246-03 WAC and the *DOH Drinking Water SEPA Guide*;

(i) Source development information. If the project involves source development, address requirements under WAC 246-290-130; and

(j) Type of treatment. If the project involves treatment, refer to WAC 246-290-250.

(k) The information required in this subsection shall be included in a letter addendum to the workbook for **Group B** water systems.

(4) Approval of project documents shall be in effect for two years unless the department determines a need to withdraw the approval. An extension of the approval may be obtained by submitting a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions imposed by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-110, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-110, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-086, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-086, filed 2/17/88.]

WAC 246-290-120 Construction documents. (1) The purpose of this section is to assure detailed plans, specifications, drawings, and other documents are adequately prepared for specific projects. Construction documents shall identify how specific projects will be constructed while the project report documents the reasons for carrying out the project.

(2) Purveyors shall submit construction documents to the department for written approval prior to installation of any new water system, or water system extension or improvement with the following exceptions:

(a) Installation of valves, fittings, and meters;

(b) Installation of hydrants per WAC 246-290-230(3);

(c) Repair of a system component or replacement with a similar component;

(d) Maintenance or painting of surfaces not contacting potable water; or

(e) Distribution mains if:

(i) Approved water system plan documents standard construction specifications approved by the department; and

(ii) The purveyor provides documentation to the department that a professional engineer registered in Washington, certified the construction and that said construction complied with the standard specifications found in the current department-approved water system plan; and

(iii) The purveyor provides documentation to the department of the pressure test results, disinfection procedures used and tests performed, and water quality sample results obtained prior to placing the distribution pipe into service.

(3) Construction documents shall be consistent with the standards identified in WAC 246-290-200 and shall include, at a minimum, the following:

(a) Drawings. Include detailed drawings of each project component;

(b) Material specifications. List detailed material specifications for each project component;

(c) Construction specifications. List detailed construction specifications and assembly techniques for carrying out the project;

(d) Testing. Identify testing criteria and procedures for each applicable portion of the project;

(e) Disinfection. Identify specific disinfection procedures which must conform with American water works association standards or other standards acceptable by the department;

(f) Inspection. Identify provisions for inspection of the installation of each project component. See WAC 246-290-040 for construction reporting requirements; and

(g) Change orders. All changes except for minor field revisions must be submitted to and approved by the department in writing. Identify who will be responsible for obtaining departmental approval and how change orders will be reported to the department.

(4) Approval of construction documents shall be in effect for two years unless the department determines a need to withdraw the approval. An extension of the approval may be obtained by submitting a status report and a written schedule for completion. Extensions may be subject to additional terms and conditions imposed by the department.

(5) A department guideline titled *Planning Handbook* is available to assist the utility in meeting the planning-related requirements of this section.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-120, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-120, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-096, filed 2/17/88.]

WAC 246-290-130 Source approval. (1) No new source, previously unapproved source, or modification of an existing source shall be used as a public water supply without department approval. A party seeking approval shall provide the department:

(a) A copy of the water right permit, if required, obtained from the department of ecology for the source, quantity, type, and place of use;

(b) A hydrogeologic assessment of the proposed source along with a general description of the watershed, spring, and/or aquifer recharge area affecting the quantity or quality of flow. Seasonal variation shall also be included;

(c) Any information, in addition to (b) of this subsection, as requested by the department to determine whether a source is a GWI;

(d) For surface water and GWI sources, the watershed control program identified under WAC 246-290-135 and Part 6 of chapter 246-290 WAC;

(e) Upstream water uses affecting either water quality or quantity;

(f) A map showing the project location and vicinity;

(g) A map depicting topography, distances to the surface water intake, well or spring from existing property lines, buildings, potential sources of contamination, ditches, drainage patterns, and any other natural or man-made features affecting the quality or quantity of water;

(h) The dimensions and location of the sanitary control area under WAC 246-290-210;

(i) Copies of the recorded legal documents for the sanitary control area under WAC 246-290-210;

(j) A copy of the on-site inspection approval made by the department or local health department representative;

(k) A copy of the water well report;

(l) Required construction documents in accordance with WAC 246-290-120;

(m) Documentation of source meter installation;

(n) Well source development data establishing the capacity of the source. Data shall include:

(i) Static water level;

(ii) Yield;

(iii) The amount of drawdown;

(iv) Recovery rate;

(v) Duration of pumping; and

(vi) Interference between existing sources and the source being tested.

The source shall be pump tested at no less than the maximum design rate to determine whether the well and aquifer are capable of supplying water at the rate desired and to provide information necessary to determine the proper pump settings in the well. A department guideline on pump testing is available to assist purveyors;

(o) An initial analysis result of source water quality, including as a minimum the following:

(i) Bacteriological;

(ii) Complete inorganic chemical and physical;

(iii) VOC;

(iv) Radionuclide (if source being approved is for a community system); and

(v) Any other information required by the department.

When source water quality is subject to variation, the department may require additional analyses to define the range of variation;

(p) If treatment is planned, refer to WAC 246-290-250(2) and Part 6 of chapter 246-290 WAC, if applicable; and

(q) Other department-required information. Before initiating source development or modification, the purveyor shall contact the department to identify any such additional information.

(2) The department shall issue a written source approval when:

(a) The purveyor submits the necessary information to the satisfaction of the department; and

(b) The developed source provides water complying with this chapter.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-130, filed 3/25/93, effective 4/25/93. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-130, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-130, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-097, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-097, filed 2/17/88.]

WAC 246-290-135 Source protection. (1) The purveyor shall obtain drinking water from the highest quality

source feasible. Existing and proposed sources of supply shall conform to the water quality standards established in WAC 246-290-310.

(2) The department may require monitoring and controls in addition to those specified in this section if, in the opinion of the department, a potential risk exists to the water quality of a source.

(3) Sanitary control area.

(a) The purveyor shall maintain a sanitary control area around all sources for the purpose of protecting them from existing and potential sources of contamination.

(b) For wells and springs, the minimum sanitary control area shall have a radius of one hundred feet (thirty meters) and two hundred feet (sixty meters) respectively, unless engineering justification supports a smaller area. The justification must address geological and hydrological data, well construction details and other relevant factors necessary to assure adequate sanitary control.

(c) The department may require a larger sanitary control area than specified in (b) of this subsection if geological and hydrological data support such a decision. It shall be the purveyor's responsibility to obtain the protection needed.

(d) No source of contamination may be constructed, stored, disposed of, or applied within the sanitary control area without the permission of the department and the purveyor.

(e) The sanitary control area shall be owned by the purveyor in fee simple, or the purveyor shall have the right to exercise complete sanitary control of the land through other legal provisions.

(f) A purveyor, owning all or part of the sanitary control area in fee simple or having possession and control, shall send to the department copies of legal documentation, such as a duly recorded declaration of covenant, restricting the use of the land. This legal documentation shall state:

(i) No source of contamination may be constructed, stored, disposed of, or applied without the permission of the department and the purveyor; and

(ii) If any change in ownership of the system or sanitary control area is considered, all affected parties shall be informed of these requirements.

(g) Where portions of the control area are in the possession and control of another, the purveyor shall obtain a duly recorded restrictive covenant which shall run with the land, restricting the use of said land in accordance with these rules and provide the department with copies of the appropriate documentation.

(4) Watershed control program.

(a) Purveyors of water systems using surface water or GWI sources shall develop and implement a watershed control program in accordance with Part 6 of chapter 246-290 WAC as applicable.

(b) The watershed control program shall be part of the water system plan required in WAC 246-290-100 or the small water system management program required in WAC 246-290-410.

(c) The purveyor's watershed control program shall contain, at a minimum, the following elements:

(i) Watershed description and inventory, including location, hydrology, land ownership and activities which may adversely affect source water quality;

(ii) Watershed control measures, including documentation of ownership and relevant written agreements, and monitoring of activities and water quality;

(iii) System operation, including emergency provisions; and

(iv) Documentation of water quality trends.

Sections in the department guideline titled *Planning Handbook* and in the *DOH SWTR Guidance Manual* address watershed control and are available to purveyors establishing watershed control programs.

(d) The purveyor shall submit the watershed control program to the department for approval. Following departmental approval, the purveyor shall implement the watershed control program as approved.

(e) Purveyors of systems using unfiltered surface or GWI sources and meeting the criteria to remain unfiltered as specified in WAC 246-290-690 shall submit an annual report to the department which summarizes the effectiveness of the watershed control program. Refer to WAC 246-290-690 for further information about this report.

(f) The purveyor shall update the watershed control program at least every six years, or more frequently if required by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-135, filed 3/25/93, effective 4/25/93.]

WAC 246-290-200 Design standards. (1) Purveyors shall ensure that good engineering practices are used in the design of all public water systems, such as those set out in:

(a) The most recently published edition of *Recommended Standards for Water Works, A Committee Report of the Great Lakes - Upper Mississippi River Board of State Public Health and Environmental Managers;*

(b) Department guideline titled *Sizing Guidelines for Public Water Supplies;*

(c) Standard specifications of the American Public Works Association;

(d) Standard specifications of the American Water Works Association;

(e) Design criteria, such as contained in current college texts and professional journal articles, acceptable to the department;

(f) Chapter 173-160 WAC *Minimum Standards for Construction and Maintenance of Water Wells*;

(g) Visscher, J.T., et. al., *Slow Sand Filtration for Community Water Supply, Planning, Design, Construction, Operation, and Maintenance. 1987.* Technical paper no. 24, The Hague, Netherlands: International Reference Center for Community Water Supply and Sanitation;

(h) Huisman, L. and W.E. Wood. 1974. *Slow Sand Filtration.* Geneva. World Health Organization;

(i) *Manual of Design for Slow Sand Filtration. 1991.* AWWA Research Foundation; and

(j) *Slow Sand Filtration. 1991.* American Society of Civil Engineers.

(2) In addition, purveyors of new or expanding public water systems shall use the following design factors:

(a) Historical water use;

(b) Community versus recreational uses of water;

(c) Local conditions and/or regulations;

(d) Community expectations;

(e) Public Water System Coordination Act considerations where appropriate;

(f) Risks from potential disasters; and

(g) Other requirements as determined by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-200, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-200, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-105, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-105, filed 9/8/83.]

WAC 246-290-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-290-230 Distribution systems. (1) Distribution reservoirs completed after June 1, 1975, shall have suitable watertight roofs or covers preventing entry by birds, animals, insects, and dust and shall include appropriate provisions to safeguard against trespass, vandalism, and sabotage. Purveyors with uncovered distribution reservoirs in use before June 2, 1975, shall comply with the provisions of WAC 246-290-470.

(2) The purveyor shall size and evaluate the distribution system using a hydraulic analysis acceptable to the department.

(3) The minimum diameter of all distribution mains shall be six inches (150 mm) unless justified by hydraulic analysis. Systems designed to provide fire flows shall have a minimum distribution main size of six inches (150 mm). Installation of standard fire hydrants shall not be allowed on mains less than six inches (150 mm) in diameter.

(4) New public water systems or additions to existing systems shall provide a design quantity of water at a positive pressure of at least 30 psi (200 kPa) under peak hourly design flow conditions measured at any customer's water meter or at the property line if no meter exists.

(5) If fire flow is to be provided, the distribution system shall be designed to provide the required fire flow at a pressure of at least 20 psi during peak hourly design flow conditions.

(6) Booster pumps needed for individual services shall be subject to review and approval by the department. Installation shall be made under the supervision of the purveyor to assure cross-connection control requirements are met.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-230, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-230, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-135, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-135, filed 9/8/83.]

WAC 246-290-250 Treatment design. (1) Purveyors shall ensure finished water quality from existing and proposed sources of supply conforms to the minimum water quality standards established in WAC 246-290-310.

(2) Purveyors using surface water or GWI sources shall design, install, and operate treatment facilities to ensure at least:

(a) 99.9 percent (3 log) removal and/or inactivation of *Giardia lamblia* cysts; and

(b) 99.99 percent (4 log) removal and/or inactivation of viruses.

Part 6 of chapter 246-290 WAC contains specific requirements for filtered and unfiltered surface water and GWI systems, including treatment technique, monitoring and reporting requirements.

(3) Predesign studies shall be required for proposed surface water and GWI sources and those ground water sources requiring treatment. The goal of the predesign study shall be to establish the most effective method, considering economics, to produce satisfactory finished water quality meeting the requirements of this chapter and complying with the treatment technique requirements in Part 6 of chapter 246-290 WAC. The predesign study shall be included as part of the project report under WAC 246-290-110. Refer to WAC 246-290-676 for requirements relating specifically to the filtration facility pilot study.

(4) The minimum level of treatment for all well sources and spring sources not classified as GWI's shall be continuous and effective disinfection as determined by the department. The department may reduce the requirement for disinfection for public water systems with:

(a) Well sources not classified as GWI's:

(i) Having a satisfactory bacteriological history at the source and within the distribution system as determined by the department; and

(ii) Drawing from a protected aquifer as determined by the department.

(b) Spring sources not classified as GWI's:

(i) Having a satisfactory bacteriological history at the source and within the distribution system as determined by the department;

(ii) Having evidence to demonstrate, to the satisfaction of the department, the spring originates in a stratum not subject to contamination; and

(iii) Where the water is collected by a method precluding contamination.

(5) The minimum level of treatment for surface water supplies shall be coagulation, flocculation, filtration, and disinfection. In certain cases, alternative treatment designs followed by disinfection may be acceptable to the department, provided there is adequate engineering justification. Group A systems with surface water sources and GWI sources shall provide treatment as specified under WAC 246-290-630.

(6) Disinfection methods, other than chlorination, such as ozonation, ultraviolet radiation, and iodination, may be approved by the department with appropriate engineering justification.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-250, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-250, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-155, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-155, filed 9/8/83.]

WAC 246-290-300 Monitoring requirements. (1) General.

(a) The purveyor shall comply with the requirements of this section. The monitoring requirements specified in this section are minimums. The department may require additional monitoring when:

(i) Contamination is present or suspected in the water system;

(ii) The department determines a ground water source may be a GWI; or

(iii) Under other circumstances as identified in a departmental order.

(b) Special purpose samples collected by the purveyor shall not count toward fulfillment of the monitoring requirements of this chapter.

(c) The purveyor shall ensure samples required by this chapter are collected, transported, and submitted for analysis according to department-approved methods. The analyses shall be performed by the state public health laboratory or another laboratory certified by the department. Qualified water utility, certified laboratory, or health department personnel may conduct measurements for pH, temperature, residual disinfectant concentration and turbidity as required by this chapter, provided, these measurements are made in accordance with "standard methods."

(d) When one public water system sells water to another public water system, the purveyor of the selling system, regardless of size, shall conduct at least the minimum source monitoring required by this chapter for Group A systems.

(e) When one public water system receives water from another public water system, the purveyor of the receiving system is only required to:

(i) Collect coliform samples in accordance with subsection (2) of this section;

(ii) Collect trihalomethane (THM) samples in accordance with subsection (5) of this section; and

(iii) Perform the distribution system disinfectant residual monitoring required under WAC 246-290-694 if applicable.

(f) The department may reduce the coliform and THM monitoring requirements of the receiving system provided the receiving system:

(i) Has a satisfactory water quality history as determined by the department;

(ii) Operates in a satisfactory manner consistent with this chapter;

(iii) Is included in the supplying system's regular monitoring schedule; and

(iv) Is included in the service and population totals for the supplying system.

(g) The department may periodically review both the selling and receiving system's sampling records to determine if continued reduced monitoring is appropriate. If the department determines a change in the monitoring requirements of the receiving system is appropriate:

(i) The department shall notify the purveyor of the change in monitoring requirements; and

(ii) The purveyor shall conduct monitoring as directed by the department.

(h) Purveyors failing to comply with a monitoring requirement shall notify:

(i) The department in accordance with WAC 246-290-480; and

(ii) The water system users in accordance with WAC 246-290-330.

(2) Bacteriological.

(a) The purveyor shall be responsible for collection and submittal of coliform samples from representative points throughout the distribution system after the first service and at regular time intervals at least once per calendar month unless otherwise specified in this subsection, each month the system provides water to consumers.

(b) Coliform monitoring plan.

(i) The purveyor of a **Group A** system shall prepare a written coliform monitoring plan and base routine monitoring upon the plan. A department guideline titled *Preparation of a Coliform Monitoring Plan* is available to assist the purveyor in preparing this plan.

(ii) The plan shall include at a minimum:

(A) A system map or diagram showing the locations of:

(I) Water sources;

(II) Storage, treatment, and pressure regulation facilities;

(III) Distribution systems;

(IV) Pressure zones;

(V) Interconnections; and

(VI) Coliform sample collection sites.

(B) A narrative which includes the following information:

(I) Public water system identification number;

(II) Population served and services;

(III) Water sources;

(IV) System facilities and processes for storage, treatment, and pressure regulation;

(V) Coliform sample collection sites; and

(VI) Sampling schedules.

(iii) The purveyor of a **Group A** system shall:

(A) Keep the coliform monitoring plan on file with the system and make it available to the department for inspection upon request;

(B) Revise or expand the plan at any time the plan no longer ensures representative monitoring of the system, or as directed by the department; and

(C) Submit the plan to the department for review and approval when requested.

(c) Monitoring frequency. The number of required routine coliform samples is based on total population served.

(i) **Group A.**

(A) Purveyors of **community** systems shall collect and submit for analysis no less than the number of routine samples listed in Table 2 during each calendar month of operation;

(B) Purveyors of **noncommunity** systems shall collect and submit for analysis no less than the number of samples required in Table 2. Each month's population shall include all residents and nonresidents served during that month. During months when the total population served is less than twenty-five, routine sample collection is not required when:

(I) Using only protected ground water sources;

(II) No coliforms were detected in samples during the previous month; and

(III) One routine sample has been collected and submitted for analysis during one of the previous two months.

(C) Purveyors of systems serving both a resident and a nonresident population shall base their minimum sampling requirement on the total of monthly populations served, both resident and nonresident and on Table 2; and

(D) Purveyors of systems with a nonresident population lasting two weeks or less during a month shall sample as directed by the department.

(ii) **Group B.** Purveyors shall collect and submit a sample for coliform analysis at least once every twelve months.

(d) Surface water or ground water under the direct influence of surface water (GWI) sources. The purveyor of a **Group A** system using unfiltered surface water or unfiltered GWI sources shall:

(i) Collect and submit for analysis, at least one coliform sample at the first service connection during each day in which source water turbidity exceeds 1 NTU; or

(ii) Collect samples as directed by the department when logistical problems beyond the purveyor's control make analysis of the coliform samples impractical because the time between sample collection and analysis exceeds thirty hours. If the department extends the time limits, the purveyor shall collect the required samples as directed by the department.

(e) Comprehensive system evaluations (CSEs).

(i) Purveyors of **Group A** systems with less than four thousand one hundred one population served shall:

(A) Submit to a CSE conducted by the department; or

(B) Collect and submit for analysis five or more routine samples each month.

(ii) **Group A** systems electing to have CSEs conducted shall be evaluated by the department based on the following schedule:

(A) **Community** water systems, every five years. The initial CSE shall be conducted by June 29, 1994; and

(B) **Noncommunity** systems, every five years unless the system uses only disinfected and protected ground water as determined by the department, in which case the evaluation need only be repeated every ten years. The initial CSE shall be conducted by June 29, 1999.

(iii) The department may substitute source of contamination information from the wellhead protection program for CSE information if the information was collected since the last CSE; and

(iv) Purveyors of **Group A** systems collecting less than five routine samples per month shall be responsible for:

(A) Ensuring full cooperation in scheduling CSEs; and

(B) Making all facilities and records available to the department for the CSE.

(f) Invalid samples. When a coliform sample is determined invalid under WAC 246-290-320 (2)(d), the purveyor shall:

(i) Not include the sample in the determination of monitoring compliance; and

(ii) Collect and submit for coliform analysis, an additional drinking water sample from the same location as each invalid sample within twenty-four hours of notification by the laboratory of the invalid sample.

(g) The purveyor using a surface water or GWI source shall collect representative source water samples for bacteriological density analysis in accordance with WAC 246-290-664 and 246-290-694 as applicable.

TABLE 2

MINIMUM MONTHLY ROUTINE COLIFORM SAMPLING REQUIREMENTS FOR GROUP A SYSTEMS

Population Served[1] During Month	Minimum Number of Routine Samples/Month: When NO samples with a coliform presence were collected during the previous month	Minimum Number of Routine Samples/Month: When ANY samples with a coliform presence were collected during the previous month
1 - 1,000	1 [2]	5
1,001 - 2,500	2	5
2,501 - 3,300	3	5
3,301 - 4,100	4	5
4,101 - 4,900	5	5
4,901 - 5,800	6	6
5,801 - 6,700	7	7
6,701 - 7,600	8	8
7,601 - 8,500	9	9
8,501 - 12,900	10	10
12,901 - 17,200	15	15
17,201 - 21,500	20	20
21,501 - 25,000	25	25
25,001 - 33,000	30	30
33,001 - 41,000	40	40
41,001 - 50,000	50	50
50,001 - 59,000	60	60
59,001 - 70,000	70	70
70,001 - 83,000	80	80
83,001 - 96,000	90	90
96,001 - 130,000	100	100
130,001 - 220,000	120	120
220,001 - 320,000	150	150
320,001 - 450,000	180	180
450,001 - 600,000	210	210
600,001 - 780,000	240	240
780,001 - 970,000	270	270
970,001 - 1,230,000[3]	300	300

[1] Does not include population of utilities wholesaled to, except as provided under WAC 246-290-300 (1)(c).

[2] Noncommunity systems using only protected ground water sources and serving less than 25 individuals, may collect and submit for analysis, one sample every three months.

[3] Systems serving populations larger than 1,230,000 shall contact the department for the minimum number of samples required per month.

(3) Inorganic chemical and physical.

(a) A complete inorganic chemical and physical analysis shall consist of the primary and secondary chemical and physical standards.

(i) Primary chemical and physical standards are arsenic, barium, cadmium, chromium, fluoride, mercury, nitrate (as N), selenium, sodium, and turbidity.

(ii) Secondary chemical and physical standards are chloride, color, hardness, iron, manganese, specific conductivity, silver, sulfate*, total dissolved solids*, and zinc.

*Required only when specific conductivity exceeds seven hundred micromhos/centimeter.

(b) Samples taken for inorganic chemical analyses shall be collected at the source before treatment.

(c) Monitoring frequency.

(i) Purveyors of **community** systems shall have one complete analysis from each surface water source every twelve months;

(ii) Purveyors of **community** systems shall have one complete analysis from each ground water source or well field every thirty-six months;

(iii) Purveyors of **NTNC, TNC,** and **Group B** systems shall have one initial complete analysis from each source or well field. The department may waive or reduce the minimum requirement for the initial complete analysis if available information shows, to the department's satisfaction, that the aquifer provides water of satisfactory inorganic chemical quality; and

(iv) After the initial complete analysis, **NTNC, TNC,** and **Group B** systems shall have one nitrate sample analyzed from each source or well field every thirty-six months.

(d) When the purveyor provides treatment for one or more inorganic chemical or physical contaminants, samples shall be taken for the specific contaminant or contaminants before and after treatment. The department shall determine the frequency of sampling.

(4) Turbidity.

(a) Purveyors of **Group A** water systems with surface water or GWI sources and installing filtration, and other Group A water systems as directed by the department, shall monitor turbidity a minimum of once per day at the entry to the distribution system.

(b) For purveyors of systems installing filtration, the monitoring requirement of (a) of this subsection is effective between written department notification of the filtration requirement and installation of filtration. Once filtration is installed, the purveyor shall monitor turbidity in accordance with WAC 246-290-664.

(c) Purveyors of **Group A** water systems with surface water or GWI sources not subject to the requirements specified in (a) of this subsection, shall monitor turbidity in accordance with Subpart B or Subpart D of Part 6 of chapter 246-290 WAC, whichever is applicable.

(d) The department shall determine monitoring requirements for **Group B** water systems.

(e) Purveyors conducting turbidity measurements shall ensure that analytical requirements are met, in accordance with WAC 246-290-638, at all times the system serves water to the public.

(5) Trihalomethanes.

(a) Purveyors of **community** systems serving a population of ten thousand or more and providing water treated with chlorine or other halogenated disinfectant shall monitor as follows:

(i) Ground water sources. The purveyor shall collect one sample from each treated spring, well, or well field every twelve months. This sample shall be taken at the source before treatment or at the extreme end of the distribution system. The sample shall be analyzed for maximum total trihalomethane potential (MTTP); or

(ii) Surface water sources. The purveyor shall collect four samples per treated source every three months. The samples shall be taken within a twenty-four-hour period. The purveyor shall take one of the samples from the extreme end of the distribution system and three samples from representative locations in the distribution system. The samples shall be analyzed for total trihalomethanes (TTHM), the sum of trichloromethane, bromodichloromethane, dibromochloromethane, and tribromomethane. After one year of monitoring, the department may reduce the monitoring frequency to one sample every three months per treatment plant if the TTHM levels are less than 0.10 mg/L. The purveyor shall take the sample at the extreme end of the distribution system; or

(iii) Purchased surface water sources. The purveyor shall collect one water sample per each purchased surface source every three months. The sample shall be taken at the extreme end of the distribution system and analyzed for TTHM.

(b) Purveyors of **community** systems shall monitor for TTHM when serving a population less than ten thousand and providing surface water treated with chlorine or other halogenated disinfectant. The purveyor shall collect one water sample per treated source every three months for one year. The sample shall be taken at the extreme end of the distribution system and analyzed for TTHM. After the first year, the purveyor shall monitor surface water sources every thirty-six months.

(c) Purveyors of **community** systems shall monitor for TTHM when serving less than ten thousand people and purchasing surface water treated with chlorine or other halogenated disinfectant or adding a halogenated disinfectant after purchase. The purveyor shall collect one water sample every three months at the extreme end of the distribution system or at a department-acceptable location. The sample shall be analyzed for TTHM. After the first year, the purveyor shall monitor every thirty-six months.

(6) Pesticides.

Purveyors of **community** systems with surface water sources shall monitor for pesticides for which MCLs are established every thirty-six months. The purveyor shall collect the water sample during the time of year the department designates as the time when pesticide contamination is most likely to occur.

(7) Radionuclides.

(a) The purveyor's monitoring requirements for gross alpha particle activity, radium-226 and radium-228 shall be:

(i) **Community** systems shall monitor once every forty-eight months. Compliance shall be based on the analysis of an annual composite of four consecutive quarterly samples or the average of the analyses of four samples obtained at quarterly intervals;

(ii) The purveyor may omit analysis for radium-226 and radium-228 if the gross alpha particle activity is less than five pCi/L; and

(iii) If the results of the initial analysis are less than half of the established MCL, the department may allow compliance with the monitoring requirements based on analysis of a single sample collected every forty-eight months.

(b) The purveyor's monitoring requirements for man-made radioactivity shall be:

(i) Purveyors of **community** systems using surface water sources and serving more than one hundred thousand persons and other department-designated water systems shall monitor for man-made radioactivity (beta particle and photon) every forty-eight months. Compliance shall be based on the analysis of a composite of four consecutive quarterly samples or the analysis of four quarterly samples; and

(ii) The purveyor of a water system located downstream from a nuclear facility as determined by the department, shall monitor once every three months for gross beta and

iodine-131, and monitor once every twelve months for strontium-90 and tritium. The department may allow the substitution of environmental surveillance data taken in conjunction with a nuclear facility for direct monitoring of man-made radioactivity if the department determines that such data is applicable to a particular public water system.

(8) Volatile organic chemicals (VOCs).

(a) Purveyors of **community** and **NTNC** systems shall monitor each source for all chemicals listed in Table 3. If a source is treated, VOC samples shall be collected after treatment.

TABLE 3

LIST 1: VOLATILE ORGANIC CHEMICALS (VOCs) WITH MCLs

Trichloroethylene
Carbon Tetrachloride
Vinyl Chloride[1]
1,2-Dichloroethane
Benzene
para-Dichlorobenzene
1,1-Dichloroethylene
1,1,1-Trichloroethane

[1] Purveyors shall monitor for vinyl chloride if their source sampling has verified one or more of the following:

Trichloroethylene;
1,2-Dichloroethane;
1,1-Dichloroethylene;
1,1,1-Trichloroethane;
Chloroethane;
trans-1,2-Dichloroethylene;
cis-1,2-Dichloroethylene;
1,1-Dichloroethane;
1,1,2-Trichloroethane;
1,1,1,2-Tetrachloroethane;
1,1,2,2-Tetrachloroethane; or
Tetrachloroethylene.

LIST 2: VOCs WITHOUT MCLs

Bromobenzene
Bromomethane
Chlorobenzene
Chloroethane
Chloromethane
o-Chlorotoluene
p-Chlorotoluene
Dibromomethane
m-Dichlorobenzene
o-Dichlorobenzene
trans-1,2-Dichloroethylene
cis-1,2-Dichloroethylene
Dichloromethane
1,1-Dichloroethane
1,1-Dichloropropene
1,2-Dichloropropane
1,3-Dichloropropane
1,3-Dichloropropene
2,2-Dichloropropane
Ethylbenzene
Styrene
1,1,2-Trichloroethane
1,1,1,2-Tetrachloroethane
p-Xylene
O-Xylene
m-Xylene
Bromochloromethane
n-Butylbenzene
Dichlorodifluoromethane
Fluorotrichloromethane
Hexachlorobutadiene
Isopropylbenzene
p-Isopropyltoluene
Naphthalene
n-Propylbenzene
Sec-butylbenzene
Tert-butylbenzene
1,2,3-Trichlorobenzene
1,2,4-Trichlorobenzene
1,2,4-Trimethylbenzene
1,3,5-Trimethylbenzene
Trihalomethanes:
Bromodichloromethane
Dibromochloromethane
Tribromomethane
Trichloromethane
1,1,2,2-Tetrachloroethane
Tetrachloroethylene
1,2,3-Trichloropropane
Toluene

LIST 3: VOCs WITHOUT MCLs WHICH ARE REQUIRED FOR SELECTED SOURCES

Ethylene dibromide (EDB)
1,2-Dibromo-3-Chloropropane (DBCP)

(b) During the first twelve months of VOC monitoring, purveyors shall sample surface water and ground water sources once every three months or as directed by the department. If no VOCs (exclusive of THMs) are detected in the first sample from a ground water source, the purveyor shall sample that source once more during that twelve-month period.

(c) If no VOCs (exclusive of THMs) are verified after the initial twelve months of monitoring, purveyors of **community** and **NTNC** water systems shall monitor each source at least once every thirty-six months.

(d) Purveyors may ask the certified lab to composite samples representing as many as five individual sources. If VOCs (exclusive of THMs) are detected in a composite sample, the lab shall analyze the duplicate sample for each source in the composite at the purveyor's expense. If duplicate samples are not available, the purveyor shall repeat sample each individual source within fourteen days of contact by the department. Analysis of all VOC samples shall occur within fourteen days of collection. The following restrictions shall apply to compositing of samples:

(i) Samples shall not be composited in the field;

(ii) Multiple source samples, such as samples representing well fields, shall not be composited;

(iii) Ground water sources shall not be composited with surface water sources; and

(iv) The following shall not be composited:

(A) Seasonal sources;

(B) Sources treated for the presence of synthetic organic chemicals; and

(C) Sources with synthetic organic chemicals, exclusive of THMs, detected within the last five years.

(e) Purveyors with emergency and seasonal sources shall monitor the sources when the sources are in use.

(f) If five or fewer separate sources are combined through a common pipe before entering the distribution system, and before a domestic service, the department may consider those sources as one for the purpose of sampling. The purveyor shall collect the distribution samples as directed by the department. If VOCs, exclusive of THMs, are detected, the department shall require repeat samples from each individual source.

(g) The department may require the purveyor to repeat sample for confirmation of results.

(h) The department shall not require purveyors of **community** systems serving less than two hundred fifty people and **NTNC** systems to monitor for the List 2 VOCs after purveyors complete the first twelve months of VOC monitoring for both List 1 and List 2 VOCs, provided no VOCs, exclusive of THMs, are detected and no changes have occurred indicating a need to take additional samples.

(i) Purveyors of **community** and **NTNC** systems shall monitor for List 3 VOCs if the department determines their sources are located in an area where the chemicals may have been applied, transported, handled, manufactured, or stored. The department shall notify purveyors of **community** and **NTNC** systems if this requirement applies.

(j) When water is purchased from another system, the department shall not require the purveyor of the purchasing system to monitor that source for VOCs. However, the department's requirement may still apply for a purveyor to monitor for trihalomethanes under subsection (5) of this section.

(k) Only samples analyzed after January 1, 1988, by a laboratory certified for VOC analysis of drinking water may be used to meet the requirements of this subsection.

(9) Other substances.

On the basis of public health concerns, the department may require the purveyor to monitor for additional substances.

TABLE 4

MONITORING LOCATION

Sample Type	Sample Location
Bacteriological	From representative points throughout distribution system.
Complete Inorganic Chemical and Physical	From a sample point as close to the source as possible.
Nitrate	From a sample point as close to the source as possible.
Turbidity - Surface Water	From a location at or before the entry point to the distribution system.
Trihalomethanes - Surface Water	From representative points in the distribution system.
- Ground Water	From the source before treatment.
Pesticides - Surface Water	From the source.
Radionuclides	From the source.
VOCs	After treatment, if any, at entry points to distribution systems.
Other Substances	As directed by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-300, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-300, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-300, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-300, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-165, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-165, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-165, filed 9/8/83.]

WAC 246-290-310 Maximum contaminant levels (MCLs). (1) The purveyor shall be responsible for complying with the standards of water quality identified in this section. If a substance exceeds its maximum contaminant level (MCL), the purveyor shall take follow-up action in accordance with WAC 246-290-320.

(2) When enforcing the standards described under this section, the department shall enforce compliance with the primary standards as its first priority.

(3) Bacteriological.

(a) MCLs under this subsection shall be considered primary standards.

(b) Notwithstanding subsection (1) of this section, if coliform presence is detected in any sample, the purveyor shall take follow-up action in accordance with WAC 246-290-320(2).

(c) Acute MCL. An acute MCL for coliform bacteria occurs when there is:

(i) Fecal coliform presence in a repeat sample;

(ii) E. coli presence in a repeat sample; or

(iii) Coliform presence in a set of repeat samples collected as a follow-up to a sample with fecal coliform or E. coli presence.

(d) Nonacute MCL. A nonacute MCL for coliform bacteria occurs when:

(i) Systems taking less than forty routine samples during the month have more than one sample with coliform presence; or

(ii) Systems taking forty or more routine samples during the month have more than 5.0 percent with coliform presence.

(e) MCL compliance. The purveyor shall determine compliance with the coliform MCL for each month the system provides drinking water to the public. In determining MCL compliance, the purveyor shall:

(i) Include:

(A) Routine samples;

(B) Repeat samples; and

(C) Samples collected under WAC 246-290-300 (2)(d).

(ii) Not include:

(A) Samples invalidated under WAC 246-290-320 (2)(d); and

(B) Special purpose samples.

(4) Inorganic chemical and physical.

The primary and secondary MCLs are listed in Table 5 and 6:

TABLE 5

INORGANIC CHEMICAL CHARACTERISTICS

Substance	Primary MCLs (mg/L)
Arsenic (As)	0.05
Barium (Ba)	1.0
Cadmium (Cd)	0.01
Chromium (Cr)	0.05
Fluoride (F)	4.0
Mercury (Hg)	0.002
Nitrate (as N)	10.0
Selenium (Se)	0.01
Sodium (Na)	*

Substance	Secondary MCLs (mg/L)
Chloride (Cl)	250.0
Fluoride (F)	2.0
Iron (Fe)	0.3
Manganese (Mn)	0.05

Silver (Ag)	0.1
Sulfate (SO_4)	250.0
Zinc (Zn)	5.0

Note: Although the state board of health has not established an MCL for sodium, there is enough public health significance connected with sodium levels to require inclusion in inorganic chemical and physical monitoring.

TABLE 6

PHYSICAL CHARACTERISTICS

Substance	Primary MCL
Turbidity	1 NTU
Substance	**Secondary MCLs**
Color	15 Color Units
Hardness	None established
Specific Conductivity	700 umhos/cm
Total Dissolved Solids (TDS)	500 mg/L

(5) Turbidity.

(a) The department shall consider standards under this subsection primary standards.

(b) The MCL for turbidity is in effect for systems using surface water or GWI sources until the treatment technique requirements of Part 6 of chapter 246-290 WAC become effective as listed in Table 9, 12, 13, or 14, whichever is applicable.

(c) The MCLs for turbidity are:

(i) One NTU, as determined by a monthly average of the daily turbidity, where the daily turbidity is defined as the average of the:

(A) Highest two hourly readings over a twenty-four hour period when continuous monitoring is used; or

(B) Daily grab samples taken the same hour every day when daily monitoring is used.

The department may increase the MCL to five NTUs if the purveyor can show the source is within a controlled watershed and the source meets the requirements under WAC 246-290-135.

(ii) Five NTUs based on an average of the maximum daily turbidity for two consecutive days.

(6) Trihalomethanes.

(a) The department shall consider standards under this subsection primary standards.

(b) The MCL for total trihalomethanes (TTHM) is 0.10 mg/L calculated on the basis of a running annual average of quarterly samples. The concentrations of each of the trihalomethane compounds (trichloromethane, dibromochloromethane, bromodichloromethane, and tribromomethane) are added together to determine the TTHM level.

(c) There is no MCL for maximum total trihalomethane potential (MTTP). When the MTTP value exceeds 0.10 mg/L, the purveyor shall follow up as described under WAC 246-290-320(5).

(7) Pesticides.

(a) The department shall consider standards under this subsection primary standards.

(b) The MCLs for pesticides are:

(i) Chlorinated hydrocarbons:

Substance	MCL (mg/L)
Endrin	0.0002
Lindane	0.004
Methoxychlor	0.1
Toxaphene	0.005

(ii) Chlorophenoxys:

Substance	MCL (mg/L)
2, 4-D	0.1
2, 4, 5-TP Silvex	0.01

(8) Radionuclides.

(a) The department shall consider standards under this subsection primary standards.

(b) The MCLs for radium-226, radium-228, and gross alpha particle radioactivity are:

Substance	MCL (pCi/L)
Radium-226	3
Combined Radium-226 and Radium-228	5
Gross alpha particle activity (excluding uranium)	15

(c) The MCL for beta particle and photon radioactivity from man-made radionuclides is: The average annual concentration shall not produce an annual dose equivalent to the total body or any internal organ greater than four millirem/year.

The department shall assume compliance with the four millirem/year dose limitation if the average annual concentration for gross beta activity, tritium, and strontium-90 are less than 50 pCi/L, 20,000 pCi/L, and 8 pCi/L respectively. When both tritium and strontium-90 are present, the sum of their annual dose equivalents to bone marrow shall not exceed four millirem/year.

(9) Volatile organic chemicals.

(a) The department shall consider standards under this subsection primary standards.

(b) The VOCs with MCLs are:

Substance	MCL (mg/L)
Benzene	.005
Carbon Tetrachloride	.005
1,2-Dichloroethane	.005
Trichloroethylene	.005
para-Dichlorobenzene	.075
1,1-Dichloroethylene	.007

1,1,1-Trichloroethane	.200
Vinyl Chloride	.002

(c) The department shall determine compliance with this subsection based on the running annual average of results for each sample location. The purveyor is in violation of an MCL when:

(i) The running annual average for one location is greater than the MCL (sum of all sample results in one year divided by the number of samples taken > MCL); or

(ii) Any one sample result causes the running annual average to exceed the MCL.

(10) The state board of health shall determine maximum contaminant levels for any additional substances.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-310, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-310, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-310, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-310, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-175, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-175, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-175, filed 9/8/83.]

WAC 246-290-320 Follow-up action. (1) General.

(a) If water quality exceeds any MCLs listed under WAC 246-290-310, the purveyor shall notify the department and take follow-up action as described in this section.

(b) When a primary standard violation occurs, the purveyor shall:

(i) Notify the department in accordance with WAC 246-290-480;

(ii) Notify the consumers served by the system in accordance with WAC 246-290-330;

(iii) Determine the cause of the contamination; and

(iv) Take action as directed by the department.

(c) When a secondary standard violation occurs, the purveyor shall notify the department and take action as directed by the department.

(2) Bacteriological.

(a) When coliform bacteria are present in any sample and the sample is not invalidated under (d) of this subsection, the purveyor shall ensure the following actions are taken:

(i) The sample is analyzed for fecal coliform or E. coli. When a sample with a coliform presence is not analyzed for E. coli or fecal coliforms, the sample shall be considered as having a fecal coliform presence for MCL compliance purposes;

(ii) Repeat samples are collected in accordance with (b) of this subsection;

(iii) The department is notified in accordance with WAC 246-290-480; and

(iv) The cause of the coliform presence is determined and corrected.

(b) Repeat samples.

(i) The purveyor shall collect and submit for analysis a set of repeat samples for every sample in which the presence of coliforms is detected. A set of repeat coliform samples consists of:

(A) Four repeat samples for **Group A** systems collecting one routine coliform sample each month;

(B) Three repeat samples for all **Group A** systems collecting more than one routine coliform sample each month; and

(C) Two repeat samples for **Group B** systems.

(ii) The purveyor shall collect repeat sample sets according to Table 7;

(iii) The purveyor shall collect one set of repeat samples for each sample with a coliform presence, as follows:

(A) For **Group A** systems, all samples in a set of repeat samples shall be collected on the same day and submitted for analysis within twenty-four hours after notification by the laboratory of a coliform presence. If the purveyor can demonstrate to the satisfaction of the department, that logistical problems beyond the purveyor's control make analysis of the samples in the repeat sample set impractical because the time between sample collection and analysis will exceed thirty hours, then the purveyor shall collect the required set of repeat samples as directed by the department; and

(B) For **Group B** systems, as soon as possible after the notification by the laboratory of a sample with a coliform presence.

(iv) When repeat samples have coliform presence, the purveyor shall:

(A) Contact the department and collect a minimum of one additional set of repeat samples as directed by the department; or

(B) Collect one additional set of repeat samples for each sample where coliform presence was detected.

(v) The purveyor of a system providing water to consumers via a single service shall collect repeat samples from the same location as the sample with a coliform presence. The set of repeat samples shall be collected:

(A) On the same collection date; or

(B) Over consecutive days with one sample collected each day until the required samples in the set of repeat samples are collected.

(vi) If a sample with a coliform presence was collected from the first two or last two active services, the purveyor shall monitor as directed by the department;

(vii) The purveyor may change a previously submitted routine sample to a sample in a set of repeat samples when the purveyor:

(A) Collects the sample within five adjacent service connections of the location from which the initial sample with a coliform presence was collected;

(B) Collects the sample after the initial sample with a coliform presence was submitted for analysis;

(C) Collects the sample on the same day as other samples in the set of repeat samples, except under (b)(iii) of this subsection; and

(D) Notifies the department of the change.

(viii) The department may determine that sets of repeat samples specified under this subsection are not necessary during a month when a nonacute coliform MCL violation is determined for the system.

Table 7
REPEAT SAMPLE REQUIREMENTS

SYSTEM GROUP (# OF ROUTINE SAMPLES COLLECTED EACH MONTH)	# OF SAMPLES IN A SET OF REPEAT SAMPLES	LOCATIONS FOR REPEAT SAMPLES (COLLECT AT LEAST ONE SAMPLE PER SITE)
GROUP A (1 routine sample each month)	4	• Site of previous sample with a coliform presence • Within 5 active services upstream of site of sample with a coliform presence • Within 5 active services downstream of site of sample with a coliform presence • At any other active service
GROUP A (more than 1 routine sample each month)	3	• Site of previous sample with a coliform presence • Within 5 active services upstream of site of sample with a coliform presence • Within 5 active services downstream of site of sample with a coliform presence
GROUP B	2	• Site of the previous sample with a coliform presence • From active service other than the site of the previous sample with a coliform presence

(c) Monitoring frequency following a coliform presence. **Group A** systems having one or more coliform presence samples that were not invalidated during the previous month shall collect and submit for analysis the minimum number of samples shown in the last column of Table 2.

(i) The department may reduce the monitoring frequency requirement when one or more samples with a coliform presence were collected during the previous month, if the purveyor proves to the satisfaction of the department;

(A) The cause of the sample with a coliform presence; and

(B) The problem is corrected before the end of the next month the system provides water to the public.

(ii) If the department reduces this monitoring frequency requirement:

(A) The purveyor shall collect and submit at least the minimum number of samples required when no samples with a coliform presence were collected during the previous month; and

(B) The department shall make available a written description explaining:

(I) The specific cause of the coliform presence; and

(II) Action taken by the purveyor to correct the cause of coliform presence.

(d) Invalid samples.

(i) The department shall consider coliform samples with no coliform presence detected invalid when:

(A) Multiple tube technique cultures are turbid without appropriate gas production;

(B) Presence-absence technique cultures are turbid in the absence of an acid reaction;

(C) There are confluent growth patterns or growth of TNTC (too numerous to count) colonies without a surface sheen using a membrane filter analytic technique; or

(D) There is excess debris in the sample.

(ii) The department may invalidate a coliform sample when:

(A) The analyzing laboratory establishes that improper sample analysis occurred;

(B) The department determines a domestic or nondistribution system problem is indicated by:

(I) All samples in the set of repeat samples collected at the same location as the original coliform presence sample also are coliform presence; and

(II) All other samples in the set of repeat samples are free of coliform.

(C) The department determines a coliform presence result is due to a circumstance or condition which does not reflect water quality in the distribution system. In this case, when the department invalidates a sample:

(I) The purveyor shall collect a set of repeat samples following the sample invalidation in accordance with Table 7; and

(II) The department's rationale for invalidating the sample shall be documented in writing and made available to the public. The documentation shall state the specific cause of the coliform presence, and what action the purveyor has taken, or will take.

(iii) When a coliform sample is determined invalid, the purveyor shall collect and submit for analysis:

(A) An additional coliform sample from the same location as each invalid sample within twenty-four hours of notification of the invalid sample; or

(B) Additional coliform samples as directed by the department.

(iv) When the department or laboratory invalidates a sample, the sample shall not count towards the purveyor's minimum coliform monitoring requirements.

(3) Inorganic chemical and physical. When an initial analysis of a substance exceeds the MCL, the purveyor shall:

(a) For nitrate, immediately take one additional sample from the same sampling point. If the average of the two samples exceeds the MCL, a violation is confirmed; or

(b) For all other inorganic chemical and physical substances, collect three additional samples from the same sample point within thirty days. If the average of all four samples exceeds the MCL, a violation is confirmed.

(4) Turbidity.

(a) Purveyors using sources not subject to Part 6 of chapter 246-290 WAC and monitoring turbidity in accordance with WAC 246-290-300(4), shall notify the department as soon as possible, but in no case later than the end of the next business day, when:

(i) The turbidity is monitored continuously, and exceeds one NTU for longer than one hour; or

(ii) The results of turbidity analysis of grab samples exceeds one NTU, and a repeat sample taken within one hour also exceeds one NTU.

(b) Purveyors monitoring turbidity in accordance with Part 6 of chapter 246-290 WAC shall provide follow-up in accordance with WAC 246-290-634.

(5) Trihalomethanes. When the average of all samples taken during any twelve-month period exceeds the MCL for total trihalomethanes, the violation is confirmed and the purveyor shall take corrective action as required by the department. When the maximum trihalomethane potential (MTTP) result is equal to or greater than 0.10 mg/L and the result is confirmed by a repeat sample, the purveyor shall monitor according to WAC 246-290-300(5) for one year or more.

(6) Volatile organic chemicals (VOCs). The purveyor shall be responsible for the following follow-up actions:

(a) After the purveyor's receipt of the first VOC analysis results from the laboratory, the purveyor shall provide notice to persons served by the system as described under WAC 246-290-330(5).

(b) When a List 1 VOC is verified at a concentration above the detection limit, the purveyor shall, at a minimum:

(i) Sample the source once every three months for at least three years; and

(ii) Make analysis results available to consumers within three months of receipt from the laboratory as described under WAC 246-290-330(5).

(c) When a List 1 VOC is verified at a concentration greater than a MCL, and the level will not cause the running annual average to exceed the MCL, the purveyor shall repeat sample the source as soon as possible. If a concentration greater than an MCL is confirmed, the purveyor shall:

(i) Notify the department within seven days of receipt of the repeat sample analysis results;

(ii) Provide consumer information in accordance with WAC 246-290-330 (5)(b);

(iii) Submit documentation to the department describing the water system's strategy for gathering and analyzing additional data and identify plans for keeping the public informed; and

(iv) Sample the source a minimum of once every three months for at least three years.

(d) When the running annual average of a List 1 VOC is greater than an MCL, or one sample analysis result causes the annual average to exceed an MCL, the purveyor shall:

(i) Notify the department within forty-eight hours of receipt of analysis results.

(ii) Notify the public as described under WAC 246-290-330, including mandatory health effects language.

(iii) Submit an action plan to the department for approval addressing follow-up activities, including corrective action. The purveyor shall submit the action plan within four months of receipt of department notice that the annual average exceeds the MCL. The purveyor's action plan shall, at a minimum, contain a:

(A) Tabulation of VOC sample analysis results, including the location where VOCs were detected;

(B) Description of monitoring plans for system sources;

(C) Strategy for informing the public of monitoring results and investigations; and

(D) Description of short and long-term plans to minimize exposure and/or eliminate the source of contamination.

(iv) Implement the action plan within one year of the department's approval. The department may require the purveyor's earlier compliance if necessary to eliminate an immediate health threat or may require a revision of the action plan based upon additional sample results. The department may extend the purveyor's period of compliance when the department determines:

(A) Substantial construction is required; and

(B) The purveyor has taken all appropriate measures to protect the health of consumers served by the public water system.

If the department grants the purveyor an extension, the purveyor shall issue a notice identifying the MCL exceeded and the amount by which the repeat sample analysis results exceeded the MCL. The purveyor shall include the notice in all bills mailed to affected customers until the department determines that the purveyor complies with the MCL.

(v) Sample the source a minimum of once every three months for at least three years.

(e) When a List 2 or List 3 VOC is verified at a concentration above the detection limit, the purveyor shall:

(i) Submit the sample analysis results to the department within seven days of receipt from the laboratory; and

(ii) Sample the source a minimum of once every three months for one year and then annually thereafter during the three-month period when the highest previous measurement occurred.

(f) If the department determines that a List 2 or List 3 VOC is verified at a level greater than a state advisory level (SAL), the department shall notify the purveyor in writing. The purveyor shall repeat sample the source as soon as possible after initial department notice that a SAL has been exceeded. The purveyor shall submit the analysis results to the department within seven days of receipt from the laboratory. If any repeat sample confirms that a SAL has been exceeded, the purveyor shall:

(i) Provide consumer information in accordance with WAC 246-290-330 (5)(b);

(ii) Sample the source a minimum of once every three months for at least three years; and

(iii) Submit documentation to the department listing VOC analysis results, describing the water systems' strategy for gathering and analyzing additional data, and identifying plans for keeping the public informed. The purveyor shall submit this information to the department within six months of the date of the first notice from the department that a SAL has been exceeded.

(g) The department may reduce the purveyor's monitoring requirement for a source detecting a List 1 VOC if, after three years of quarterly monitoring, all analysis results are less than the MCL. The purveyor's reduced monitoring frequency shall be no less than one sample per year.

(h) The department may reduce the purveyor's monitoring requirement for a source detecting a List 2 or List 3 VOC if the source has been monitored annually for at least three years, and all analysis results are less than the SAL.

(i) In establishing SAL's for List 2 and List 3 VOCs, the department shall use the most recent edition of the department document titled *Procedures And References For Determination Of State Advisory Levels For Drinking Water Contaminants* which has been approved by the state board of health. Copies are available from the department upon request.

(j) When List 1, List 2 (exclusive of THMs), or List 3 VOCs are verified in well fields, the purveyor shall repeat sample individual wells within the well field.

(k) When the sum of all trihalomethanes detected exceeds 0.100 mg/L, the purveyor shall sample within three months for total trihalomethanes as required under WAC 246-290-300(5).

(l) The department may collect samples from a water system or may require that specified quality assurance techniques be used to collect samples.

(7) The department shall determine the purveyor's follow-up action when a substance not included in this chapter is detected.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-320, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-320, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-320, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-320, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-185, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-

057 (Order 307), § 248-54-185, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

WAC 246-290-330 Public notification. (1) Required notification.

(a) The purveyor of a **Group A** water system shall notify the water system users when the system:

(i) Violates a primary standard as described under WAC 246-290-310;

(ii) Fails to comply with:

(A) Treatment technique requirements under Part 6 of chapter 246-290 WAC;

(B) Monitoring requirements under WAC 246-290-300, 246-290-664, 246-290-674, or 246-290-694;

(C) Analytical requirements of WAC 246-290-638 or chapter 246-390 WAC;

(D) A departmental order; or

(E) A variance or exemption schedule prescribed by the state board of health.

(iii) Is identified as a source of waterborne disease outbreak as determined by the department;

(iv) Is issued a category red operating permit;

(v) Is issued a departmental order; or

(vi) Is operating under a variance or exemption.

(b) The purveyor of a **Group B** water system may be required to notify water system users when directed by the department.

(2) Content. Notices shall provide:

(a) A clear, concise, and simple explanation of the violation;

(b) Discussion of potential adverse health effects and any segments of the population that may be at higher risk;

(c) Mandatory health effects information in accordance with subsection (4) of this section;

(d) A list of steps the purveyor has taken or is planning to take to remedy the situation;

(e) A list of steps the consumer should take, including advice on seeking an alternative water supply if necessary; and

(f) The purveyor's name and phone number.

The purveyor may provide additional information to further explain the situation.

(3) Distribution.

(a) Purveyors of **community** systems in violation of a primary MCL, treatment technique or variance or exemption schedule shall provide:

(i) Newspaper notice to water system users as defined in (e) of this subsection, within fourteen days of violation;

(ii) Direct mail notice or hand delivery to all consumers served by the system within forty-five days of the violation. The department may waive the purveyor's mail or hand delivery if the violation is corrected within forty-five days. The waiver shall be in writing and made within the forty-five day period;

(iii) Notice to radio and television stations serving the area within seventy-two hours of violation of an acute coliform MCL under WAC 246-290-310(3)(c), a nitrate MCL under WAC 246-290-310(4), occurrence of a waterborne disease outbreak or other acute violation as determined by the department; and

(iv) Repeat mail or hand delivery every three months until the violation is corrected.

(b) Purveyors of **community** systems shall provide newspaper notice as defined in (e) of this subsection, to water system users within three months of the following:

(i) Violation of a monitoring requirement or testing procedure;

(ii) Receipt of a departmental order;

(iii) Receipt of a category red operating permit; or

(iv) Granting of a variance or exemption.

Purveyors shall also provide repeat notice by mail or hand delivery to all consumers served by the system every three months until the situation is corrected or for as long as the variance or exemption remains in effect.

(c) Purveyors of **NTNC** and **TNC** systems shall post a notice within fourteen days of the following:

(i) Violation of a primary MCL;

(ii) Violation of a treatment technique requirement; or

(iii) Violation of a variance or exemption schedule. If the violation is acute, the department shall require posting within seventy-two hours.

(d) Purveyors of **NTNC** and **TNC** systems shall post a notice within three months of the:

(i) Violation of a monitoring requirement or testing procedure;

(ii) Receipt of a category red operating permit; or

(iii) Granting of a variance or exemption.

(e) Newspaper notice, as used in this section, means publication in a daily newspaper of general circulation or in a weekly newspaper of general circulation if a daily newspaper does not serve the area. The purveyor may substitute a community or homeowner's association newsletter or similar periodical publication if the newsletter reaches all affected consumers within the specified time.

(f) The purveyor shall substitute a posted notice in the absence of a newspaper of general circulation or homeowner's association newsletter or similar periodical publication. The purveyor shall post the notice within the timeframe specified in this subsection.

(g) The purveyor shall place posted notices in conspicuous locations and present the notices in a manner making them easy to read. Notices shall remain posted until the violation is corrected or for as long as the variance or exemption remains in effect. When appropriate, notices shall be multi-lingual.

(h) The purveyor of a **community** water system shall give a copy of the most recent public notice for all outstanding violations to all new billing units or new hookups before or at the time water service begins.

(i) The purveyor shall provide the department with a copy of the public notification at the time the purveyor notifies the public.

(4) Mandatory language.

(a) The purveyor shall provide specific health effects language in the notice when a violation involves:

(i) A primary VOC MCL;

(ii) A primary or secondary fluoride MCL;

(iii) An acute coliform MCL;

(iv) A nonacute coliform MCL;

(v) A treatment technique requirement under Part 6 of chapter 246-290 WAC;

(vi) Granting or continuation of exemption or variance; or

057 (Order 307), § 248-54-185, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-185, filed 9/8/83.]

WAC 246-290-330 Public notification. (1) Required notification.

(a) The purveyor of a **Group A** water system shall notify the water system users when the system:

(i) Violates a primary standard as described under WAC 246-290-310;

(ii) Fails to comply with:

(A) Treatment technique requirements under Part 6 of chapter 246-290 WAC;

(B) Monitoring requirements under WAC 246-290-300, 246-290-664, 246-290-674, or 246-290-694;

(C) Analytical requirements of WAC 246-290-638 or chapter 246-390 WAC;

(D) A departmental order; or

(E) A variance or exemption schedule prescribed by the state board of health.

(iii) Is identified as a source of waterborne disease outbreak as determined by the department;

(iv) Is issued a category red operating permit;

(v) Is issued a departmental order; or

(vi) Is operating under a variance or exemption.

(b) The purveyor of a **Group B** water system may be required to notify water system users when directed by the department.

(2) Content. Notices shall provide:

(a) A clear, concise, and simple explanation of the violation;

(b) Discussion of potential adverse health effects and any segments of the population that may be at higher risk;

(c) Mandatory health effects information in accordance with subsection (4) of this section;

(d) A list of steps the purveyor has taken or is planning to take to remedy the situation;

(e) A list of steps the consumer should take, including advice on seeking an alternative water supply if necessary; and

(f) The purveyor's name and phone number.

The purveyor may provide additional information to further explain the situation.

(3) Distribution.

(a) Purveyors of **community** systems in violation of a primary MCL, treatment technique or variance or exemption schedule shall provide:

(i) Newspaper notice to water system users as defined in (e) of this subsection, within fourteen days of violation;

(ii) Direct mail notice or hand delivery to all consumers served by the system within forty-five days of the violation. The department may waive the purveyor's mail or hand delivery if the violation is corrected within forty-five days. The waiver shall be in writing and made within the forty-five day period;

(iii) Notice to radio and television stations serving the area within seventy-two hours of violation of an acute coliform MCL under WAC 246-290-310(3)(c), a nitrate MCL under WAC 246-290-310(4), occurrence of a waterborne disease outbreak or other acute violation as determined by the department; and

(iv) Repeat mail or hand delivery every three months until the violation is corrected.

(b) Purveyors of **community** systems shall provide newspaper notice as defined in (e) of this subsection, to water system users within three months of the following:

(i) Violation of a monitoring requirement or testing procedure;

(ii) Receipt of a departmental order;

(iii) Receipt of a category red operating permit; or

(iv) Granting of a variance or exemption.

Purveyors shall also provide repeat notice by mail or hand delivery to all consumers served by the system every three months until the situation is corrected or for as long as the variance or exemption remains in effect.

(c) Purveyors of **NTNC** and **TNC** systems shall post a notice within fourteen days of the following:

(i) Violation of a primary MCL;

(ii) Violation of a treatment technique requirement; or

(iii) Violation of a variance or exemption schedule. If the violation is acute, the department shall require posting within seventy-two hours.

(d) Purveyors of **NTNC** and **TNC** systems shall post a notice within three months of the:

(i) Violation of a monitoring requirement or testing procedure;

(ii) Receipt of a category red operating permit; or

(iii) Granting of a variance or exemption.

(e) Newspaper notice, as used in this section, means publication in a daily newspaper of general circulation or in a weekly newspaper of general circulation if a daily newspaper does not serve the area. The purveyor may substitute a community or homeowner's association newsletter or similar periodical publication if the newsletter reaches all affected consumers within the specified time.

(f) The purveyor shall substitute a posted notice in the absence of a newspaper of general circulation or homeowner's association newsletter or similar periodical publication. The purveyor shall post the notice within the timeframe specified in this subsection.

(g) The purveyor shall place posted notices in conspicuous locations and present the notices in a manner making them easy to read. Notices shall remain posted until the violation is corrected or for as long as the variance or exemption remains in effect. When appropriate, notices shall be multi-lingual.

(h) The purveyor of a **community** water system shall give a copy of the most recent public notice for all outstanding violations to all new billing units or new hookups before or at the time water service begins.

(i) The purveyor shall provide the department with a copy of the public notification at the time the purveyor notifies the public.

(4) Mandatory language.

(a) The purveyor shall provide specific health effects language in the notice when a violation involves:

(i) A primary VOC MCL;

(ii) A primary or secondary fluoride MCL;

(iii) An acute coliform MCL;

(iv) A nonacute coliform MCL;

(v) A treatment technique requirement under Part 6 of chapter 246-290 WAC;

(vi) Granting or continuation of exemption or variance; or

(vii) Failure to comply with a variance or exemption schedule.

(b) The purveyor shall provide specific mandatory language in its notification when the purveyor receives a category red operating permit.

(c) Required specific language is contained in the department guideline titled *Mandatory Language For Drinking Water Public Notification.*

(5) VOC notification procedure.

(a) Availability of results. After receipt of the first analysis results, the purveyor of a **community** or **NTNC** water system shall notify persons served by the system of the availability of the results and shall supply the name and telephone number of a contact person. Purveyors with surface water sources shall include a statement that additional monitoring will be conducted for three more quarters, with results available on request.

(i) The purveyor shall initiate notification within three months of the purveyors receipt of the first VOC analysis results. This notification is only required one time.

(ii) Notification shall occur by:

(A) Inclusion in the first set of water bills issued after receipt of the results;

(B) Newspaper notice which shall run at least one day each month for three consecutive months;

(C) Direct mail;

(D) Posting for at least one week if an **NTNC** system; or

(E) Any other method approved by the department.

(iii) Within three months of receipt of analysis results, purveyors selling water to other public water systems shall provide copies of the analysis results to the purchasing system.

(iv) Within thirty days of receipt of analysis results, purveyors purchasing water shall make results available to their customers. The purveyor's notification shall occur by the method outlined under (a)(i) of this subsection.

(b) Consumer information.

(i) The purveyor shall provide consumer information within twenty-one days of receipt of confirmation sample results when:

(A) A List 1 VOC is confirmed at a concentration greater than a MCL, and the level will not cause the running annual average to exceed the MCL; or

(B) The department determines that a List 2 or List 3 VOC is confirmed at a level greater than a SAL.

(ii) Consumer information shall include:

(A) Name and level of VOC detected;

(B) Location where the VOC was detected;

(C) Any health effects that the VOC could cause at its present concentration;

(D) Plans for follow-up activities; and

(E) Phone number to call for further information.

(iii) Consumer information shall be distributed by any of the following methods:

(A) Notice placed in the major newspaper in the affected area;

(B) Direct mail to customers;

(C) Posting for at least one week if an **NTNC** system; or

(D) Any other method approved by the department.

(6) Fluoride notification procedure.

When a primary or secondary MCL violation occurs or a variance or exemption is issued or a variance or exemption schedule is violated, the purveyor of a **community** water system shall send notice, including mandatory language, to:

(a) The department annually;

(b) Water system users annually; and

(c) New billing units added while the violation exists.

(7) When circumstances dictate the purveyor give a broader or more immediate notice to protect public health, the department may require the purveyor's notification by whatever means necessary.

(8) When the state board of health grants a public water system a waiver, the purveyor shall notify customers and new billing units or new hookups before water service begins. The purveyor shall provide a notice annually and send a copy to the department.

(9) The department may give notice to the water system users as required by this section on behalf of the water purveyor. However, the purveyor remains responsible for ensuring the department's requirements are met.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-330, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-330, filed 2/4/92, effective 3/6/92. Statutory Authority: Chapter 43.20 RCW. 91-07-031 (Order 150B), § 246-290-330, filed 3/15/91, effective 4/15/91. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-290-330, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-187, filed 10/10/89, effective 11/10/89.]

WAC 246-290-400 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-290-420 Reliability. (1) All public water systems shall provide an adequate quantity and quality of water in a reliable manner at all times.

(a) In determining whether a proposed public water system or an expansion or modification of an existing system is capable of providing an adequate quantity of water, the department shall consider the immediate as well as the reasonably anticipated future needs of the system's consumers.

(b) In determining whether an existing public water system is providing an adequate quantity of water, the department shall consider the needs of the system's existing consumers exclusively, unless, in the department's discretion, consideration of the needs of potential consumers is in the public interest.

(2) The purveyor shall ensure the system is constructed, operated, and maintained to protect against failures of the power supply, treatment process, equipment, or structure with appropriate back-up facilities. Security measures shall be employed to assure the water source, water treatment processes, water storage facilities, and the distribution system are under the strict control of the purveyor.

(3) Where fire flow is required, a positive pressure at the water meter or property line shall be maintained throughout the system under fire flow conditions.

(4) Water pressure at the customer's service meter or property line if a meter is not used shall be maintained at the approved design pressure under peak hourly design flow conditions. In no case shall the pressure be less than twenty psi.

(5) Water use restrictions as a designed operation practice shall not be allowed. However, water use restrictions may be allowed in times of drought.

(6) No intake or other connection shall be maintained between a public water system and a source of water not approved by the department.

(7) A purveyor shall provide the department with the current names, addresses, and telephone numbers of the owners, operators, and emergency contact persons for the system, including any changes to this information. The purveyor shall also maintain twenty-four-hour phone availability and shall respond to customer concerns and service complaints in a timely manner.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-420, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-420, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-201, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-201, filed 2/17/88.]

WAC 246-290-440 Operations. (1) The purveyor shall ensure that the system is operated:

(a) In accordance with the operations program as established in the approved water system plan required under WAC 246-290-100; and

(b) In accordance with good operations procedures such as those available in texts, handbooks, and manuals available from the following sources:

(i) American Water Works Association (AWWA), 666 West Quincy Avenue, Denver, Colorado 80235;

(ii) American Society of Civil Engineers (ASCE), 345 East 47th Street, New York, New York 10017-2398;

(iii) Ontario Ministry of the Environment, 135 St. Clair Avenue West, Toronto, Ontario M4V1B5, Canada;

(iv) The Chlorine Institute, 2001 "L" Street NW, Washington, D.C. 20036;

(v) California State University, 600 "J" Street, Sacramento, California 95819;

(vi) Health Research Inc., Health Education Services Division, P.O. Box 7126, Albany, New York 12224; and

(vii) Any other standards acceptable to the department.

(2) The purveyor shall not establish nor maintain a bypass to divert water around any feature of a treatment process, except by written approval from the department.

(3) The purveyor of a system using ground water and required to disinfect, shall meet the following disinfection requirements, unless otherwise directed by the department:

(a) Minimum contact time at a point at or before the first customer of:

(i) Thirty minutes if 0.2 mg/L free chlorine residual is maintained, or

(ii) Ten minutes if 0.6 mg/L free chlorine residual is maintained.

(b) Detectable residual disinfectant concentration in all active parts of the distribution system, measured as total chlorine, free chlorine, combined chlorine, or chlorine dioxide;

(c) Water in the distribution system with an HPC level less than or equal to 500/mL is considered to have a detectable residual disinfectant concentration.

(4) The department may require the purveyor to provide longer contact times, higher chlorine residuals, or additional treatment to protect the health of consumers served by the public water system.

(5) The purveyor of a system using surface water or GWI shall meet disinfection requirements specified in Part 6 of chapter 246-290 WAC.

(6) The purveyor of a system providing disinfection shall monitor disinfectant residual concentration at representative points in the system on a daily basis or as approved by the department. The analyses shall be conducted in accordance with "standard methods." To assure adequate monitoring of chlorine residual, the department may require the use of continuous chlorine residual analyzers and recorders.

(7) A certified operator is required under chapter 70.119 RCW and chapter 246-292 WAC for Group A public water systems:

(a) Serving one hundred services or more in use at any one time; or

(b) Using a surface water or GWI source.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-440, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-440, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-215, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-215, filed 9/8/83.]

WAC 246-290-450 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-290-470 Distribution reservoirs. Existing uncovered distribution reservoirs shall be operated based on a plan of operation approved by the department. The plan of operation shall address the following elements as a minimum:

(1) Continuous disinfection at all times water is being delivered to the public, including the reliability provisions outlined in WAC 246-290-420;

(2) Control of debris and undesirable growths of algae or other aquatic organisms;

(3) Control of surface water runoff;

(4) Control of airborne contamination (atmospheric or avian-borne);

(5) Construction;

(6) Security; and

(7) Monitoring and reporting.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-470, filed 3/25/93, effective 4/25/93; 91-02-051 (Order 124B), recodified as § 246-290-470, filed 12/27/90, effective 1/31/91; 83-19-002 (Order 266), § 248-54-245, filed 9/8/83.]

WAC 246-290-480 Recordkeeping and reporting. (1) Records. The purveyor shall keep the following records of operation and water quality analyses:

(a) Bacteriological and turbidity analysis results shall be kept for five years. Chemical analysis results shall be kept for as long as the system is in operation. Records of daily source meter readings shall be kept for ten years. Other records of operation and analyses required by the department shall be kept for three years. All records shall bear the signature of the operator in responsible charge of the water system or his or her representative. **Group A** systems shall keep these records available for inspection by the department and shall send the records to the department if requested.

Actual laboratory reports may be kept or data may be transferred to tabular summaries, provided the following information is included:

(i) The date, place, and time of sampling, and the name of the person collecting the sample;

(ii) Identification of the sample type (routine distribution system sample, repeat sample, source or finished water sample, or other special purpose sample);

(iii) Date of analysis;

(iv) Laboratory and person responsible for performing analysis;

(v) The analytical method used; and

(vi) The results of the analysis.

(b) Records of action taken by the system to correct violations of primary drinking water standards. For each violation, copies of public notifications shall be kept for three years after the last corrective action taken.

(c) Copies of any written reports, summaries, or communications, relating to CSEs of the system conducted by system personnel, by a consultant or by any local, state, or federal agency, shall be kept for ten years after completion of the CSE involved.

(d) Copies of project reports, construction documents, and related drawings, inspection reports and approvals shall be kept for the life of the facility.

(e) Where applicable, daily records including:

(i) Chlorine residual;

(ii) Fluoride level;

(iii) Water treatment plant performance including, but not limited to:

(A) Type of chemicals used and quantity,

(B) Amount of water treated, and

(C) Results of analyses.

(iv) Turbidity;

(v) Source meter readings; and

(vi) Other information as specified by the department.

(2) Reporting.

(a) Unless otherwise specified in this chapter, the purveyor shall report to the department within forty-eight hours:

(i) The failure to comply with the primary standards or treatment technique requirements under this chapter;

(ii) The failure to comply with the monitoring requirements under this chapter; and

(iii) The violation of a primary MCL.

(b) The purveyor shall submit to the department reports required by this chapter, including tests, measurements, and analytic reports. Monthly reports are due before the tenth day of the following month, unless otherwise specified in this chapter.

(c) Daily source meter readings shall be made available to the department on request.

(d) Water facilities inventory and report form (WFI).

(i) Purveyors shall submit an updated WFI to the department within thirty days of any change in name, category, ownership, or responsibility for management of the water system;

(ii) Purveyors of **community** systems shall submit an annual WFI update to the department;

(iii) Purveyors of **NTNC, TNC,** and **Group B** systems shall submit an updated WFI to the department as requested; and

(iv) At a minimum the completed WFI shall provide the current names, addresses, and telephone numbers of the owners, operators, and emergency contact persons for the system.

(e) Total annual water production. Purveyors of **Group A** systems shall report total annual water production for each source to the department upon request.

(f) Bacteriological.

(i) The purveyor shall notify the department of the presence of:

(A) Coliform in a sample, within ten days of notification by the laboratory; and

(B) Fecal coliform or E. coli in a sample, by the end of the business day in which the purveyor is notified by the laboratory. If the purveyor is notified of the results after normal close of business, then the purveyor shall notify the department before the end of the next business day.

(ii) When a coliform MCL violation is determined, the purveyor shall:

(A) Notify the department within twenty-four hours of determining acute coliform MCL violations;

(B) Notify the department before the end of the next business day when a nonacute coliform MCL is determined; and

(C) Notify water system users in accordance with WAC 246-290-330.

(iii) When a monitoring violation occurs, including invalid or expired CSEs, the purveyor shall:

(A) Notify the department of the violation within ten days; and

(B) Notify water system users in accordance with WAC 246-290-330.

(f) VOCs.

Systems monitoring for VOCs in accordance with WAC 246-290-300(8)(a) Table 3 List 2 and 3, shall send a copy of the results of such monitoring and any public notice to the department within thirty days of receipt of analytical results.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-480, filed 3/25/93, effective 4/25/93; 92-04-070 (Order 241B), § 246-290-480, filed 2/4/92, effective 3/6/92; 91-02-051 (Order 124B), recodified as § 246-290-480, filed 12/27/90, effective 1/31/91. Statutory Authority: P.L. 99-339. 89-21-020 (Order 336), § 248-54-265, filed 10/10/89, effective 11/10/89. Statutory Authority: RCW 34.04.045. 88-05-057 (Order 307), § 248-54-265, filed 2/17/88. Statutory Authority: RCW 43.20.050. 83-19-002 (Order 266), § 248-54-265, filed 9/8/83.]

WAC 246-290-601 Purpose of surface water treatment. (1) Part 6 of chapter 246-290 WAC establishes filtration and disinfection as treatment technique requirements for water systems using surface or GWI sources. The Part 6 treatment technique requirements are established in lieu of maximum contaminant levels (MCLs) for the following contaminants:

(a) *Giardia lamblia*;

(b) Viruses;

(c) Heterotrophic plate count bacteria;

(d) *Legionella*; and

(e) Turbidity.

(2) Turbidity MCLs found in WAC 246-290-310 shall remain in effect for systems using surface or GWI sources until applicable Part 6 treatment technique requirements

become effective. The effective dates are indicated in Tables 9, 12, 13, or 14, whichever is applicable.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-601, filed 3/25/93, effective 4/25/93.]

WAC 246-290-610 Definitions relating to surface water treatment. Abbreviations and acronyms:

C - residual disinfectant concentration in mg/L;
CT - the mathematical product in mg/L - minutes of "C" and "T";
gpm - gallons per minute;
HPC - heterotrophic plate count;
T - disinfectant contact time in minutes; and
SWTR - Surface Water Treatment Rule.

"Alternate filtration technology" means a filtration process for substantial removal of particulates (generally ≥2 log *Giardia lamblia* cysts) by physical straining through a fixed medium. It does not include conventional, direct, diatomaceous earth, or slow sand filtration processes.

"C" means the residual disinfectant concentration in mg/L at a point before or at the first customer.

"Coagulant" means a chemical used in water treatment to destabilize particulates and accelerate the rate at which they aggregate into larger particles.

"Coagulation" means a process using coagulant chemicals and rapid mixing to destabilize colloidal and suspended particles and agglomerate them into flocs.

"Completely treated water" means water from a surface or GWI source which receives filtration or disinfection treatment that fully complies with the treatment technique requirements of Part 6 of chapter 246-290 WAC as determined by the department.

"Continuous monitoring" means determining water quality with automatic recording analyzers which operate without interruption twenty-four hours per day.

"Conventional filtration treatment" means a series of processes including coagulation, flocculation, sedimentation, and filtration which together result in substantial particulate removal (≥2.5 log *Giardia lamblia* cysts).

"CT" or **"CTcalc"** means the product of "residual disinfectant concentration" (C) and the corresponding "disinfectant contact time" (T) i.e., "C" x "T".

"$CT_{99.9}$" means the CT value required for 99.9 percent(3 log) inactivation of *Giardia lamblia* cysts.

"CTreq" means the CT value a filtered system shall provide to achieve a specific percent inactivation of *Giardia lamblia* cysts as directed by the department.

"Diatomaceous earth filtration" means a filtration process for substantial removal of particulates (≥2 log *Giardia lamblia* cysts) in which:

A precoat cake of graded diatomaceous earth filter media is deposited on a support membrane (septum); and

Water is passed through the cake on the septum while additional filter media, known as body feed, is continuously added to the feed water to maintain the permeability of the filter cake.

"Direct filtration" means a series of processes including coagulation, flocculation, and filtration (but excluding sedimentation) which together result in substantial particulate removal (≥2 log *Giardia lamblia* cysts).

"Disinfectant contact time ("T" in CT)" means:

When measuring the first or only C, the time in minutes it takes water to move from the point of disinfectant application to a point where the C is measured; and

For subsequent measurements of C, the time in minutes it takes water to move from one C measurement point to the C measurement point for which the particular T is being calculated.

"DOH SWTR Guidance Manual" means the departmental handbook which provides guidance on implementation of Part 6 of chapter 246-290 WAC.

"Emergency" means an unforeseen natural or man-made event which causes damage, disrupts normal operations, and requires prompt action to protect public health.

"Emergency source" means a department-approved source, physically disconnected from the system, and used only in emergencies.

"Filtration" means a process for removal of particulate matter from water by passage through porous media.

"Flocculation" means a process enhancing agglomeration and collection of colloidal and suspended particles into larger, more easily settleable or filterable particles by gentle stirring.

"Heterotrophic plate count bacteria (HPC)" means a broad class of bacteria, including innocuous, opportunistic, and pathogenic bacteria, which use organic nutrients for growth. The density of these bacteria in drinking water is measured as HPC.

"Inactivation" means a process which renders pathogenic microorganisms incapable of producing disease.

"Inactivation ratio" means:

$$\left[\frac{\text{CTcalc}}{CT_{99.9}}\right] \quad \text{for unfiltered systems; and}$$

$$\left[\frac{\text{CTcalc}}{\text{CTreq}}\right] \quad \text{for filtered systems.}$$

"Incompletely treated water" means water from a surface or GWI source which receives filtration and/or disinfection treatment that does not fully comply with the treatment technique requirements of Part 6 of chapter 246-290 WAC as determined by the department.

"In-line filtration" means a series of processes, including coagulation and filtration (but excluding flocculation and sedimentation) which together result in particulate removal.

"*Legionella*" means a genus of bacteria containing species which cause a type of pneumonia called Legionnaires' Disease.

"Peak hourly flow" means, for the purpose of CT calculations, the greatest volume of water passing through the system during any one hour in a day.

"Point of disinfectant application" means the point where the disinfectant is added, and where water downstream of that point is not subject to contamination by untreated surface water.

"Primary turbidity standard" means an accurately prepared formazin solution or commercially prepared

polymer solution of known turbidity (prepared in accordance with "standard methods") which is used to calibrate bench model and continuous turbidimeters (instruments used to measure turbidity).

"Pressure filter" means an enclosed vessel containing properly sized and graded granular media through which water is forced under greater than atmospheric pressure.

"Removal credit" means the level (expressed as a percent or log) of *Giardia* and virus removal the department grants a system's filtration process.

"Sedimentation" means a process which uses gravity to remove suspended particles before filtration.

"Slow sand filtration" means a process involving passage of source water through a bed of sand at low velocity (generally less than 0.10 gpm/ft^2) which results in substantial particulate removal (≥ 2 log *Giardia lamblia* cysts) by physical and biological mechanisms.

"Source water" means untreated water which is not subject to recontamination by surface runoff and:

For unfiltered systems, enters the system immediately before the first point of disinfectant application; and

For filtered systems, enters immediately before the first treatment unit of a water treatment facility.

"Tracer study" means a field study conducted to determine the disinfectant contact time, T, provided by a water system component, such as a clearwell or storage reservoir, used for *Giardia lamblia* cyst and virus inactivation. The study involves introducing a tracer chemical at the inlet of the contact basin and measuring the resulting outlet tracer concentration as a function of time.

"Treatment technique requirement" means a department-established requirement for a public water system to provide treatment, such as filtration or disinfection, as defined by specific design, operating, and monitoring requirements. A "treatment technique requirement" is established in lieu of a primary MCL when monitoring for the contaminant is not economically or technologically feasible.

"Turbidity event" means a single day or series of consecutive days, not to exceed fourteen, when one or more turbidity measurement each day exceeds 5 NTU.

"T10" means the time it takes water with ten percent of an initial tracer concentration to appear at the outlet of the system component used for *Giardia lamblia* cyst and virus inactivation, when a tracer study is conducted at peak hourly flow.

"Water treatment facility" means, for the purposes of Part 6 of chapter 246-290 WAC, a facility which provides filtration and disinfection treatment to reduce physical contaminants and remove and inactivate pathogens; such facilities are designed and operated to achieve a water quality standard or comply with a treatment technique requirement to prevent acute or chronic health effects in consumers served by the system. Facilities which only add chemicals to the water for disinfection, corrosion control and/or dental prevention purposes are not included in this definition.

"Wellhead protection program" means a program designed to protect ground water based public water sources from contamination. A wellhead protection program includes elements such as:

A delineated wellhead protection area;

Identification of local jurisdictions having land use authority within the wellhead protection area;

Inventory of contaminant sources;

Contingency plans for the location and provision of alternate drinking water sources in the event of source contamination or loss; and

A spill response plan for the wellhead protection area.

"Virus" means a virus of fecal origin which is infectious to humans and transmitted through water.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-610, filed 3/25/93, effective 4/25/93.]

WAC 246-290-620 Applicability of surface water treatment requirements. (1) The requirements of Part 6 of chapter 246-290 WAC apply to **Group A** water systems which:

(a) Use surface sources or ground water sources under the direct influence of surface water (GWI); or

(b) Purchase surface or GWI water from an approved public water system or other entity acceptable to the department.

(2) The requirements of Part 6 of chapter 246-290 WAC do not apply to **Group A** water systems which use unfiltered surface or GWI sources as emergency sources, if the purveyor meets the following conditions:

(a) Has a department-approved emergency response plan; and

(b) Provides disinfection treatment which meets the requirements under WAC 246-290-662 (2)(e).

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-620, filed 3/25/93, effective 4/25/93.]

WAC 246-290-630 General requirements. (1) The purveyor shall ensure that treatment is provided for surface and GWI sources consistent with the treatment technique requirements specified in Part 6 of chapter 246-290 WAC.

(2) The purveyor shall install and properly operate water treatment processes to ensure at least:

(a) 99.9 percent (3 log) removal and/or inactivation of *Giardia lamblia* cysts; and

(b) 99.99 percent (4 log) removal and/or inactivation of viruses.

(3) The purveyor shall ensure that the requirements of subsection (2) of this section are met between a point where the source water is not subject to contamination by untreated surface water and a point at or before the first customer.

(4) The department may require higher levels of removal and/or inactivation of *Giardia lamblia* cysts and viruses than specified in subsection (2) of this section if deemed necessary to protect the health of consumers served by the system.

(5) The purveyor shall ensure that personnel operating a system subject to Part 6 of chapter 246-290 WAC meet the requirements under chapter 70.119 RCW and chapter 246-292 WAC.

(6) The purveyor of a **Group A community** system serving water to the public before January 1, 1991, shall comply with applicable minimum treatment requirements. The purveyor shall meet either the:

(a) Filtration and disinfection requirements under WAC 246-290-660 and 246-290-662 respectively; or

(b) Criteria to remain unfiltered under WAC 246-290-690 and the disinfection requirements under WAC 246-290-692.

(7) The purveyor of a **Group A noncommunity** system serving water to the public before January 1, 1991, shall install filtration and meet the filtration and disinfection requirements under WAC 246-290-660 and 246-290-662, respectively.

(8) The purveyor of a Group A system first serving water to the public after December 31, 1990, shall meet the filtration and disinfection requirements under WAC 246-290-660 and 246-290-662, respectively.

(9) The department shall provide notification to the purveyor of the requirement to install filtration. The purveyor of a system required to install filtration may abandon the surface or GWI source as a permanent or seasonal source and develop an alternate, department-approved source. Purveyors that choose this option and develop alternate ground water sources or purchase water from a department-approved public water system using a ground water source shall no longer be subject to Part 6 of chapter 246-290 WAC, once the alternate source is approved by the department and is on line.

(10) Part 6 compliance options are summarized in Table 8.

Table 8
COMPLIANCE OPTIONS FOR GROUP A SYSTEMS USING SURFACE OR GWI SOURCES

SYSTEM TYPE	SURFACE WATER OPTIONS (system subject to Part 6)	ALTERNATE GROUND WATER SOURCE OPTIONS (system not subject to Part 6)
Community systems serving water to the public before January 1, 1991	• Provide filtration and disinfection; • Remain unfiltered, meet all criteria to remain unfiltered, and provide disinfection; or • Purchase from a system using a surface or GWI source.	Existing systems may abandon surface or GWI sources and develop alternate department-approved ground water sources. Existing systems which develop ground water sources or purchase ground water from a department-approved public water system shall not be subject to the requirements of Part 6, once the alternate source is approved by the department and is on-line.
All other Group A systems using surface or GWI sources	• Provide filtration and disinfection; or • Purchase completely treated surface water or GWI water from an approved public water system.	

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-630, filed 3/25/93, effective 4/25/93.]

WAC 246-290-632 Treatment technique violations. (1) A treatment technique violation shall be considered a violation of a primary drinking water standard and in the case of an unfiltered system, may result in the purveyor of an unfiltered system being required to install filtration.

(2) A treatment technique violation occurs when a system using a surface or GWI source is identified by the department as the source of a waterborne disease outbreak or any of the following occur as applicable:

(a) The purveyor providing filtration fails to meet one or more of the following requirements by June 29, 1993:

(i) Filtration treatment in accordance with WAC 246-290-660; or

(ii) Disinfection treatment in accordance with WAC 246-290-662.

(b) The purveyor required to install filtration:

(i) Fails to meet the interim disinfection requirements in accordance with WAC 246-290-672 or as otherwise directed by the department; or

(ii) Fails to install filtration or develop an alternate source by the applicable dates specified in WAC 246-290-670.

(c) The purveyor of an unfiltered surface water or GWI source:

(i) Delivers water with a turbidity level exceeding 5 NTU; or

(ii) Fails to meet one or more of the disinfection requirements in accordance with WAC 246-290-692 after the dates specified in WAC 246-290-686.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-632, filed 3/25/93, effective 4/25/93.]

WAC 246-290-634 Follow-up to treatment technique violations. When a treatment technique violation occurs, the purveyor:

(1) Shall report to the department in accordance with:

(a) WAC 246-290-666 for purveyors providing filtration;

(b) WAC 246-290-674 for purveyors installing filtration; or

(c) WAC 246-290-696 for purveyors not providing filtration;

(2) Shall notify the public in accordance with WAC 246-290-330;

(3) Shall determine the cause of the violation;

(4) Shall take action as directed by the department; and

(5) May be subject to enforcement under WAC 246-290-050.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-634, filed 3/25/93, effective 4/25/93.]

WAC 246-290-636 Determination of disinfectant contact time (T). (1) The purveyor shall calculate T at peak hourly flow.

(2) For pipelines, the purveyor shall calculate T by dividing the internal volume of the pipe by the peak hourly flow rate through that pipe.

(3) For all other system components used for *Giardia lamblia* cyst and virus inactivation, the purveyor shall use tracer studies or empirical methods to determine T.

(4) The purveyor shall use the T10 value determined by tracer studies or other methods acceptable to the department as T in all CT calculations.

(a) For existing water treatment facilities, the purveyor shall ensure that the T10 value is determined by June 29, 1993; and

(b) For unfiltered systems, the purveyor shall ensure that the T10 value is determined before the purveyor begins conducting the monitoring under WAC 246-290-694 to demonstrate that the system meets the criteria to avoid filtration.

(5) Tracer studies.

(a) The purveyor shall conduct field tracer studies on all system components with configurations (geometry and/or baffling) for which analogous contact times are not documented.

(b) Before conducting tracer studies, the purveyor shall obtain the department's approval of a tracer study plan. The plan shall identify at a minimum:

(i) How the purveyor will conduct the study;

(ii) The tracer material to be used;

(iii) Flow rates to be used; and

(iv) The names, titles, and qualifications of the persons conducting the study.

(c) A professional engineer registered in the state of Washington shall direct the conduct of all tracer studies.

(d) Tracer studies shall be conducted in accordance with good engineering practices using methods acceptable to the department such as those described in the *DOH SWTR Guidance Manual.*

(e) The department may require the purveyor to conduct additional tracer studies when:

(i) Modifications impacting flow distribution or T are made; or

(ii) Increases in flow exceed the conditions of the previous tracer studies.

(6) Empirical methods.

(a) Empirical methods may be used to calculate T10, if the purveyor demonstrates to the department's satisfaction that system components have configurations analogous to components on which tracer studies have been conducted and results have been documented.

(b) The purveyor shall submit to the department for review and approval engineering justification for determining T10 using empirical methods. As-built drawings of system components in their current configurations shall be submitted with the engineering justification.

(c) A professional engineer registered in the state of Washington shall prepare the engineering justification for determining T10 using empirical methods.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-636, filed 3/25/93, effective 4/25/93.]

WAC 246-290-638 Analytical requirements. (1) The purveyor shall ensure that only qualified persons conduct measurements for pH, temperature, turbidity, and residual disinfectant concentrations. In this section, qualified shall mean:

(a) A person certified under chapter 246-292 WAC;

(b) An analyst, with experience conducting these measurements, from the state public health laboratory or another laboratory certified by the department;

(c) A state or local health agency professional experienced in conducting these measurements.

(2) The purveyor shall ensure that measurements for temperature, turbidity, pH, and residual disinfectant concentration are made in accordance with "standard methods."

(3) The purveyor shall ensure that samples for coliform and HPC analysis are:

(a) Collected and transported in accordance with department-approved methods; and

(b) Submitted to the state public health laboratory or another laboratory certified by the department to conduct such analyses.

(4) Turbidity monitoring.

(a) The purveyor shall equip the system's water treatment facility laboratory with a:

(i) Bench model turbidimeter; and

(ii) Continuous turbidimeter and recorder if required under WAC 246-290-664 or 246-290-694.

(b) The purveyor shall ensure that bench model and continuous turbidimeters are:

(i) Designed to meet the criteria in "standard methods"; and

(ii) Properly operated, calibrated, and maintained at all times in accordance with the manufacturer's recommendations.

(c) The purveyor shall validate continuous turbidity measurements for accuracy as follows:

(i) Calibrate turbidity equipment based upon a primary standard in the expected range of measurements; and

(ii) Verify continuous turbidimeter performance on a weekly basis, not on consecutive days, with grab sample measurements made using a properly calibrated bench model turbidimeter.

(d) When continuous turbidity monitoring equipment fails, the purveyor shall measure turbidity on grab samples collected at least every four hours while the system serves water to the public and the equipment is being repaired or replaced. The purveyor shall have continuous monitoring equipment on-line within five working days of failure.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-638, filed 3/25/93, effective 4/25/93.]

WAC 246-290-639 SWTR records. (1) Purveyors using surface or GWI sources shall maintain accurate and complete operations records.

(2) Operations records shall include, but not be limited to, the following as applicable:

(a) Results of all monitoring conducted under Part 6 of chapter 246-290 WAC;

(b) Quantity of water produced, plant flow rates, and hours of operation;

(c) Types and quantities of chemicals used;

(d) Dates and information pertaining to filter and/or disinfection system maintenance;

(e) Dates and results of filter and/or disinfection system inspections including records of filtration and backwash rates; and

(f) Dates and descriptions of major equipment and/or treatment process failures and corrective actions taken.

(3) Operations records not reported to the department under WAC 246-290-666 or 246-290-696 shall be maintained at the purveyor's treatment facility.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-639, filed 3/25/93, effective 4/25/93.]

WAC 246-290-640 Determination of GWI sources. (1) For **Group A** systems, the department shall notify the purveyor when a source has been identified as a potential GWI source. Until the department has made a source determination, the purveyor shall monitor in accordance with the requirements for ground water sources in WAC 246-290-300 or as directed by the department and provide follow-up in accordance with WAC 246-290-320.

(2) The purveyor using a source identified as a potential GWI shall provide to the department all information necessary to determine whether the source is under direct surface water influence. Information shall include but not be limited to:

(a) Site-specific source water quality data;

(b) Documentation of source construction characteristics;

(c) Documentation of hydrogeology;

(d) Distance to surface water; and

(e) Water quality results from nearby surface water(s) if requested by the department.

(3) Based on information provided by the purveyor, the department shall determine which ground water sources are under the direct influence of surface water and notify the purveyor of the source determination.

(4) The purveyor may modify a department-determined GWI source to eliminate direct surface influence. In such cases, the purveyor shall, at a minimum:

(a) Submit a proposed schedule for source modification to the department for review and approval;

(b) Provide disinfection treatment and conduct monitoring and reporting as directed by the department to protect the health of consumers served by the water system until:

(i) Modification is complete; and

(ii) The department determines the source is no longer subject to direct surface influence.

(c) Comply with subsection (2) of this section upon completion of source modifications to be considered for source reclassification.

(5) The department may reevaluate a ground water source for direct surface influence, if conditions impacting source classification have changed.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-640, filed 3/25/93, effective 4/25/93.]

WAC 246-290-650 Compliance requirements for filtered systems. (1) In addition to the requirements of Parts 1 through 5 of chapter 246-290 WAC, Subpart B of Part 6 of chapter 246-290 WAC applies to purveyors of systems using surface or GWI sources and providing filtration, including:

(a) Systems with water treatment facilities which produced water served to the public before January 1, 1991;

(b) Unfiltered systems installing filtration, once the new water treatment facilities are on-line; and

(c) New systems using surface or GWI sources. For the purpose of the Part 6 chapter 246-290 WAC requirements, new systems are defined as systems first serving water to the public after December 31, 1990.

(2) The purveyor shall be subject to the effective dates, compliance requirements and violations specified in Table 9.

(3) The purveyor of a new system using a surface or GWI source shall comply with the requirements of Part 6 subparts A and B chapter 246-290 WAC and be subject to the treatment technique violations specified in WAC 246-290-632 beginning when the system first serves water to the public and thereafter.

Table 9
PART 6 COMPLIANCE REQUIREMENTS FOR SYSTEMS WITH EXISTING WATER TREATMENT FACILITIES

REQUIREMENTS EFFECTIVE FROM	APPLICABLE PART 6 REQUIREMENTS	VIOLATION TYPE	
		Turbidity MCL	Treatment Technique
Date specified in written department notification through June 28, 1993	Subpart A Analytical, Subpart B Monitoring and Reporting requirements only	Still in effect	Not in effect yet
June 29, 1993 and thereafter	Subparts A and B	No longer in effect	In effect

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-650, filed 3/25/93, effective 4/25/93.]

WAC 246-290-652 Filtration technology and design criteria for existing filtered systems. (1) The purveyor shall treat all surface and GWI sources using one of the following filtration technologies unless another technology is acceptable to the department:

(a) Conventional;

(b) Direct;

(c) Diatomaceous earth; or

(d) Slow sand.

(2) Purveyors not using one of the filtration technologies in subsection (1) of this section or not complying with the design criteria specified in WAC 246-290-676 shall submit a project report to the department which demonstrate's to the department's satisfaction that the existing water treatment facility can be operated to reliably produce, by June 29, 1993, water meeting the operating and performance requirements of WAC 246-290-654 and 246-290-660, respectively. The project report shall comply with the requirements of WAC 246-290-110.

(3) The purveyor shall make the demonstration required under subsection (2) of this section using the latest twelve months of operating data, results of special studies conducted to test the performance of the water treatment facility under adverse water quality conditions or other means acceptable to the department.

(4) For water treatment facilities currently unable to meet the performance and operation requirements, the project report shall specify the modifications needed to upgrade the facility. Purveyors upgrading existing water treatment facilities shall comply with the design and reliability requirements under WAC 246-290-676 and 246-290-678, respectively.

(5) The purveyor of a new system using a surface or GWI source shall be subject to the:

(a) Design and reliability requirements under WAC 246-290-676 and 246-290-678, respectively; and

(b) Operating criteria for new water treatment facilities under WAC 246-290-680.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-652, filed 3/25/93, effective 4/25/93.]

WAC 246-290-654 Treatment criteria for filtered systems. (1) The purveyor shall operate filters such that maximum flow rates do not exceed those specified in Table 10. The purveyor may operate filters at higher flow rates, if the purveyor demonstrates to the department's satisfaction that filtration at the higher rate consistently achieves at least 99 percent (2 log) removal of *Giardia lamblia* cysts and meets the turbidity performance requirements of Table 11.

Table 10
FILTRATION OPERATION CRITERIA

FILTRATION TECHNOLOGY/MEDIA	MAXIMUM FILTRATION RATE (gpm/ft^2)
Conventional, Direct and In-Line	
Gravity Filters with Single Media	3
Gravity Filters with Deep Bed, Dual or Mixed Media	6
Pressure Filters with Single Media	2
Pressure Filters with Deep Bed, Dual or Mixed Media	3
Slow Sand	0.1
Diatomaceous Earth	1.0

(2) The purveyor using conventional, direct or in-line filtration shall ensure that effective coagulation is in use at all times the water treatment facility produces water served to the public.

(3) The purveyor using conventional, direct, or in-line filtration shall demonstrate treatment effectiveness for *Giardia lamblia* cyst removal by one of the following methods:

(a) Turbidity reduction method where source and filtered water turbidity measurements are made in accordance with WAC 246-290-664(2) and (3) respectively:

(i) When source turbidity is greater than or equal to 2.5 NTU, the purveyor shall achieve the turbidity performance requirements specified in WAC 246-290-660(1);

(ii) When source turbidity is less than 2.5 NTU, the purveyor shall achieve:

(A) An 80% reduction in source turbidity based on an average of the daily turbidity reductions measured in a calendar month; or

(B) A filtered water turbidity less than or equal to 0.1 NTU;

(b) Particle counting method. The purveyor shall:

(i) Use a particle counting protocol acceptable to the department; and

(ii) Demonstrate at a frequency acceptable to the department at least the following log reduction of *Giardia lamblia* cyst-sized particles as applicable;

(A) 2.5 log reduction for systems using conventional filtration:

(B) 2.0 log reduction for systems using direct or in-line filtration;

(c) Microscopic particulate analysis method. The purveyor shall:

(i) Use a protocol acceptable to the department; and

(ii) Demonstrate at a frequency acceptable to the department at least the following log reduction of *Giardia lamblia* cysts and/or *Giardia lamblia* cyst surrogate indicators as applicable;

(A) 2.5 log reduction for systems using conventional filtration; and

(B) 2.0 log reduction for systems using direct or in-line filtration.

(d) Other methods acceptable to the department.

(4) The purveyor shall ensure continuous disinfection of all water delivered to the public and shall:

(a) Maintain an adequate supply of disinfection chemicals and keep back-up system components and spare parts on hand;

(b) Develop, maintain, and post at the water treatment facility a plan detailing:

(i) How water delivered to the public will be continuously and adequately disinfected; and

(ii) The elements of an emergency notification plan to be implemented whenever the disinfectant residual at entry to distribution falls below 0.2 mg/L for more than one hour.

(c) Implement such plan during an emergency affecting disinfection.

(5) Operations plan.

(a) For each water treatment facility treating a surface or GWI source, the purveyor shall develop an operations plan and make it available to the department for review upon request.

(b) The plan shall be submitted to the department as an addendum to the purveyor's water system plan (WAC 246-290-100) or small water system management program (WAC 246-290-410).

(c) The plan shall detail how the purveyor will produce optimal filtered water quality at all times the water treatment facility produces water to be served to the public.

(d) The purveyor shall operate the water treatment facility in accordance with the operations plan.

(e) The operations plan shall include, but not be limited to, a description of:

(i) For conventional, direct or in-line filtration, procedures used to determine and maintain optimized coagulation as demonstrated by meeting the requirements of WAC 246-290-654(3);

(ii) Procedures used to determine chemical dose rates;

(iii) How and when each unit process is operated;

(iv) Unit process equipment maintenance program;

(v) Treatment plant performance monitoring program;

(vi) Laboratory procedures;

(vii) Records;

(viii) Reliability features; and

(ix) Response plans for water treatment facility emergencies, including disinfection failure and watershed emergencies.

(f) The purveyor shall ensure the operations plan is:

(i) Readily available at the water treatment facility for use by operators and for department inspection;

(ii) Consistent with department guidelines for operations procedures such as those described in the *DOH SWTR Guidance Manual* and *Planning Handbook*; and

(iii) Updated as needed to reflect current water treatment facility operations.

(6) Pressure filters. Purveyors using pressure filters shall:

(a) Inspect and evaluate the filters, at least every six months, for conditions that would reduce their effectiveness in removing *Giardia lamblia* cysts;

(b) Maintain, and make available for department review, a written record of pressure filter inspections; and

(c) Be prepared to conduct filter inspections in the presence of a department representative, if requested.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-654, filed 3/25/93, effective 4/25/93.]

WAC 246-290-660 Filtration. (1) Turbidity performance requirements.

(a) The purveyor shall ensure that the turbidity level of representative filtered water samples:

(i) Complies with the performance standards in Table 11; and

(ii) Never exceeds 5.0 NTU.

Table 11
TURBIDITY PERFORMANCE REQUIREMENTS

Filtration Technology	Filtered water turbidity (in NTUs) shall be less than or equal to this value in at least 95% of the measurements made each calendar month
Conventional, Direct and In-line	0.5
Slow Sand	1.0
Diatomaccous Earth	1.0
Alternate Technology	1.0

(b) The department may allow the turbidity of filtered water from a system using slow sand filtration to exceed 1.0 NTU, but never 5.0 NTU, if the system demonstrates to the department's satisfaction that the higher turbidity level will not endanger the health of consumers served by the system.

(2) *Giardia lamblia* and virus removal credit.

(a) The department shall notify the purveyor of the removal credit granted for the system's filtration process. The department shall specify removal credit for:

(i) Existing filtration facilities based on periodic evaluations of performance and operation; and

(ii) New or modified filtration facilities based on results of pilot plant studies or full scale operation.

(b) Conventional, direct, and in-line filtration.

(i) The removal credit the department may grant to a system using conventional, direct, or in-line filtration and demonstrating effective treatment is as follows:

	Percent Removal Credit (log)	
Filtration Technology	*Giardia*	Virus
Conventional	99.7 (2.5)	99 (2.0)
Direct and in-line	99 (2.0)	90 (1.0)

(ii) A system using conventional, direct, or in-line filtration shall be considered to provide effective treatment, if the purveyor demonstrates to the satisfaction of the department that the system meets the:

(A) Turbidity performance requirements under subsection (1) of this section; and

(B) Operations requirements of WAC 246-290-654.

(iii) The department may grant a higher level of *Giardia lamblia* and virus removal credit than listed under (b)(i) of this subsection, if the purveyor demonstrates to the department's satisfaction that the higher level can be consistently achieved.

(iv) As a condition of maintaining the maximum removal credit, purveyors may be required to periodically monitor one or more parameters not routinely monitored under WAC 246-290-664. The department shall notify the purveyor of the type and frequency of monitoring to be conducted.

(v) The department shall not grant removal credit to a system using conventional, direct, or in-line filtration which:

(A) Fails to meet the minimum turbidity performance requirements under subsection (1) of this section;

(B) Fails to meet the operating requirements under WAC 246-290-654.

(vi) The purveyor granted no removal credit shall:

(A) Provide treatment in accordance with WAC 246-290-662 (2)(e); and

(B) Within ninety days of department notification regarding removal credit, submit an action plan to the department for review and approval. The plan shall:

(I) Detail how the purveyor plans to comply with the turbidity performance requirements in subsection (1) of this section and operating requirements of WAC 246-290-654; and

(II) Identify the proposed schedule for implementation.

(c) Slow sand filtration.

The department may grant a system using slow sand filtration 99 percent (2 log) *Giardia lamblia* cyst removal credit and 90 percent (1 log) virus removal credit, if the system meets the department design requirements under WAC 246-290-676 and meets the minimum turbidity performance requirements in subsection (1) of this section.

(d) Diatomaceous earth filtration.

The department may grant a system using diatomaceous earth filtration 99 percent (2 log) *Giardia lamblia* cyst removal credit and 90 percent (1 log) virus removal credit, if the system meets the department design requirements under WAC 246-290-676 and meets the minimum turbidity performance requirements in subsection (1) of this section.

(e) Alternate filtration technology.

The department shall grant, on a case-by-case basis, *Giardia lamblia* cyst and virus removal credit for systems using alternate filtration technology based on results of product testing acceptable to the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-660, filed 3/25/93, effective 4/25/93.]

WAC 246-290-662 Disinfection for filtered systems. (1) General requirements.

(a) The purveyor shall provide continuous disinfection to ensure that filtration and disinfection together achieve, at all times the system serves water to the public, at least the following:

(i) 99.9 percent (3 log) inactivation and removal of *Giardia lamblia* cysts; and

(ii) 99.99 percent (4 log) inactivation and removal of viruses.

(b) Where sources receive sewage discharges and/or agricultural runoff, purveyors may be required to provide greater levels of removal and inactivation of *Giardia lamblia* cysts and viruses to protect the health of consumers served by the system.

(c) Regardless of the removal credit granted for filtration, purveyors shall, at a minimum, provide continuous disinfection to achieve at least 68 percent (0.5 log) inactivation of *Giardia lamblia* cysts and 99 percent (2 log) inactivation of viruses.

(2) Establishing the level of inactivation.

(a) The department shall establish the level of disinfection (log inactivation) to be provided by the purveyor.

(b) The required level of inactivation shall be based on source quality and expected levels of *Giardia lamblia* cyst and virus removal achieved by the system's filtration process.

(c) Based on period review, the department may adjust, as necessary, the level of disinfection the purveyor shall provide to protect the health of consumers served by the system.

(d) The purveyor using alternate filtration technology shall ensure that disinfection achieves at least the following at all times water is served to the public:

(i) 90 percent (1 log) inactivation of *Giardia lamblia* cysts when granted 99 percent (2 log) *Giardia lamblia* cyst removal credit, or 99.9 percent (3 log) inactivation of cysts when granted less than 99 percent (2 log) *Giardia lamblia* cyst removal credit; and

(ii) 99.9 percent (3 log) inactivation of viruses when granted 90 percent (1 log) virus removal credit, or 99.99 percent (4 log) inactivation of viruses when granted no virus removal credit.

(e) Systems granted no *Giardia lamblia* cyst removal credit.

(i) Unless directed otherwise by the department, the purveyor of a system granted no *Giardia lamblia* cyst removal credit shall provide interim disinfection:

(A) To ensure compliance with the monthly coliform MCL under WAC 246-290-310;

(B) Achieve at least 99.9 percent (3 log) inactivation of *Giardia lamblia* cysts; and

(C) Maintain a detectable residual disinfectant concentration, or an HPC level less than 500/ml, within the distribution system in accordance with subsection (5) of this section.

(ii) The purveyor shall comply with the interim disinfection requirements until the system can demonstrate to the department's satisfaction that it complies with the operating requirements and turbidity performance requirements under WAC 246-290-654 and 246-290-660(1), respectively.

(3) Determining the level of inactivation.

(a) Unless the department has approved a reduced CT monitoring schedule for the system, each day the system serves water to the public, the purveyor, using procedures and CT values acceptable to the department such as those presented in the *DOH SWTR Guidance Manual,* shall determine:

(i) CTcalc values using the system's treatment parameters and calculate the total inactivation ratio achieved by disinfection; and

(ii) Whether the system's disinfection process is achieving the minimum levels of inactivation of *Giardia lamblia* cysts and viruses required by the department.

(b) The department may allow a purveyor to determine the level of inactivation using lower CT values than those specified in (a) of this subsection, provided the purveyor demonstrates to the department's satisfaction that the required levels of inactivation of *Giardia lamblia* cysts and viruses can be achieved.

(4) Determining compliance with the required level of inactivation.

(a) A purveyor shall be considered in compliance with the inactivation requirement when a total inactivation ratio equal to or greater than one is achieved.

(b) Failure to provide the required level of inactivation on more than one day in any calendar month shall be considered a treatment technique violation.

(5) Disinfectant residual entering the distribution system.

(a) The purveyor shall ensure that all water entering the distribution system contains a residual disinfectant concentration, measured as free or combined chlorine, of at least 0.2 mg/L at all times the system serves water to the public; and

(b) Failure to provide a 0.2 mg/L residual at entry to distribution for more than one hour on any day shall be considered a treatment technique violation.

(6) Disinfectant residuals within the distribution system.

(a) The purveyor shall ensure that the residual disinfectant concentration in the distribution system, measured as total chlorine, free chlorine, combined chlorine, or chlorine dioxide, is detectable in at least 95 percent of the samples taken each calendar month.

(b) Water in the distribution system with an HPC less than or equal to 500/ml is considered to have a detectable residual disinfectant concentration.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-662, filed 3/25/93, effective 4/25/93.]

WAC 246-290-664 Monitoring for filtered systems. (1) Source coliform monitoring.

(a) The purveyor shall ensure that source water samples of each surface or GWI source are:

(i) Collected before the first point of disinfectant application and before coagulant chemical addition; and

(ii) Analyzed for fecal coliform density in accordance with methods acceptable to the department.

(b) At a minimum, the purveyor shall ensure source samples are collected for fecal coliform analysis at a frequency equal to 10 percent of the number of routine coliform samples collected within the distribution system each month under WAC 246-290-300, or once per calendar month, whichever is greater up to a maximum of one sample per day.

(2) Source turbidity monitoring.

(a) The purveyor using conventional, direct, or in-line filtration shall measure source turbidity at least once per day on a representative sample collected before disinfection and coagulant addition.

(b) Grab sampling or continuous turbidity monitoring and recording may be used to meet the requirement specified in (a) of this subsection.

(c) Purveyors using continuous turbidity monitoring shall record continuous turbidity measurements at equal intervals, at least every four hours, in accordance with a department-approved sampling schedule.

(3) Filtered water turbidity monitoring.

(a) The purveyor shall continuously monitor and record turbidity:

(i) On representative samples of the system's combined filter effluent, prior to clearwell storage; and

(ii) In accordance with the analytical techniques under WAC 246-290-638.

(b) Purveyors using slow sand filtration or an alternate filtration technology may reduce filtered water turbidity monitoring to one grab sample per day with departmental approval. Reduced turbidity monitoring shall be allowed only where the purveyor demonstrates to the department's satisfaction that a reduction in monitoring will not endanger the health of consumers served by the water system.

(4) Monitoring the level of inactivation and removal.

(a) Each day the system is in operation, the purveyor shall determine the total level of inactivation and removal of *Giardia lamblia* cysts and viruses achieved.

(b) The purveyor shall determine the total level of inactivation and removal based on:

(i) *Giardia lamblia* cyst and virus removal credit granted by the department for filtration; and

(ii) Level of inactivation of *Giardia lamblia* cysts and viruses achieved through disinfection.

(c) At least once per day, purveyors shall monitor the following to determine the level of inactivation achieved through disinfection:

(i) Temperature of the disinfected water at each residual disinfectant concentration sampling point used for CT calculations; and

(ii) If using chlorine, pH of the disinfected water at each chlorine residual disinfectant concentration sampling point used for CT calculations.

(d) Each day during peak hourly flow (based on historical information), the purveyor shall:

(i) Determine disinfectant contact time, T, to the point at which C is measured; and

(ii) Measure the residual disinfectant concentration, C, of the water at the point for which T is calculated. The C measurement point shall be located before or at the first customer.

(e) The department may reduce CT monitoring requirements for purveyors which demonstrate to the department's satisfaction that the required levels of inactivation are consistently exceeded. Reduced CT monitoring shall only be allowed where the purveyor demonstrates to the department's satisfaction that a reduction in monitoring will not endanger the health of consumers.

(5) Monitoring the disinfectant residual entering the distribution system.

(a) Systems serving more than thirty-three hundred (>3300) people per month.

(i) The purveyor shall continuously monitor and record the residual disinfectant concentration of water entering the distribution system and report the lowest value each day.

(ii) If the continuous monitoring equipment fails, the purveyor shall measure the residual disinfectant concentration on grab samples collected at least every four hours at the entry to the distribution system while the equipment is being repaired or replaced. The purveyor shall have continuous monitoring equipment back on-line within five working days following failure.

(b) Systems serving thirty-three hundred or less(< 3300) people per month.

(i) The purveyor shall collect grab samples or use continuous monitoring and recording to measure the residual disinfectant concentration entering the distribution system.

(ii) Purveyors of **community** systems choosing to take grab samples shall collect:

(A) Samples at the following minimum frequencies:

Population Served	Number/day
25 - 500	1
501 - 1,000	2
1,001 - 2,500	3
2,501 - 3,300	4

(B) At least one of the disinfectant residual grab samples at peak hourly flow; and

(C) The remaining samples evenly spaced over the time the system is disinfecting water that will be delivered to the public.

(iii) Purveyors of **noncommunity** systems choosing to take grab samples shall collect samples for disinfectant residual concentration entering the distribution system as directed by the department.

(iv) When grab samples are collected and the residual disinfectant concentration at the entry to distribution falls below 0.2 mg/L, purveyors shall collect a grab sample every four hours until the residual disinfectant concentration is 0.2 mg/L or more.

(6) Monitoring disinfectant residuals within the distribution system.

(a) The purveyor shall measure the residual disinfectant concentration at representative points within the distribution system on a daily basis or as approved by the department.

(b) At a minimum, the purveyor shall measure the residual disinfectant concentration within the distribution system at the same time and location that a routine or repeat coliform sample is collected in accordance with WAC 246-290-300(2) or 246-290-320(2).

(c) The purveyor may measure HPC within the distribution system in lieu of measuring the residual disinfectant concentration in accordance with this subsection.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-664, filed 3/25/93, effective 4/25/93.]

WAC 246-290-666 Reporting for filtered systems. (1) The purveyor shall notify the department, as soon as possible, but no later than the end of the next business day, when:

(a) A waterborne disease outbreak potentially attributable to the water system occurs;

(b) The turbidity of the combined filter effluent exceeds 5.0 NTU at any time;

(c) The residual disinfection concentration falls below 0.2 mg/L at the entry point to the distribution system. The purveyor shall also report whether the residual was restored within one hour to 0.2 mg/L or more; or

(d) An event occurs which may affect the ability of the water treatment facility to produce drinking water which complies with this chapter including, but not limited to:

(i) Spills of hazardous materials in the watershed; and

(ii) Treatment process failures.

(2) The purveyor shall report results of monitoring conducted in accordance with WAC 246-290-664 to the department. Monthly report forms shall be submitted within ten days after the end of each month the system served water to the public.

(3) The purveyor shall report, at a minimum, all the information requested by the department using a department-approved form or format including:

(a) Water treatment facility operations information;

(b) Turbidity monitoring results. Continuous measurements shall be reported at equal intervals, at least every four hours, in accordance with a department-approved schedule;

(c) Disinfection monitoring information including:

(i) Level of inactivation achieved;

(ii) Residual disinfectant concentrations entering the distribution system; and

(iii) Residual disinfectant concentrations within the distribution system.

(d) Total level of removal and inactivation; and

(e) A summary of water quality complaints received from consumers served by the water system.

(4) A person certified under chapter 246-292 WAC shall complete and sign the monthly report forms required in this section.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-666, filed 3/25/93, effective 4/25/93.]

WAC 246-290-668 Watershed control. (1) The purveyor shall, to the extent possible, exercise surveillance over conditions and activities in the watershed affecting source water quality. The purveyor shall develop and implement a department-approved watershed control program.

(2) The purveyor shall ensure that an evaluation of the watershed is completed at least every six years. Watershed evaluations shall be performed such that results of the survey are included in the purveyor's water system plan in accordance with WAC 246-290-100 or small water system management program in accordance with WAC 246-290-410, whichever is applicable.

(3) A professional engineer registered in the state of Washington shall direct the conduct of the watershed evaluation and develop a watershed evaluation report.

(4) The purveyor shall submit the report to the department within sixty days of completion of the watershed evaluation.

(5) The report shall describe the watershed, characterize the watershed hydrology, and discuss the purveyor's watershed control program. The report shall also describe:

(a) Conditions/activities in the watershed which are adversely affecting source water quality;

(b) Changes in the watershed which could adversely affect source water quality that have occurred since the last watershed evaluation;

(c) The monitoring program the purveyor uses to assess the adequacy of watershed protection including an evaluation of sampling results; and

(d) Recommendations for improved watershed control.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-668, filed 3/25/93, effective 4/25/93.]

WAC 246-290-670 Compliance requirements for existing unfiltered systems installing filtration. (1) The purveyor of an existing unfiltered system shall install filtration by:

(a) June 29, 1993, for systems notified by the department before December 30, 1991, to install filtration; or

(b) Eighteen months after department notification, for systems notified by the department after December 30, 1991, to install filtration.

(2) The purveyor under an enforcement action or compliance agreement which is dated prior to the effective date of Part 6 of chapter 246-290 WAC, shall adhere to the compliance schedule for installation of filtration established in the departmental order or bilateral compliance agreement in lieu of the dates specified in subsection (1) of this section.

Table 12
COMPLIANCE REQUIREMENTS FOR EXISTING UNFILTERED SYSTEMS NOTIFIED BY THE DEPARTMENT TO INSTALL FILTRATION

EFFECTIVE DATE	APPLICABLE PART 6 REQUIREMENTS	VIOLATION TYPE	
		Turbidity MCL	Treatment Technique
Until June 29, 1993 or until the new water treatment facility produces filtered water served to the public, whichever is later.	Subpart C treatment, monitoring and reporting requirements	Still in effect	As defined in WAC 246-290-632
Beginning June 29, 1993 or when the new water treatment facility first serves filtered water to the public, whichever is later.	Subparts A and B	No longer in effect	As defined in WAC 246-290-632

(3) The purveyor required to install filtration shall submit an action plan and schedule to the department for review and approval. The plan shall:

(a) Be submitted within ninety days of departmental notification; and

(b) Document the purveyor's plan and implementation schedule to comply with one of the following:

(i) Subparts A and B of Part 6 of chapter 246-290 WAC, if continuing to use the surface or GWI source as a permanent source and installing filtration;

(ii) Subparts A and D of Part 6 of chapter 246-290 WAC, if abandoning the surface or GWI source and purchasing completely treated water from a department-approved public water system using surface or GWI water; or

(iii) All other applicable sections of this chapter, if abandoning the surface or GWI source and developing an alternate department-approved ground water source.

(4) Between written departmental notification of the filtration requirement and installation of filtration, the purveyor shall meet:

(a) The interim disinfection requirements under WAC 246-290-672 or as otherwise directed by the department;

(b) The interim monitoring and reporting requirements under WAC 246-290-674; and

(c) All other applicable requirements of this chapter.

(5) The purveyor installing filtration shall ensure that when completed, the final treatment processes, consisting of filtration and disinfection, will comply with the requirements under WAC 246-290-660 and 246-290-662, respectively.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-670, filed 3/25/93, effective 4/25/93.]

WAC 246-290-672 Interim treatment requirements. (1) Purveyors of existing unfiltered systems installing filtration shall provide interim disinfection treatment to:

(a) Ensure compliance with the monthly coliform MCL under WAC 246-290-310;

(b) Achieve at least 99 percent (2 log) inactivation of *Giardia lamblia* cysts on a daily basis each month the system serves water to the public unless otherwise directed by the department; and

(c) Maintain a detectable residual disinfectant concentration in the distribution system, measured as total chlorine, free chlorine, or combined chlorine in 95 percent or more of the samples taken each calendar month. Water in the distribution system with an HPC level less than or equal to 500/ml is considered to have a detectable residual disinfectant concentration.

(2) Failure to provide the required level of inactivation in subsection (1)(b) of this section on more than one day in

any calendar month shall be considered a treatment technique violation.

(3) The department may require the purveyor to provide higher levels of treatment than specified in subsection (1)(b) of this section when necessary to protect the health of consumers served by the public water system.

(4) Interim treatment requirements shall be met in accordance with a schedule acceptable to the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-672, filed 3/25/93, effective 4/25/93.]

WAC 246-290-674 Interim monitoring and reporting. (1) Monitoring. Unless directed otherwise by the department, the purveyor of an existing unfiltered system installing filtration shall:

(a) Conduct interim monitoring in accordance with WAC 246-290-300 and 246-290-320; and

(b) Measure the residual disinfectant concentration within the distribution system at the same time and location that a routine or repeat sample is collected in accordance with WAC 246-290-300(2) or 246-290-320(2).

(2) Reporting.

(a) The purveyor installing filtration shall report to the department as soon as possible, but no later than the end of the next business day, when:

(i) A waterborne disease outbreak potentially attributable to the water system occurs;

(ii) The turbidity of water delivered to the public exceeds 5.0 NTU; or

(iii) The interim disinfection requirements under WAC 246-290-672 are not met.

(b) The purveyor shall report results of monitoring to the department. Monthly report forms shall be submitted within ten days after the end of each month the system served water to the public.

(c) The purveyor shall report, at a minimum, all the information requested by the department using a department-approved form or format including:

(i) Water quality information, including results of monitoring in accordance with WAC 246-290-300 and 246-290-320;

(ii) Disinfection monitoring information;

(iii) A summary of water quality complaints received from consumers served by the system.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-674, filed 3/25/93, effective 4/25/93.]

WAC 246-290-676 Filtration technology and design criteria. (1) General.

(a) The purveyor proposing to construct new water treatment facilities or to make additions to existing water treatment facilities for surface and GWI sources shall ensure that the facilities comply with the treatment, design, and reliability requirements of Part 6 of chapter 246-290 WAC.

(b) The purveyor shall submit an engineering report to the department describing how the treatment facilities will be designed to comply with the requirements specified in Subparts A, B, and C of Part 6 of chapter 246-290 WAC.

(2) Filtration technology.

(a) The purveyor shall select a filtration technology acceptable to the department using criteria such as those outlined in the *DOH SWTR Guidance Manual.* The following filtration technologies are considered acceptable:

(i) Conventional;

(ii) Direct;

(iii) Diatomaceous earth; and

(iv) Slow sand.

(b) In addition to the technologies specified in subsection (1) of this section, alternate filtration technologies may be acceptable, if the purveyor demonstrates to the department's satisfaction all of the following:

(i) Through acceptable third party testing, that system components do not leach or otherwise add substances to the finished water that would violate drinking water standards or food and drug administration regulations, or otherwise pose a threat to public health;

(ii) The technology's effectiveness in achieving at least 99 percent (2 log) removal of *Giardia lamblia* cysts or cyst surrogate particles. On a case-by-case basis, the department may allow, with adequate engineering justification, installation of an alternate filtration technology which achieves less than 99 percent (2 log) removal. Alternate technologies which achieve less than 1.5 log removal shall be considered unacceptable. The purveyor shall demonstrate the technology's removal capability through research conducted:

(A) By a party acceptable to the department; and

(B) In accordance with protocol and standards acceptable to the department.

(iii) Through on-site pilot plant studies or other means, that the filtration technology:

(A) In combination with disinfection treatment consistently achieves 99.9 percent (3 log) removal and inactivation of *Giardia lamblia* cysts and 99.99 percent (4 log) removal and inactivation of viruses; and

(B) Meets the applicable turbidity performance requirements in Table 11.

(3) Pilot studies.

(a) The purveyor shall ensure pilot studies are conducted for all proposed filtration facilities, except where waived based on engineering justification acceptable to the department.

(b) The purveyor shall obtain department approval for the pilot study plan before the pilot filter is constructed and before the pilot study is undertaken.

(c) The pilot study plan shall identify at a minimum:

(i) Pilot filter design;

(ii) Water quality and operational parameters to be monitored;

(iii) Type of data to be collected, frequency of data collection, and length of pilot study; and

(iv) Pilot plant operator qualifications.

(d) The purveyor shall ensure that the pilot study is:

(i) Conducted to simulate proposed full-scale design conditions;

(ii) Conducted over a time period that will demonstrate the effectiveness and reliability of the proposed treatment system during changes in seasonal and climatic conditions; and

(iii) Designed and operated in accordance with good engineering practices and that ANSI/NSF standards 60 and 61 are considered.

(e) When the pilot study is complete, the purveyor shall submit a project report to the department for approval in accordance with WAC 246-290-110.

(4) Design criteria.

(a) The purveyor shall ensure that water treatment facilities for surface and GWI sources are designed and constructed in accordance with good engineering practices documented in references such as those identified in WAC 246-290-200.

(b) Filtration facilities.

(i) The purveyor shall ensure that all new filtration facilities and improvements to any existing filtration facilities (excluding disinfection) are designed to achieve at least:

(A) 99 percent (2 log) removal of *Giardia lamblia* cysts; and

(B) 90 percent (1 log) removal of viruses.

(ii) The purveyor proposing to use an alternate filtration technology which doesn't meet the requirements of (b)(i)(B) of this subsection shall demonstrate to the department's satisfaction that the potential for viral contamination of the source is low. The purveyor shall base the demonstration on results of a watershed evaluation acceptable to the department.

(iii) The purveyor shall ensure that all new filtration facilities contain provisions for filtering to waste with appropriate measures for backflow prevention.

(c) Disinfection systems.

(i) The purveyor shall ensure that disinfection systems for new filtration facilities using other than alternate filtration technologies and improvements to existing disinfection facilities are designed to achieve at least:

(A) 90 percent (1 log) inactivation of *Giardia lamblia* cysts; and

(B) 99.9 percent (3 log) inactivation of viruses.

(ii) The purveyor proposing to use an alternate filtration technology shall ensure that the disinfection system is designed to comply with the following requirements as applicable:

(A) If the department has rated the filtration technology as capable of achieving at least 99 percent (2 logs) removal of *Giardia lamblia* cysts, the purveyor shall ensure that the disinfection system provides at least 90 percent (1 log) inactivation of *Giardia lamblia* cysts; or

(B) If the department has rated the filtration technology as capable of achieving less than 99 percent (2 logs) removal of *Giardia lamblia* cysts, the purveyor shall ensure that the disinfection system provides at least 99.9 percent (3 logs) inactivation of *Giardia lamblia* cysts; and

(C) If the department has determined the filtration technology is not capable of removing viruses, the purveyor shall ensure that the disinfection system achieves at least 99.99 percent (4 log) inactivation of viruses.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-676, filed 3/25/93, effective 4/25/93.]

WAC 246-290-678 Reliability for filtered systems. (1) The purveyor shall ensure that reliability features are included in all water treatment facilities used to treat surface or GWI sources.

(2) Reliability features shall include but not be limited to:

(a) Alarm devices to provide warning of treatment process failures including coagulation, filtration, and disinfection. Alarm devices shall warn individuals responsible for taking corrective action and/or provide for automatic plant shutdown until corrective action can be taken;

(b) Standby replacement equipment available to assure continuous operation and control of coagulation, filtration and disinfection processes;

(c) Multiple filter units which provide redundant capacity when filters are out of service for backwash or maintenance, except where waived based on engineering justification acceptable to the department.

(3) The department may accept alternatives to the requirements specified in subsection (2) of this section, if the purveyor demonstrates to the department's satisfaction that the proposed alternative will assure an equal degree of reliability.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-678, filed 3/25/93, effective 4/25/93.]

WAC 246-290-680 Operating criteria for new water treatment facilities. (1) The purveyor shall not serve water produced by a new water treatment facility without departmental approval.

(2) To obtain department approval, the purveyor shall demonstrate to the department's satisfaction compliance with the requirements for filtered systems in Subparts A and B of Part 6 of chapter 246-290 WAC. The purveyor shall make such a demonstration by operating the facility for a department-determined trial period. During the trial period of operation, the purveyor shall, at a minimum, conduct monitoring in accordance with WAC 246-290-664 and as otherwise directed by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-680, filed 3/25/93, effective 4/25/93.]

WAC 246-290-686 Compliance requirements for unfiltered systems. (1) The purveyor using an unfiltered surface or GWI source shall comply with:

(a) Subparts A and D of Part 6 of chapter 246-290 WAC; and

(b) All other applicable sections of this chapter.

(2) The purveyor shall be subject to the effective dates, compliance requirements, and violations specified in:

(a) Table 13, when using an unfiltered surface source; or

(b) Table 14, when using an unfiltered GWI source.

Table 13
COMPLIANCE REQUIREMENTS
FOR SYSTEMS USING UNFILTERED SURFACE WATER SOURCES

REQUIREMENTS EFFECTIVE	APPLICABLE PART 6 REQUIREMENTS	VIOLATION TYPE	
		Turbidity MCL	Treatment Technique
From January 1, 1991 through December 29, 1991	Only Analytical, Monitoring and Reporting requirements (WAC 246-290-638, 246-290-694, and 246-290-696 respectively)	Still in effect	Not in effect yet
Beginning December 30, 1991 and thereafter	Subparts A and D	No longer in effect	In effect as defined in WAC 246-290-632

Table 14
COMPLIANCE REQUIREMENTS
FOR SYSTEMS USING UNFILTERED GWI SOURCES

REQUIREMENTS BECOME EFFECTIVE	APPLICABLE PART 6 REQUIREMENTS	VIOLATION TYPE	
		Turbidity MCL	Treatment Technique
Six months after GWI determination	Only Analytical, Monitoring and Reporting requirements (WAC 246-290-638, 246-290-694, and 246-290-696 respectively)	Still in effect	Not in effect yet
Eighteen months after GWI determination	Subparts A and D	No longer in effect	In effect as defined in WAC 246-290-632

(3) The purveyor of a system purchasing completely treated surface or GWI water shall comply with the disinfection, monitoring, and reporting requirements under WAC 246-290-692 (5)(b), 246-290-694 (6)(b) and 246-290-696(4), respectively.

(4) Purveyors of systems purchasing incompletely treated surface or GWI water shall comply with the treatment technique, monitoring and reporting requirements of Subpart D of Part 6 of chapter 246-290 WAC as directed by the department.

(5) Purveyors of **Group A community** systems using surface water sources had the option to remain unfiltered if they demonstrated compliance with the department's criteria to remain unfiltered by December 30, 1991.

(6) A purveyor using a department-determined GWI may remain unfiltered, if within eighteen months of GWI determination, the purveyor complies with Part 6 of chapter 246-290 WAC and in particular source water quality and site-specific conditions under WAC 246-290-690 as demonstrated through monitoring conducted in accordance with WAC 246-290-694.

(7) After the department makes an initial determination that a system may remain unfiltered, the purveyor shall comply with the source water quality and site-specific conditions under WAC 246-290-690 as demonstrated through monitoring conducted in accordance with WAC 246-290-694.

(8) The purveyor shall install filtration when:

(a) The system fails to meet one or more of the source water quality and site-specific conditions under WAC 246-290-690; or

(b) The department determines that installation of filtration is necessary to protect the health of consumers served by the water system.

(9) The department shall provide written notification to the purveyor of:

(a) A filtration requirement; and

(b) An initial determination that the system may remain unfiltered.

(10) The purveyor may comply with the requirements to install filtration by abandoning the surface water or GWI source, and:

(a) Developing an alternate, department-approved ground water source; or

(b) Purchasing completely treated water from a department-approved public water system.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-686, filed 3/25/93, effective 4/25/93.]

WAC 246-290-690 Criteria to remain unfiltered. (1) For a system to remain unfiltered, the purveyor using a surface water or GWI source shall meet the source water quality and site-specific conditions under this section, as demonstrated through monitoring conducted in accordance with WAC 246-290-694.

(2) Source water quality conditions necessary to remain unfiltered.

(a) Coliform limits.

(i) The purveyor shall ensure that representative source water samples taken before the first point of disinfection have a fecal coliform density less than or equal to 20/100 ml in 90 percent or more of all samples taken during the six previous calendar months the system served water to the public. Samples collected on days when source water turbidity exceeds 1.0 NTU shall be included when determining compliance with this requirement.

(ii) The purveyor shall submit a written report to the department if no source fecal coliform data has been submitted for days when source turbidity exceeded 1.0 NTU. The report shall document why sample results are not available and shall be submitted with the routine monitoring reports for the month in which the sample results are not available.

(b) Turbidity limits.

(i) The purveyor shall ensure that the turbidity level in representative source water samples taken immediately downstream from the intake and before disinfection does not exceed 5.0 NTU.

(ii) A system failing to meet the turbidity requirements in (b)(i) of this subsection may remain unfiltered, if:

(A) The purveyor demonstrates to the department's satisfaction that the most recent turbidity event was caused by unusual and unpredictable circumstances; and

(B) Including the most recent turbidity event, there have not been more than:

(I) Two turbidity events in the twelve previous calendar months the system served water to the public; or

(II) Five turbidity events in the one-hundred-twenty previous calendar months the system served water to the public.

(iii) The purveyor of a system experiencing a turbidity event shall submit a written report to the department documenting why the turbidity event(s) occurred. The purveyor shall submit the report with the routine monitoring reports for the month in which the turbidity event(s) occurred.

(iv) The purveyor of a system with alternate, department-approved sources or sufficient treated water storage may avoid a turbidity event by implementing operational adjustments to prevent water with a turbidity exceeding 5.0 NTU from being delivered to consumers.

(v) When an alternate source or treated water storage is used during periods when the turbidity of the surface or GWI source exceeds 5.0 NTU, the purveyor shall not put the surface or GWI source back on-line, until the source water turbidity is 5.0 NTU or less.

(3) Site-specific conditions to remain unfiltered.

(a) Level of inactivation.

(i) The purveyor shall ensure that the *Giardia lamblia* cyst and virus inactivation levels required under WAC 246-290-692(1) are met in at least eleven of the twelve previous calendar months that the system served water to the public.

(ii) A system failing to meet the inactivation requirements during two of the twelve previous calendar months that the system served water to the public may remain unfiltered, if the purveyor demonstrates to the department's satisfaction that at least one of the failures was caused by unusual and unpredictable circumstances.

(iii) To make such a demonstration, the purveyor shall submit to the department a written report documenting the reasons for the failure. The purveyor shall submit the report with the routine monitoring reports for the month in which the failure occurred.

(b) Redundant disinfection components or automatic shutoff.

The purveyor shall ensure that the requirement for redundant disinfection system components or automatic shutoff of water to the distribution system under WAC 246-290-692(3) is met at all times the system serves water to the public.

(c) Disinfectant residual entering the distribution system.

(i) The purveyor shall ensure that the requirement for having a residual entering the distribution system under WAC 246-290-692(4) is met at all times the system serves water to the public.

(ii) A system failing to meet the disinfection requirement under (c)(i) of this subsection may remain unfiltered, if the purveyor demonstrates to the department's satisfaction that the failure was caused by unusual and unpredictable circumstances.

(iii) To make such a demonstration, the purveyor shall submit to the department a written report documenting the reasons for the failure. The purveyor shall submit the report with the routine monitoring reports for the month in which the failure occurred.

(d) Disinfectant residuals within the distribution system.

(i) The purveyor shall ensure that the requirement for maintaining a residual within the distribution system under WAC 246-290-692(5) is met on an ongoing basis.

(ii) A system failing to meet the disinfection requirements under (d)(i) of this subsection may remain unfiltered, if the purveyor demonstrates to the department's satisfaction that the failure was caused by something other than a deficiency in source water treatment.

(iii) To make such a demonstration, the purveyor shall submit to the department a written report documenting the reasons for the failure. The purveyor shall submit the report with the routine monitoring reports for the month in which the failure occurred.

(e) Watershed control.

(i) The purveyor shall develop and implement a department-approved watershed control program.

(ii) The purveyor shall monitor, limit, and control all facilities and activities in the watershed affecting source quality to preclude degradation of the physical, chemical, microbiological (including viral), and radiological quality of the source. The purveyor shall demonstrate, through ownership and/or written agreements acceptable to the department, control of all human activities which may adversely impact source quality.

(iii) A department guideline, titled *DOH SWTR Guidance Manual*, is available to assist purveyors with development and implementation of a watershed control program. At a minimum, the purveyor's watershed control program shall:

(A) Characterize the watershed hydrology and land ownership;

(B) Identify watershed characteristics and activities which may adversely affect source water quality; and

(C) Monitor the occurrence of activities which may adversely affect source water quality.

(iv) If the department determines significant changes have occurred in the watershed, the purveyor shall submit, within ninety days of notification, an updated watershed control program to the department for review and approval.

(v) The department may require an unfiltered system to conduct additional monitoring to demonstrate the adequacy of the watershed control program.

(vi) A purveyor shall be considered out of compliance when failing to:

(A) Have a department-approved watershed control program;

(B) Implement the watershed control program to the satisfaction of the department; or

(C) Conduct additional monitoring as directed by the department.

(vii) The purveyor using a GWI source may use a department-approved wellhead protection program to meet the watershed control program requirements under (e) of this subsection with departmental approval.

(f) On-site inspections.

(i) The department shall conduct on-site inspections to assess watershed control and disinfection treatment.

(ii) The department shall conduct annual inspections unless more frequent inspections are deemed necessary to protect the health of consumers served by the system.

(iii) For a system to remain unfiltered, the on-site inspection shall indicate to the department's satisfaction that the watershed control program and disinfection treatment comply with (e) of this subsection and WAC 246-290-692, respectively.

(iv) The purveyor with unsatisfactory on-site inspection results shall take action as directed by the department in accordance with a department-established schedule.

(g) Waterborne disease outbreak.

(i) To remain unfiltered, a system shall not have been identified by the department as the cause of a waterborne disease outbreak attributable to a failure in treatment of the surface or GWI source.

(ii) The purveyor of a system identified by the department as the cause of a waterborne disease outbreak may remain unfiltered, if the purveyor demonstrates to the department's satisfaction that system facilities and/or operations have been sufficiently modified to prevent another waterborne disease outbreak.

(h) Total coliform MCL.

(i) For a system to remain unfiltered, the purveyor shall ensure that the MCL for total coliform under WAC 246-290-310 is met in at least eleven of the twelve previous calendar months the system served water to the public.

(ii) A system failing to meet the criteria in (i) of this subsection, may remain unfiltered, if the purveyor demonstrates to the department's satisfaction that the total coliform MCL violations were not caused by a deficiency in source water treatment.

(iii) The department shall determine the adequacy of source water treatment based on results of total coliform

monitoring at the entry to the distribution system in accordance with WAC 246-290-694(2).

(i) THM MCL and monitoring.

For a system to remain unfiltered, the purveyor shall comply with the THM monitoring and MCL requirements under WAC 246-290-300 and 246-290-310, respectively.

(j) Laboratory services.

(i) For a system to remain unfiltered, the purveyor shall retain the services of the public health laboratory or another laboratory certified by the department to analyze samples for total and fecal coliform. Laboratory services shall be available on an as needed basis, seven days a week, including holidays. The purveyor shall identify in the annual comprehensive report required under WAC 246-290-696 the certified laboratory providing these services.

(ii) The department may waive this requirement, if the purveyor demonstrates to the department's satisfaction that an alternate, department-approved source is used when the turbidity of the surface or GWI source exceeds 1.0 NTU.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-690, filed 3/25/93, effective 4/25/93.]

WAC 246-290-692 Disinfection for unfiltered systems. (1) General requirements.

(a) The purveyor shall provide continuous disinfection treatment to ensure at least 99.9 percent (3 log) inactivation of *Giardia lamblia* cysts and 99.99 percent (4 log) inactivation of viruses at all times the system serves water to the public.

(b) The department may require the purveyor to provide greater levels of inactivation of *Giardia lamblia* cysts and viruses to protect the health of consumers.

(c) Failure to provide the required inactivation level on more than one day in any calendar month the system serves water to the public shall be considered a violation.

(2) Determining the level of inactivation.

(a) Each day the system serves water to the public, the purveyor, using procedures and $CT_{99.9}$ values specified in 40 CFR 141.74, Vol. 54, No. 124, published June 29, 1989, copies of which are available from the department, shall determine:

(i) CT values using the system's treatment parameters and calculate the total inactivation ratio achieved by disinfection; and

(ii) Whether the system's disinfection treatment process is achieving the minimum levels of inactivation of *Giardia lamblia* cysts and viruses required by the department. For purposes of determining compliance with the inactivation requirements specified in subsection (1) of this section, no credit shall be granted for disinfection applied to a source water with a turbidity greater than 5.0 NTU.

(b) The purveyor shall be considered in compliance with the daily inactivation requirement when a total inactivation ratio equal to or greater than 1.0 is achieved.

(c) The purveyor of a system using a disinfectant other than chlorine may use CT values lower than those specified in (a) of this subsection, if the purveyor demonstrates to the department's satisfaction that the required levels of inactivation of *Giardia lamblia* cysts and viruses can be achieved using the lower CT values.

(d) The purveyor of a system using preformed chloramines or adding ammonia to the water before chlorine shall demonstrate to the department's satisfaction that the system achieves at least 99.99 percent (4 log) inactivation of viruses.

(3) The purveyor shall ensure that disinfection facilities provide either:

(a) Redundant components, including an auxiliary power supply with automatic start-up and alarm, to ensure continuous disinfection. Redundancy shall ensure that both the minimum inactivation requirements and the requirement for a 0.2 mg/L residual disinfectant concentration at entry to the distribution system are met at all times water is delivered to the distribution system; or

(b) Automatic shut-off of delivery of water to the distribution system when the residual disinfectant concentration in the water is less than 0.2 mg/L. Automatic shut-off shall be allowed only in systems where the purveyor demonstrates to the department's satisfaction that automatic shutoff will not endanger health or interfere with fire protection.

(4) Disinfectant residual entering the distribution system.

(a) The purveyor shall ensure that water entering the distribution system contains a residual disinfectant concentration, measured as free or combined chlorine, of at least 0.2 mg/L at all times the system serves water to the public; and

(b) Failure to provide a 0.2 mg/L residual at entry to distribution for more than one hour on any day shall be considered a treatment technique violation.

(5) Disinfectant residuals within the distribution system.

(a) The purveyor shall ensure that the residual disinfectant concentration in the distribution system, measured as total chlorine, free chlorine, combined chlorine, or chlorine dioxide, is detectable in at least 95 percent of the samples taken each calendar month.

(b) The purveyor of a system which purchases completely treated surface or GWI water as determined by the department shall comply with the requirements specified in (a) of this subsection.

(c) Water in the distribution system with an HPC level less than or equal to 500/ml is considered to have a detectable residual disinfectant concentration.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-692, filed 3/25/93, effective 4/25/93.]

WAC 246-290-694 Monitoring for unfiltered systems. (1) Source coliform monitoring.

(a) The purveyor shall ensure that source water samples of each surface or GWI source are representative and:

(i) Collected before the first point of disinfectant application; and

(ii) Analyzed for fecal coliform density in accordance with methods acceptable to the department.

(b) The purveyor shall ensure source samples are collected for fecal coliform analysis each week the system serves water to the public based on the following schedule:

Population Served	Minimum Number/week*
25 - 500	1
501 - 3,300	2
3,301 - 10,000	3

10,001 - 25,000	4
>25,000	5

* Must be taken on separate days.

(c) Each day the system serves water to the public and the turbidity of the source water exceeds 1.0 NTU, the purveyor shall ensure one representative source water sample is collected before the first point of disinfectant application and analyzed for fecal coliform density. This sample shall count towards the weekly source coliform sampling requirement.

(d) A purveyor shall not be considered in violation of (c) of this subsection, if the purveyor demonstrates to the department's satisfaction that, for valid logistical reasons outside the purveyor's control, the additional fecal coliform sample could not be analyzed within a timeframe acceptable to the department.

(2) Coliform monitoring at entry to distribution.

(a) The purveyor shall collect and have analyzed one coliform sample at the entry point to the distribution system each day that a routine or repeat coliform sample is collected within the distribution system under WAC 246-290-300(2) or 246-290-320(2), respectively.

(b) The purveyor shall use the results of the coliform monitoring at entry to distribution along with inactivation ratio monitoring results to demonstrate the adequacy of source treatment.

(3) Source turbidity monitoring.

(a) The purveyor shall continuously monitor and record turbidity:

(i) On representative source water samples before the first point of disinfectant application; and

(ii) In accordance with the analytical techniques under WAC 246-290-638.

(b) If source water turbidity is not the same as the turbidity of water delivered to consumers, the purveyor shall continuously monitor and record turbidity of water delivered.

(4) Monitoring the level of inactivation.

(a) Each day the system is in operation, the purveyor shall determine the total level of inactivation of *Giardia lamblia* cysts and viruses achieved through disinfection.

(b) At least once per day, the purveyor shall monitor the following parameters to determine the total inactivation ratio achieved through disinfection:

(i) Temperature of the disinfected water at each residual disinfectant concentration sampling point used for CT calculations; and

(ii) If using chlorine, pH of the disinfected water at each chlorine residual disinfectant concentration sampling point used for CT calculations.

(c) Each day during peak hourly flow, the purveyor shall:

(i) Determine disinfectant contact time, T, to the point at which C is measured; and

(ii) Measure the residual disinfectant concentration, C, of the water at the point for which T is calculated. The C measurement point must be before or at the first customer.

(5) Monitoring the disinfectant residual entering the distribution system.

(a) Systems serving more than thirty-three hundred (>3300) people.

(i) The purveyor shall continuously monitor and record the residual disinfectant concentration of water entering the distribution system and report the lowest value each day.

(ii) If the continuous monitoring equipment fails, the purveyor shall measure the residual disinfectant concentration on grab samples collected at least every four hours at the entry to the distribution system while the equipment is being repaired or replaced. The purveyor shall have continuous monitoring equipment back on-line within five working days following failure.

(b) Systems serving thirty-three hundred or less (≤3300) people.

(i) The purveyor shall collect grab samples or use continuous monitoring and recording to measure the residual disinfectant concentration entering the distribution system.

(ii) A purveyor choosing to take grab samples shall collect:

(A) Samples at the following minimum frequencies:

Population Served	Number/day
25 - 500	1
501 - 1,000	2
1,001 - 2,500	3
2,501 - 3,300	4

(B) At least one of the disinfectant residual grab samples at peak hourly flow based on historical flows for the system; and

(C) The remaining sample or samples at intervals evenly spaced over the time the system is disinfecting water that will be delivered to the public.

(iii) When grab samples are collected and the residual disinfectant concentration at the entry to distribution falls below 0.2 mg/L, the purveyor shall collect a grab sample every four hours until the residual disinfectant concentration is 0.2 mg/L or more.

(6) Monitoring disinfectant residuals within the distribution system.

(a) The purveyor shall measure the residual disinfectant concentration within the distribution system at the same time and location that a routine or repeat coliform sample is collected in accordance with WAC 246-290-300(2) or 246-290-320(2) or once per day, whichever is greater.

(b) The purveyor of a system which purchases completely treated surface or GWI water as determined by the department shall comply with the requirements of (a) of this subsection subject to departmental approval.

(c) The purveyor may measure HPC within the distribution system in lieu of measuring the residual disinfectant concentration in accordance with this subsection.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-694, filed 3/25/93, effective 4/25/93.]

WAC 246-290-696 Reporting for unfiltered systems. (1) The purveyor shall report to the department as soon as possible, but no later than the end of the next business day, when:

(a) A waterborne disease outbreak potentially attributable to the water system occurs;

(b) The turbidity of water delivered to the public exceeds 5.0 NTU;

(c) The minimum level of inactivation required by the department is not met;

(d) The residual disinfectant concentration falls below 0.2 mg/L at the entry point to the distribution system. The purveyor shall also report whether the residual was restored to 0.2 mg/L or more within one hour; or

(e) The surface or GWI source is taken off-line due to an emergency.

(2) The purveyor shall report results of monitoring conducted in accordance with WAC 246-290-694 to the department. Monthly report forms shall be submitted within ten days after the end of each month the system served water to the public.

(3) The purveyor shall report, at a minimum, all the information requested by the department using a department-approved form or format including:

(a) Water quality information, including the results of both:

(i) Source coliform monitoring; and

(ii) Source turbidity monitoring.

(b) Disinfection monitoring information, including:

(i) Level of inactivation achieved;

(ii) Residual disinfectant concentrations entering the distribution system; and

(iii) Residual disinfectant concentrations within the distribution system.

(c) A summary of water quality complaints received from consumers served by the water system.

(4) The purveyor of a system which purchases completely treated water shall:

(a) Report results of distribution system residual disinfectant concentration monitoring to the department using department-approved forms or format; and

(b) Submit forms to the department in accordance with subsection (1) of this section.

(5) A person certified under chapter 246-292 WAC shall complete and sign the monthly report forms required in this section.

(6) Beginning in 1992, by October 10th of each year, the purveyor shall submit to the department an annual comprehensive report which summarizes the:

(a) Effectiveness of the watershed control program and identifies, at a minimum, the following:

(i) Activities in the watershed which are adversely affecting source water quality;

(ii) Changes in the watershed that have occurred within the previous year which could adversely affect source water quality;

(iii) Activities expected to occur in the watershed in the future and how the activities will be monitored and controlled;

(iv) The monitoring program the purveyor uses to assess the adequacy of watershed protection including an evaluation of sampling results; and

(v) Special concerns about the watershed and how the concerns are being addressed;

(b) System's compliance with the criteria to remain unfiltered under WAC 246-290-690; and

(c) Significant changes in system design and/or operation which have occurred within the previous year which impact the ability of the system to comply with the criteria to remain unfiltered.

(7) The purveyor of a system attempting to remain unfiltered shall submit a *Filtration Decision Report* at the request of the department. The report shall:

(a) Provide the information needed by the department to initially determine whether a system meets the criteria to remain unfiltered; and

(b) Be submitted by the deadline specified by the department.

[Statutory Authority: RCW 43.20.050. 93-08-011 (Order 352B), § 246-290-696, filed 3/25/93, effective 4/25/93.]

Chapter 246-293 WAC
WATER SYSTEM COORDINATION ACT

WAC

246-293-440 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-293-440 Adjudicative proceeding. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-293-440, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 70.116.050. 90-06-019 (Order 039), § 248-59-030, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 74.116.070 [70.116.070]. 83-01-015 (Order 1919), § 248-59-030, filed 12/6/82.] Repealed by 93-13-005 (Order 369), filed 6/3/93, effective 7/4/93. Statutory Authority: RCW 43.70.040.

WAC 246-293-440 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-294 WAC
DRINKING WATER OPERATING PERMITS

WAC

246-294-001 Purpose.
246-294-010 Definitions.
246-294-020 Applicability.
246-294-030 Application process.
246-294-040 Operating permit categories.
246-294-050 Permit issuance.
246-294-060 Transfer of ownership.
246-294-070 Fees.
246-294-080 Public notification.
246-294-090 Enforcement.
246-294-100 Severability.

WAC 246-294-001 Purpose. The rules set forth in this chapter are adopted for the purpose of implementing the provisions of chapter 70.119A RCW and to assure that Group A water systems provide safe and reliable drinking water to the public in accordance with chapter 246-290 WAC, state board of health drinking water regulations.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-001, filed 1/14/93, effective 2/14/93.]

WAC 246-294-010 Definitions. Abbreviations:

EPA - Environmental Protection Agency
MCL - maximum contaminant level

NTNC - nontransient noncommunity
SMA - satellite system management agency
SNC - significant noncomplier
TNC - transient noncommunity
VOC - volatile organic chemical
WFI - water facilities inventory

"Community water system" means any Group A water system:

With fifteen or more services used by residents for one hundred eighty or more days within a calendar year, regardless of the number of people; or

Regularly serving twenty-five or more residents for one hundred eighty or more days within the calendar year, regardless of the number of services.

"Department" means the Washington state department of health.

"Group A water system" and "system" means a public water system:

With fifteen or more service connections, regardless of the number of people; or

Serving an average of twenty-five or more people per day for sixty or more days within a calendar year, regardless of the number of service connections.

"Maximum contaminant level (MCL)" means the maximum permissible level of a contaminant in water the purveyor delivers to any public water system user, measured at the locations identified under WAC 246-290-300, Table 4.

"New Group A water system" means a system designed for fifteen or more services or to serve twenty-five or more people which:

The department has not acknowledged receipt of the form titled *Construction Report for Public Water System Projects* before the effective date of this chapter; or

Has been in existence but has not received department as-built approval or does not have a WFI on record with the department.

"Nonresident" means a person without a permanent home or without a home served by the system, such as travelers, transients, employees, students, etc.

"Nontransient noncommunity water system (NTNC)" means a Group A water system regularly serving twenty-five or more of the same nonresidents for one hundred eighty or more days within a calendar year.

"Owner" means any agency, subdivision of the state, municipal corporation, firm, company, mutual or cooperative association, institution, partnership, or person or any other entity, that holds as property, a public water system.

"Public water system" means any system, excluding a system serving only one single-family residence and a system with four or fewer connections all of which serve residences on the same farm, providing piped water for human consumption, including any collection, treatment, storage, or distribution facilities under control of the purveyor and used primarily in connection with the system; and collection or pretreatment storage facilities not under control of the purveyor but primarily used in connection with the system, including:

Any collection, treatment, storage, and distribution facilities under control of the purveyor and used primarily in connection with such system; and

Any collection or pretreatment storage facilities not under control of the purveyor which are primarily used in connection with such system.

"Resident" means an individual living in a dwelling unit served by a public water system.

"Satellite system management agency (SMA)" means a person or entity that is certified by the department to own and/or operate more than one public water system on a regional or county-wide basis, without the necessity for a physical connection between such systems.

"Service" means a connection to a public water system designed to serve a single-family residence, dwelling unit, or equivalent use. When the connection is a group home or barracks-type accommodation, two and one-half persons shall be equivalent to one service.

"Significant noncomplier (SNC)" means a Group A water system that is in violation of state drinking water rules and such violation or violations may present an immediate risk to the health of consumers.

"Transient noncommunity (TNC)" means a Group A water system:

Having fifteen or more services used less than one hundred eighty days within a calendar year; or

Serving twenty-five or more different nonresidents for sixty or more days within a calendar year; or

Serving twenty-five or more of the same nonresidents for sixty or more days, but less than one hundred eighty days within a calendar year; or

Serving twenty-five or more residents for sixty or more days, but less than one hundred eighty days within a calendar year.

"Water facilities inventory (WFI)" means the department form summarizing each public water system's characteristics.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-010, filed 1/14/93, effective 2/14/93.]

WAC 246-294-020 Applicability. Owners of all Group A water systems and owners of satellite system management agencies (SMAs) shall obtain an annual operating permit from the department for each system owned. The operating permit shall be valid until the next renewal date in accordance with WAC 246-294-050. Any change in ownership of the permitted system shall require a new permit in accordance with WAC 246-294-060.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-020, filed 1/14/93, effective 2/14/93.]

WAC 246-294-030 Application process. (1) No person may operate and no owner shall permit the operation of a Group A water system unless the owner annually submits an application along with the required fee to the department and the department has issued an operating permit to the system owner. Any owner operating a system or SMA may continue to operate until the department takes final action on granting or denying the operating permit, in accordance with WAC 246-294-050.

(2) The department shall begin the operating permit application process for the initial and succeeding years based on size and type of system as follows:

(a) During the first calendar quarter of each year - community water systems greater than or equal to five

hundred services and SMAs shall be sent operating permit applications;

(b) During the second calendar quarter of each year - community water systems less than five hundred services shall be sent operating permit applications;

(c) During the third calendar quarter of each year - nontransient noncommunity (NTNC) and transient noncommunity (TNC) water systems shall be sent operating permit applications; and

(d) During the fourth calendar quarter of each year - all remaining Group A water systems.

(3) In addition to the schedule outlined in subsection (2) of this section, new or revised operating permits shall be required when:

(a) The owner of a new Group A system receives all required department approvals relating to water system operation (see WAC 246-294-030(4)); or

(b) Ownership of a Group A system changes (see WAC 246-294-060).

(4) New Group A systems shall be sent operating permit applications at the time construction documents are submitted to the department for approval. The deadline for submitting the completed application and full payment to the department shall be the same date as:

(a) The *Construction Report for Public Water System Projects* required by WAC 246-290-040(2); or

(b) The as-built approval required by WAC 246-290-140(4).

(5) Initial and renewal applications shall be based on information from the most recent WFIs on file with the department, and sent to owners according to the phase-in schedule in subsection (2) of this section. In the case of a SMA, a complete list of systems owned, along with the corresponding system identification numbers, shall also be included with the application.

(6) Upon receipt of the application, the owner shall:

(a) Complete portions of the form which need completing;

(b) Ensure that information on the form is accurate; and

(c) Return the application to the department within seventy days of the department's mailing date, accompanied by the applicable fee.

(7) The application shall be signed by the owner or other legally authorized person:

(a) In the case of a corporation, by an authorized corporate officer;

(b) In the case of a partnership, by a general partner;

(c) In the case of a sole proprietorship, by the proprietor;

(d) In the case of a municipal or other public facility, by a legally authorized officer; or

(e) In the case of an association, by the head of the association or a person responsible for operation of the system.

(8) The applicable fee shall be in the form of a check or money order made payable to the "Department of Health" and mailed to Department of Health, Revenue Unit, P.O. Box 1099, Olympia, Washington 98507-1099, or such successor organization or address as designated by the department.

(9) Systems which do not return operating permit applications along with the required fee by the deadline specified shall:

(a) Not be issued an operating permit;

(b) Be subject to the enforcement provisions in WAC 246-294-090.

(10) An additional charge of ten percent or twenty-five dollars, whichever is greater, shall be added to the applicable fee listed in WAC 246-294-070 if the owner fails to return the completed application with applicable fee to the department within seventy days.

(11) The department shall review each submitted application to verify the information contained in the application. Any changes made on the application by the applicant shall result in updating the system's WFI and shall be reflected on the next renewal application.

(12) If after issuing an operating permit, the department determines that the permit holder has made false statements, the department may, in addition to taking other actions provided by law, revise both current and previously granted permit fee determinations and charge the owner accordingly.

(13) If the department discovers that an owner has been operating a system without an operating permit and such system is covered by the requirements of this chapter, the department may charge the owner an operating permit fee that is the total of the one-time five-dollar per service fee for new Group A water systems plus permit fees owed for each year, including late fees, since the effective date of this chapter.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-030, filed 1/14/93, effective 2/14/93.]

WAC 246-294-040 Operating permit categories. (1) The department shall evaluate each system for placement into one of the categories listed in Table 1, except as noted in subsection (3)(d) of this section. Each permit issued shall clearly identify the category into which the system is placed. The department shall provide a determination of system adequacy and the reasons for this determination, to any person on request.

(2) The criteria used for evaluation may include, but not be limited to the following:

(a) Whether the system is subject to an order under WAC 246-290-050, for one or more of the following:

(i) Failure to have approved construction documents; or

(ii) Stopping work on system improvements; or

(iii) Failure to meet pressure requirements; or

(iv) Failure to meet water treatment requirements; or

(v) Failure to have a certified water treatment plant operator; or

(vi) Failure to meet water quality maximum contaminant levels; or

(vii) Placement of a moratorium on the system.

(b) Whether the system is in violation of any departmental order issued under WAC 246-290-050 or federal administrative order issued under §1414(g) of the Safe Drinking Water Act, 42 U.S.C. §300g-3(g);

(c) Whether the system is confirmed by the department as an unresolved significant noncomplier (SNC). Unresolved shall mean any system which:

(i) The department determines has not returned to compliance;

(ii) Does not have a signed compliance agreement with the department; or

(iii) Has not been issued a departmental order under WAC 246-290-050.

(d) Whether the system has reached the maximum number of services allowed in the distribution system by department approval;

(e) Whether the system has complied with water system plan provisions of WAC 246-290-100;

(f) Whether the system has complied with the water system financial viability provisions of RCW 70.119A.100 and WAC 246-290-100 (4)(d);

(g) Whether the system has complied with operator certification provisions of chapter 246-292 WAC;

(h) Whether the system has complied with coliform and inorganic chemical monitoring provisions of WAC 246-290-300; and

(i) Whether the system has complied with inorganic chemical and volatile organic chemical MCLs in accordance with WAC 246-290-310.

(3) Operating permit categories shall be as follows:

(a) Category green. This category shall identify systems which are substantially in compliance with all the applicable criteria in subsection (2) of this section. Placement in this category shall result in:

(i) Permit issuance without conditions; and

(ii) Determination that the system is adequate.

(b) Category yellow. This category shall represent systems which are substantially in compliance with the applicable criteria in subsection (2)(a), (b), (c), and (d) of this section, but which do not satisfy one or more of the criteria in subsection (2)(e) through (i) of this section and any additional criteria as determined by the department. Placement in this category shall result in:

(i) Permit issuance with conditions; and

(ii) Determination that the system is adequate or inadequate, depending on the nature of noncompliance.

(c) Category red. This category shall represent systems which do not satisfy one or more of the criteria in subsection (2)(a), (b), (c), or (d) of this section. Such systems shall also be evaluated against subsection (2)(e) through (i) of this section and any additional criteria as determined by the department. Placement in this category shall mean that the system is inadequate and result in:

(i) Permit issuance with conditions; or

(ii) Permit denial with appropriate enforcement.

(d) Category blue. This category shall identify systems which the department has elected to evaluate at a later date. Placement in this category shall result in no conditions and no determination that the system is adequate until the system is evaluated.

TABLE 1
OPERATING PERMIT CATEGORIES

Category to Conditions	Basic Description	Response	Adequacy Requests
Green	Substantial Compliance	Yes	No
Yellow	Conditional Compliance	Yes	Yes or No[1]
Red	Substantial Noncompliance	No	Yes
Blue	Undetermined	(Will be evaluated at a later date)	

[1] Response will be determined on a case-by-case basis for each system and shall depend on the nature of noncompliance.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-040, filed 1/14/93, effective 2/14/93.]

WAC 246-294-050 Permit issuance. (1) The department shall grant or deny the operating permit within one hundred twenty days of receipt of the completed application and full payment.

(2) Issuance of an operating permit shall mean that the owner may operate the permitted system until the date specified on the permit unless protection of the public health, safety, and welfare requires immediate response or the imposition of conditions.

(3) At the time of permit issuance, the department may impose such permit conditions and compliance schedules as the department determines are reasonable and necessary to ensure that the system will provide safe and reliable drinking water, including, but not limited to, conditions necessary to ensure that the system is brought into compliance with the provisions of chapter 246-290 WAC.

(4) The department may modify an operating permit at any time based on review of the evaluation criteria in WAC 246-294-040(2). When modification occurs, a revised permit with the same expiration date will be sent to the owner. The appropriate local jurisdiction shall also be notified of the change in status.

(5) The department may revoke an operating permit or deny an operating permit application if the department determines that the system operation constitutes or would constitute a public health hazard to consumers.

(6) The department shall follow the steps outlined in RCW 43.70.115 when taking action to deny, condition, modify, or revoke an operating permit.

(7) An applicant for an operating permit shall be entitled to file an appeal in accordance with chapter 34.05 RCW if the department denies, conditions, modifies, or revokes the operating permit. To appeal, the owner shall file in writing with the department in a manner that shows proof of receipt within twenty-eight days of the applicant's receipt of the adverse notice.

The appeal shall state:

(a) The issue or issues and law involved; and

(b) The grounds for contesting the department decision.

(8) Any owner that requests a hearing under chapter 34.05 RCW may continue to operate the system until a final departmental decision is issued, unless protection of the public health, safety, and welfare requires summary action.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-050, filed 1/14/93, effective 2/14/93.]

WAC 246-294-060 Transfer of ownership. (1) A prospective new owner of a Group A water system shall not

take possession of the system without first obtaining a new operating permit.

(2) The prospective new owner shall secure department approval of a new, updated, or altered water system plan as required by WAC 246-290-100 (2)(e) before the new permit is issued. The water system plan required under WAC 246-290-100 shall be prepared with special emphasis on sections dealing with implications of the change of ownership.

(3) The department shall send an application to the prospective new owner at the time the department is notified of transfer of ownership in accordance with WAC 246-290-430(1). The new owner shall proceed with the permit process in accordance with WAC 246-294-030, except the deadline for submitting the completed application to the department shall be the same date the water system plan is submitted for department approval.

(4) The department shall not charge a fee for a new permit resulting from a change in ownership. The permit shall be effective from the date of issuance by the department until the next scheduled permit renewal date, at which time a fee shall be charged.

(5) Change of ownership operating permit requirements of this section affect the prospective owner, and shall be in addition to the continuity of service requirements of WAC 246-290-430 affecting the owner transferring the system.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-060, filed 1/14/93, effective 2/14/93.]

WAC 246-294-070 Fees. (1) The fees for Group A water system operating permits shall be as indicated in Table 2.

TABLE 2
OPERATING PERMIT FEES

Classification	Fee
0 - 14 services	None
15 - 49 services	$25.00 per year
50 - 3,333 services	$1.50 per service per year
3,334 - 53,333 services	$4,999.50 + .10 per service over 3,333 services per year
53,334 or more services	$10,000.00 per year
Satellite System Management Agency (based on total services in all systems owned by SMA)	$1.00 per service per year or the fee from the appropriate category above, whichever is less
New Group A water system	One-time charge of $5.00 per service
Late charge	Additional 10% of applicable charge stated above or $25.00, whichever is greater

(2) For NTNC and TNC systems, owners shall pay the applicable fee from Table 2 based on equivalent number of services. Population information used in calculating equivalent number of services shall come from the WFI. The following formulas shall be used in determining equivalent number of services:

(a) For NTNC divide the average population served each day by two and one-half; and

(b) For TNC divide the average population served each day by twenty-five.

(3) Where systems serve both resident and nonresident populations, the permit fee category shall be determined by adding the number of services and an equivalent for the nonresident population served.

(4) In addition to submitting an annual fee, all new Group A water systems shall be charged a one-time fee of five dollars for each service or equivalent, based on the department approved design or as-built approval (see WAC 246-294-030(4)).

(5) Any county or SMA assuming ownership of a Group A water system, or court appointed receiver of a Group A water system shall be exempt from the operating permit fee for a period of one year after the next renewal date.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-070, filed 1/14/93, effective 2/14/93.]

WAC 246-294-080 Public notification. An owner issued a category red operating permit shall notify the water system users in accordance with WAC 246-290-330 and shall include mandatory language contained in the department publication titled *Mandatory Language For Drinking Water Public Notification*. The mandatory language will be included with issuance of a category red operating permit, or may be obtained from the department on request by contacting the Division of Drinking Water, Airdustrial Center #3, P.O. Box 47822, Olympia, Washington 98504-7822.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-080, filed 1/14/93, effective 2/14/93.]

WAC 246-294-090 Enforcement. When any owner is out of compliance with these rules or any conditions identified on the operating permit, the department may initiate appropriate enforcement actions. These actions may include any one or combination of the following:

(1) Issuance of informal letters instructing or requiring appropriate corrective measures; or

(2) Issuance of a compliance schedule; or

(3) Issuance of departmental orders requiring any person to apply for an operating permit as required by these rules and RCW 70.119A.110 or to comply with any conditions or requirements imposed as part of an operating permit; or

(4) Issuance of civil penalties for up to five thousand dollars per day per violation for failure to comply with departmental orders issued in accordance with subsection (3) of this section; or

(5) Legal action by the attorney general or local prosecutor.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-090, filed 1/14/93, effective 2/14/93.]

WAC 246-294-100 Severability. If any provision of this chapter or its application to any person or circumstances is held invalid, the remainder of this chapter, or the application of the provision to other persons or circumstances, shall not be affected.

[Statutory Authority: Chapter 70.119A RCW. 93-03-047 (Order 325), § 246-294-100, filed 1/14/93, effective 2/14/93.]

Chapter 246-310 WAC
CERTIFICATE OF NEED

WAC

246-310-280 Kidney disease treatment centers.

WAC 246-310-280 Kidney disease treatment centers. (1) To receive approval, a kidney disease treatment center providing hemo or peritoneal dialysis, training, or backup must meet the following standards in addition to applicable review criteria in WAC 246-310-210, 246-310-220, 246-310-230, and 246-310-240.

(2) Definitions:

(a) "Base year" means the last full calendar year preceding the first year of dialysis station need projections.

(b) "Projection year" means the base year plus three years.

(c) "End of year incenter patients" means the number of patients receiving incenter dialysis at the end of the calendar year.

(d) "End stage renal dialysis service areas" means each individual county, designated by the department as the smallest geographic area for which dialysis station need projections are calculated, or other service area documented by patient origin.

(e) "Justified home training station" means a dialysis station designated for home hemo dialysis and/or peritoneal dialysis training. When no dialysis stations have been designated for home training at a given dialysis treatment center, one station for every six patients trained for home hemo dialysis, and one station for every twenty patients for peritoneal dialysis, will be considered a justified home training station. In no case shall all stations at a given dialysis treatment center be designated as justified home training stations unless the center can document that at least six patients are projected to be trained for home hemo dialysis or twenty patients for peritoneal dialysis for each dialysis station at the center.

(3) The number of dialysis stations needed in an ESRD service area shall be determined using the following data of the Northwest Renal Network:

(a) The ESRD service area's total number of incenter dialyses provided for the previous five years.

(b) The number of end of year incenter patients for the ESRD service area for the previous five years.

(c) The number of patients trained for home hemo and peritoneal dialysis for the ESRD service area for the previous five years.

(4) The number of dialysis stations projected as needed in an ESRD service area shall be determined using the following methodology:

(a) Project the number of incenter dialyses needed in the ESRD service area through a three-year future regression analysis of the previous five years' data.

(b) Project the number of incenter dialyses needed to serve residents of the ESRD service area by projecting the number of end of year incenter patients through a three-year future regression analysis of patient origin adjusted data for the previous five years. Multiply this result by one hundred fifty-six dialyses per year.

(c) Project the number of patients to be trained for home hemo and peritoneal dialysis in the service area through a three-year regression analysis of the previous five years' data.

(d) Determine the number of dialysis stations needed for incenter dialysis by dividing the result of (a) of this subsection by 748.8 (equivalent to eighty percent of a three-patient shift schedule).

(e) Determine the number of dialysis stations needed for incenter dialysis to serve residents of the service area by dividing the result of (b) of this subsection by 748.8 (equivalent to eighty percent of a three-patient shift schedule).

(f) Determine the number of stations needed for home hemo and peritoneal training in the service area by dividing the projected number of home hemo patients to be trained by six and peritoneal patients to be trained by twenty.

(g) Determine the number of dialysis stations needed in a service area by the projection year as the total of:

(i) The result of (e) of this subsection, designated as the number of resident stations;

(ii) The result of (d) of this subsection, minus the result of (e) of this subsection, designated as visitor stations;

(iii) The result of (f) of this subsection, designated as the number of training stations.

(h) To determine the net station need for an ESRD service area, subtract the number calculated in (g) of this subsection from the total number of certificate of need approved stations.

(5) All kidney disease treatment centers that would stand to lose market share by approval of the applicant's facility, must be operating at 748.8 dialyses per nontraining station per year before additional nontraining stations are approved.

(6) New incenter kidney disease treatment stations must reasonably project to be operating at 748.8 dialyses per nontraining station per year by the third year of operation.

(7) The department shall not issue certificates of need approving more than the number of stations identified as being needed in a given ESRD service area unless:

(a) The department finds such additional stations are needed to be located reasonably close to the people they serve; or

(b) Existing nontraining dialysis stations in the treatment facility are operating at nine hundred thirty-six dialyses per year (three-patient shifts); or

(c) The applicant can document a significant change in ESRD treatment practice has occurred, affecting dialysis station utilization in the service area; and

The department finds that an exceptional need exists and explains such approval in writing.

[Statutory Authority: RCW 70.38.135 (3)(c). 93-13-015 (Order 367), § 246-310-280, filed 6/7/93, effective 7/8/93. Statutory Authority: RCW 70.38.135 and 70.38.919. 92-02-018 (Order 224), § 246-310-280, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-310-280, filed 12/27/90, effective

1/31/91. Statutory Authority: RCW 70.38.919. 90-16-058 (Order 073), § 248-19-701, filed 7/27/90, effective 8/27/90.]

Chapter 246-316 WAC
BOARDING HOMES

WAC

246-316-020 Boarding home license application—Department denial, suspension, revocation of license.
246-316-040 Requirement for and qualifications of boarding home administrator.
246-316-045 Criminal history, disclosure, and background inquiries.
246-316-050 Staff and employees—Other persons living in boarding home.
246-316-240 Admission, placement and retention of residents.
246-316-260 Boarding home resident services.

WAC 246-316-020 Boarding home license application—Department denial, suspension, revocation of license. (1) Boarding home license applicants shall:

(a) Submit appropriate, signed, completed department application forms to the department;

(b) Apply at least thirty days prior to expiration of license for renewal;

(c) Promptly report changes in information related to the application including identity of:

(i) Officers and directors if operated by a legally incorporated entity; and

(ii) Partners if a legal partnership.

(2) The department shall:

(a) Evaluate qualifications of persons named in boarding home license application prior to granting initial and subsequent licenses;

(b) Deny, suspend, or revoke a boarding home license if the department finds persons named unqualified or unable to operate or direct operation of the facility as described in chapter 18.20 RCW and this chapter;

(c) Determine if reasonable relationship exists between any previous conviction of the applicant and ability to competently, safely oversee, or operate a boarding home;

(d) Deny, suspend, or revoke a boarding home license if any person named:

(i) Was previously denied a license to operate an agency for care of children, aged, ill, or infirm in Washington or elsewhere;

(ii) Had a license to operate an agency for treatment or care of people revoked or suspended;

(iii) Has a record of a criminal or civil conviction as specified in WAC 246-316-045(4);

(iv) Committed, permitted, aided, or abetted an illegal act on boarding home premises;

(v) Demonstrated cruelty, abuse, negligence, assault, or indifference to welfare and well-being of a resident;

(vi) Failed to exercise fiscal accountability and responsibility involving:

(A) A resident;

(B) The department;

(C) Public agencies; or

(D) The business community.

(3) The department may grant a license to operate a boarding home to previously disqualified licensees as specified in subsection (2) of this section if such person provides evidence including demonstrated ability to operate a boarding home according to applicable laws and rules.

(4)(a) The department's notice of a denial, suspension, modification, or revocation of a license shall be consistent with RCW 43.70.115. An applicant or license holder has the right to an adjudicative proceeding to contest a license decision.

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

(i) File a written application for an adjudicative proceeding by a method showing proof of receipt with the Administrative Hearings Unit, Department of Health, 1300 Quince Street S.E., P.O. Box 47851, Olympia, WA 98504-7851; and

(ii) Include in or with the application:

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

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

(C) A copy of the contested department decision.

(c) The proceeding is governed by the Administrative Procedure Act (chapter 34.05 RCW), this chapter, and chapter 246-08 WAC. If a provision in this chapter conflicts with chapter 246-08 WAC, the provision in this chapter governs.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-316-020, filed 7/26/93, effective 8/26/93. Statutory Authority: RCW 18.20.090 and 34.05.220. 92-02-018 (Order 224), § 246-316-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 18.20.909 [18.20.090]. 90-06-019 (Order 039), § 248-16-031, filed 2/28/90, effective 3/1/90. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-031, filed 4/14/89.]

WAC 246-316-040 Requirement for and qualifications of boarding home administrator. (1) Boarding homes shall have continuous availability of an administrator or designated alternate who:

(a) Is available in person or by phone or page at all times;

(b) Is at least twenty-one years of age;

(c) Is not a resident as defined in WAC 246-316-010(30);

(d) Possesses a high school diploma or equivalent unless administering a boarding home in Washington state prior to January 1, 1958;

(e) Has demonstrated competence and experience in management of a boarding home or completed high school or post-high school courses including:

(i) Basic accounting, except when a designated alternate administrator is in charge for two weeks or less;

(ii) Management including personnel management; and

(iii) Care of persons characteristic of those admitted or accepted as residents in a specific boarding home, such as

frail elderly, developmentally disabled, or mentally ill persons.

(f) Meets requirements as specified in WAC 246-316-045.

(2) Boarding homes shall notify the department when changes in the administrator occur including:

(a) Provide written notice to the department of new administrator's name upon appointment; and

(b) Provide a statement of administrator's compliance with this section and WAC 246-316-050.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-316-040, filed 7/26/93, effective 8/26/93. Statutory Authority: RCW 18.20.090. 92-02-018 (Order 224), § 246-316-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-036, filed 4/14/89.]

WAC 246-316-045 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed boarding home having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed boarding home, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-316-045, filed 7/26/93, effective 8/26/93.]

WAC 246-316-050 Staff and employees—Other persons living in boarding home. (1) Boarding homes shall provide:

(a) Sufficient, trained staff in each boarding home to provide:

(i) Services and care needed by residents;

(ii) Maintenance of the facility for resident health and safety;

(iii) Implementation of fire and disaster plans.

(b) One or more staff aged eighteen years of age or older:

(i) On boarding home premises at all times when residents are present;

(ii) Capable of assisting all residents present in boarding home; and

(c) Staff present and responsible for "on-premises" supervision when any resident is working as staff or employed by the boarding home unless approved in advance by the department;

(d) Orientation and appropriate training of employees and staff pertinent to expected duties including:

(i) Organization of boarding home;

(ii) Physical facility layout;

(iii) Specific duties and responsibilities;

(iv) Policies, procedures, equipment necessary to perform duties as expected, minimally including:

(A) Actions during emergencies;

(B) Actions related to suspected, or alleged abuse, neglect, or accidents involving residents; and

(C) Methods of preventing transmission of infection.

(2) Boarding homes shall require and have staff with resident care duties possessing:

(a) Current first aid cards, unless licensed nurses, from instructors certified by:

(i) American Red Cross; or

(ii) American Heart Association; or

(iii) United States Bureau of Mines; or

(iv) Washington state department of labor and industries.

(b) Current cardiopulmonary resuscitation cards from instructors certified as in subsection (2)(a)(i)(ii), (iii), and (iv) of this section.

(3) Boarding homes shall reassign and/or restrict staff contact with residents when:

(a) Staff have a known communicable disease in the infectious stage; and

(b) The disease is likely to be spread in the boarding home setting or by casual contact.

(4) Boarding homes shall maintain documentation of staff orientation and training pertinent to duties including cardiopulmonary resuscitation and first aid if required in subsection (2)(a) of this section.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-316-050, filed 7/26/93, effective 8/26/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-046, filed 4/14/89.]

WAC 246-316-240 Admission, placement and retention of residents. (1) Prior to admission or acceptance as a resident, boarding homes shall obtain sufficient information to evaluate whether or not a resident/applicant can be safely housed and provided domiciliary care in the particular facility, including information in reference to:

(a) Resident/applicant's ability to function with respect to the physical premises, equipment, and staff of the boarding home;

(b) Space, equipment, and furniture requirements;

(c) Ambulatory status;

(d) Currently demonstrated overt behavior dangerous to self or others;

(e) Need for care in a hospital, nursing home, or other licensed facility under chapters 18.51, 70.41, and 71.12 RCW;

(f) Requirements for assistance in obtaining or administering medications; and

(g) Need or desire for nursing care exceeding that provided by the boarding home in accordance with WAC 246-316-260 (1) and (2)(a), periodic visits by staff of a home health care agency or a licensed nurse employed by an individual resident.

(2) Boarding homes shall accept, admit, and retain persons as residents only when:

(a) Ambulatory unless the boarding home is approved by the Washington state director of fire protection to:

(i) Care for semi-ambulatory residents; or

(ii) Care for nonambulatory residents not needing medical or nursing care as specified in subsection (2)(f)(ii) and (iii) of this section.

(b) Nonsmoking residents can be accommodated with smoke-free rooms and smoke-free common-use areas to prevent contact with smoke;

(c) Smoking residents can be accommodated by areas meeting the requirements in WAC 246-316-140(2);

(d) The individual resident can be accommodated by:

(i) Physical plant, facilities, and spaces;

(ii) Furniture and equipment; and

(iii) Staff who are available and sufficient to provide nature of domiciliary care required and desired by the resident.

(e) The amount and nature of needed assistance with medication or medication service is available in the boarding home under RCW 18.20.160 and WAC 246-316-300; and

(f) Individuals do not:

(i) Exhibit continuing overt behavior which is a danger to others or self;

(ii) Need inpatient care in a hospital, nursing home, or other facility licensed under chapters 18.51, 70.12, or 70.41 RCW; or

(iii) Need nursing care exceeding that required for periodic temporary acute illness provided by:

(A) The boarding home nursing staff; or

(B) Staff of a home health care agency; or

(C) A licensed nurse retained by an individual resident.

(3) Upon admission or acceptance of an individual as a resident, boarding homes shall determine a resident's choice regarding:

(a) Definite arrangements with a health care practitioner; and

(b) Who to call in case of resident illness or death.

[Statutory Authority: RCW 18.20.090. 94-01-058, § 246-316-240, filed 12/8/93, effective 1/8/94; 92-02-018 (Order 224), § 246-316-240, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-240, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-213, filed 4/14/89; 83-13-068 (Order 264), § 248-16-213, filed 6/16/83; Order 147, § 248-16-213, filed 6/29/77.]

WAC 246-316-260 Boarding home resident services. (1) Boarding homes may provide nursing care for residents only to the extent and duration required for temporary acute illness.

(2) Boarding homes shall:

(a) Assure nursing care, if provided, is consistent with chapters 18.78 and 18.88 RCW;

(b) Observe and note changes in physical, mental, and emotional functioning; and

(c) Assist with arrangements for appropriate transfer as needed.

(3) Boarding homes shall provide basic domiciliary care[,] including, but not limited to:

(a) Assisting each resident to maintain his or her highest functional ability possible and compatible with individual safety and welfare;

(b) Providing general health supervision if required by resident including:

(i) Encouraging resident to self-administer medically prescribed drugs and treatment;

(ii) Encouraging resident to follow any medically prescribed modified diet, rest or activity regimen;

(iii) Encouraging and assisting a resident with arrangements to keep appointments for health care services, e.g., physicians, dentists, home health care services, or clinics;

(iv) Encouraging and assisting resident with arrangements to see his or her health care practitioner when the resident shows signs or describes symptoms of an illness or abnormality for which medical diagnosis and treatment may be indicated; and

(v) Encouraging, supervising, or assisting resident with:

(A) Personal hygienic care, dressing, grooming, and other activities;

(B) Functional aids or equipment, such as glasses, hearing aids, canes, crutches, walker, or wheelchair;

(C) Clothing and other personal effects;

(D) Personal living quarters in a manner conducive to safety and comfort.

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

(4) Boarding homes shall post a calendar of daily social or recreational activities and events for residents.

[Statutory Authority: RCW 18.20.090. 94-01-058, § 246-316-260, filed 12/8/93, effective 1/8/94. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-316-260, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.20.090. 89-09-034 (Order 2786), § 248-16-216, filed 4/14/89.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-318 WAC
HOSPITALS

WAC

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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-318-799 Infant formula facilities. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-799, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-640, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-640, filed 9/20/83; Order 119, § 248-18-640, filed 5/23/75; Regulation 18.620, filed 1/25/62.] Repealed by 93-07-011 (Order 338), filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 70.41.030.

WAC 246-318-010 Definitions. For the purposes of this chapter and chapter 70.41 RCW, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise. All adjectives and adverbs such as adequate, approved, suitable, properly, or sufficient used in these regulations to qualify a requirement shall be determined by the department.

(1) "Abuse" means the injury or sexual abuse of a patient under circumstances indicating the health, welfare, and safety of the patient is harmed. Person "legally responsible" shall include a parent, guardian, or an individual to whom parental or guardian responsibility is delegated (e.g., teachers, providers of residential care and treatment, and providers of day care):

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

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

(2) "Accredited" means approved by the joint commission on accreditation of hospitals or the bureau of hospitals of the American Osteopathic Association.

(3) "Adolescent" means an individual during that period of life beginning with the appearance of secondary sex characteristics and ending with the cessation of somatic growth.

(4) "Agent," when used in a reference to a medical order or a procedure for a treatment, means any power, principle, or substance, whether physical, chemical, or biological, capable of producing an effect upon the human body.

(5) "Alterations":

(a) "Alterations" means changes requiring construction in existing hospitals.

(b) "Minor alterations" means any physical or functional modification within existing hospitals not changing the approved use of the room or area. (Minor alterations performed under this definition do not require prior review of the department as specified in WAC 246-318-510 (3)(a); however, this does not constitute a release from other applicable requirements.)

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

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

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

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

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

(9) "Birthing room" or "labor, delivery, recovery (LDR) room" or "labor-delivery-recovery-postpartum (LDRP) room" means a room designed and equipped to provide care of a woman, fetus, and newborn and to accommodate her support persons during the complete process of vaginal childbirth.

(10) "Children" means young persons of either sex between infancy and adolescence.

(11) "Clean" means space or spaces and/or equipment for storage and handling of supplies and/or equipment which are in a sanitary or sterile condition, when the word is used in reference to a room, area, or facility.

(12) "Critical care" means a special physical and functional nursing unit for the segregation, concentration, and close or continuous observation and care of patients critically, acutely, or seriously ill and in need of intensive, highly skilled services.

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

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

(15) "Diagnostic radiologic technician" means an individual:

(a) Certified or eligible for certification as a diagnostic radiologic technologist under chapter 18.84 RCW; or

(b) Trained by a radiologist and approved by a radiologist member of medical staff to perform specified diagnostic radiologic procedures.

(16) "Dialysis facility" means a separate physical and functional nursing unit of the hospital serving patients receiving renal dialysis.

(17) "Dialysis station" means an area designed, equipped, and staffed to provide dialysis services for one patient.

(18) "Dietitian" means an individual meeting the eligibility requirements for active membership in the American Dietetic Association described in *Directory of Dietetic Programs Accredited and Approved,* American Dietetic Association, edition 100, 1980.

(19) "Double-checking" means verification of patient identity, agent to be administered, route, quantity, rate, time, and interval of administration by two persons legally qualified to administer prior to administration of the agent.

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

(a) Removing an individual dose from a previously dispensed, properly labeled container (including a unit dose container);

(b) Reviewing the label on the container with a verified transcription, a direct copy or the original medical practitioner's orders;

(c) Giving the individual dose to the proper patient; and

(d) Properly recording the time and dose given.

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

(22) "Easily cleanable" means of material or finish and so fabricated to allow complete removal of residue by normal cleaning methods.

(23) "Electrical receptacle outlet" means an outlet where one or more electrical receptacles are installed.

(24) "Facilities" means a room or area and equipment serving a specific function.

(25) "Faucet controls" means wrist, knee, or foot control of the water supply:

(a) "Wrist control" means water supply controls not exceeding four and one-half inches overall horizontal length designed and installed to be operated by the wrists;

(b) "Knee control" means the water supply is controlled through a mixing valve designed and installed to be operated by the knee;

(c) "Foot control" means the water supply control is through a mixing valve designed and installed to be operated by the foot.

(26) "Governing body" means the person or persons responsible for establishing the purposes and policies of the hospital.

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

(28) "He, him, his, or himself" means a person of either sex, male, or female, and does not mean preference for nor exclude reference to either sex.

(29) "High-risk infant" means an infant, regardless of gestational age or birth weight, whose extrauterine existence is compromised by a number of factors, prenatal, natal, or postnatal needing special medical or nursing care.

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

(a) Hotels, or similar places furnishing only food and lodging, or simply domiciliary care;

(b) Clinics, or physicians' offices where patients are not regularly kept as bed patients for twenty-four hours or more;

(c) Nursing homes, as defined and which come within the scope of chapter 18.51 RCW;

(d) Maternity homes, which come within the scope of chapter 18.46 RCW;

(e) Psychiatric or alcoholism hospitals, which come within the scope of chapter 71.12 RCW; nor

(f) Any other hospital or institution specifically intended for use in the diagnosis and care of those suffering from mental illness, mental retardation, convulsive disorders, or other abnormal mental conditions.

(g) Furthermore, nothing in this chapter shall be construed as authorizing the supervision, regulation, or control of the remedial care or treatment of residents or patients in any hospital conducted for those who rely primarily upon treatment by prayer or spiritual means in accordance with the creed or tenets of any well-recognized church or religious denominations.

(31) "Infant" means a baby or very young child up to one year of age.

(32) "Infant station" means a space for a bassinet, incubator, or equivalent, including support equipment used for the care of an individual infant.

(33) "Intermediate care nursery" means an area designed, organized, staffed, and equipped to provide constant care and treatment for mild to moderately ill infants not requiring neonatal intensive care, but requiring or may require physical support and treatment beyond support required for a normal neonate and may include the following:

(a) Electronic cardiorespiratory monitoring;

(b) Gavage feedings;

(c) Parenteral therapy for administration of drugs; and

(d) Respiratory therapy with intermittent mechanical ventilation not to exceed a continuous period of twenty-four hours for stabilization when trained staff are available.

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

(35) "Island tub" means a bathtub placed in a room to permit free movement of a stretcher, patient lift, or wheelchair to at least one side of the tub, and movement of people on both sides and at the end of the tub.

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

(37) "Legend drugs" means any drugs required by state law or regulation of the state board of pharmacy to be dispensed on prescription only or are restricted to use by practitioners only.

(38) "Licensed practical nurse," abbreviated L.P.N., means an individual licensed under provisions of chapter 18.78 RCW.

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

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

(41) "Movable equipment" means equipment not built-in, fixed, or attached to the building.

(42) "Neglect" means mistreatment or maltreatment; an act or omission evincing; a serious disregard of consequences of a magnitude constituting a clear and present danger to an individual patient's health, welfare, and safety.

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

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

(43) "Nuclear medicine technologist" means an individual certified or eligible for certification as a nuclear medicine technologist under chapter 18.84 RCW.

(44) "Neonate" or "newborn" means a newly born infant through the twenty-seventh day of life or under twenty-eight days of age.

(45) "Neonatal intensive care nursery" means an area designed, organized, equipped, and staffed to provide constant nursing and medical care and treatment for high-risk infants who may require:

(a) Continuous ventilatory support, twenty-four hours per day;

(b) Intravenous fluids or parenteral nutrition;

(c) Preoperative and postoperative monitoring when anesthetic other than local is administered; or

(d) Cardiopulmonary or other life support on a continuing basis.

(46) "Neonatologist" means a pediatrician who is board certified in neonatal-perinatal medicine or board eligible in neonatal-perinatal medicine, provided the period of eligibility does not exceed three years, as defined and described in *Directory of Residency Training Programs by the Accreditation Council for Graduate Medical Education,* American Medical Association, 1981-1982 or the *American Osteopathic Association Yearbook and Directory,* 1981-1982.

(47) "Newborn care" means provision of nursing and medical services described by the hospital and appropriate for well and convalescing infants including supportive care, ongoing physical assessment, and resuscitation.

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

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversion of existing buildings or portions thereof for use as hospitals;

(d) Alterations.

(49) "Nursing home unit" or "long-term care unit" means a group of beds for the accommodation of patients who, because of chronic illness or physical infirmities, require skilled nursing care and related medical services but are not acutely ill and not in need of the highly technical or specialized services ordinarily a part of hospital care.

(50) "Nursing unit, general" means a separate physical and functional unit of the hospital including a group of patient rooms, ancillary and administrative, and service facilities necessary to provide nursing service to the occupants of these patient rooms. Facilities serving other areas of the hospital and creating traffic unnecessary to the functions of the nursing unit are excluded.

(51) "Observation room" means a room for close nursing observation and care of one or more outpatients for a period of less than twenty-four consecutive hours.

(52) "Obstetrical area" means the portions or units of the hospital designated or designed for care and treatment of women during the antepartum, intrapartum, and postpartum periods, and/or areas designed as nurseries for care of newborns.

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

(54) "Operating room" means a room within the sterile surgical department intended for invasive and noninvasive procedures requiring anesthesia.

(55) "Outpatient" means a patient receiving services that generally do not require admission to a hospital bed for twenty-four hours or more.

(56) "Patient" means an individual receiving (or has received) preventive, diagnostic, therapeutic, rehabilitative, maintenance, or palliative health services at the hospital.

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

(58) "Pediatrician" means a physician:

(a) Having successfully completed a residency program approved by the American Board of Pediatrics as described in the *Directory of Residence Training Programs Accredited by the Accreditation Council for Graduate Medical Education,* American Medical Association, 1981-1982; or

(b) Approved by the American Osteopathic Board of Pediatrics as described in the *American Osteopathic Association Yearbook and Directory,* 1981-1982; and

(c) Board certified or board eligible for period not to exceed three years.

(59) "Pediatric service" means any diagnostic, treatment, or care service provided for infants, children, or adolescents.

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

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

(62) "Pharmacy" means the central area in a hospital where drugs are stored and are issued to hospital departments or where prescriptions are filled.

(63) "Physical barrier" means a partition or similar space divider designed to prevent splash or spray between room areas.

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

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

(66) "Physician's assistant" means an individual who is not a physician but practices medicine under provisions, rules, and regulations of chapter 18.71A RCW, or provisions, rules, and regulations under chapter 18.57A RCW.

(67) "Physician member of medical staff qualified in nuclear medicine" means a physician with staff privileges who is:

(a) Certified or eligible for certification by the American Board of Radiology (ABR) or the American Board of Nuclear Medicine (ABNM) in radiologic physics including diagnostic, therapeutic, and medical nuclear physics; and

(b) Included in the 1987-1989 list of board-certified physicians maintained by ACR Professional Bureau, 1899 Preston White Drive, Reston, VA 22091.

(68) "Prescription" means an order for drugs for a specific patient given by a licensed physician, dentist, or other individual legally authorized to write prescriptions, transmitted to a pharmacist for dispensing to the specific patient.

(69) "Procedure" means an activity to relieve pain, diagnose, cure, improve, or treat a patient's condition usually requiring specialized equipment.

(70) "Protocols" and "standing order" mean written descriptions of actions and interventions for implementation by designated hospital personnel under defined circumstances and authenticated by a legally authorized person under hospital policy and procedure.

(71) "Psychiatric unit" means a separate portion of the hospital specifically reserved for the care of psychiatric patients (a part of which may be unlocked and a part locked), as distinguished from "seclusion rooms" or "security rooms" as defined in this section.

(72) "Psychiatrist" means a physician having successfully completed a three-year residency program in psychiatry and is eligible for certification by the American Board of Psychiatry and Neurology as described in the *Directory of Residency Training Programs Accredited by the Accreditation Council for Graduate Medical Education,* American Medical Association, 1981-1982, or eligible for certification by the American Osteopathic Board of Neurology and Psychiatry as described in the *American Osteopathic Association Yearbook and Directory,* 1981-1982.

(73) "Psychologist" means an individual licensed as a psychologist in the state of Washington under provisions of chapter 18.83 RCW.

(74) "Radiation oncologist" means a physician who successfully completed an approved residency program in therapeutic radiology and is either board certified or eligible for board certification in radiation oncology by:

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

(i) Certification in use of both external and brachytherapy techniques; and

(ii) Continuing education requirements of the board met; or

(b) The American Osteopathic Board of Radiology described in the *American Osteopathic Association Yearbook and Directory,* 1981-82 with:

(i) Certification in use of both external and brachytherapy techniques; and

(ii) Continuing education requirements of the board met.

(75) "Radiologist" means a physician who is board certified or eligible for certification in radiology and meeting continuing education requirements of:

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

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

(76) "Recreational therapist" means an individual with a bachelors degree including a major or option in therapeutic recreation or recreation for the ill and handicapped.

(77) "Recovery unit" means a special physical and functional unit for the segregation, concentration, and close or continuous nursing observation and care of patients for a period of less than twenty-four hours immediately following anesthesia, obstetrical delivery, surgery, or other diagnostic or treatment procedures which may produce shock, respiratory obstruction or depression, or other serious states.

(78) "Referred outpatient diagnostic service" means a service provided to an individual receiving medical diagnosis, treatment, and other health care services from one or more sources outside the hospital limited to diagnostic tests and examinations:

(a) Not involving administration of a parenteral injection, the use of a local or general anesthesia or the performance of a surgical procedure; and

(b) Ordered by a health care practitioner, legally permitted to order such tests and examinations, to whom the hospital reports the findings and results of the tests and examinations.

(79) "Registered nurse" means an individual licensed under the provisions of chapter 18.88 RCW and practicing in accordance with the rules and regulations promulgated thereunder.

(80) "Restraint" means any apparatus used for the purpose of preventing or limiting free body movement. This shall not be interpreted to include a safety device as defined herein.

(81) "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.

(82) "Rooming-in" means an arrangement for mother and infant to room together with provision for family interaction within the hospital setting.

(83) "Safety device" means a device used to safeguard a patient who, because of developmental level or condition, is particularly subject to accidental self-injury.

(84) "Seclusion room" means a small, secure room specifically designed and organized to provide for temporary placement, care, and observation of one patient and further providing an environment with minimal sensory stimuli, maximum security and protection, and visualization of the patient by authorized personnel and staff. Doors of seclusion rooms shall be provided with staff-controlled locks. There shall be security relites in the door or equivalent means affording visibility of the occupant at all times. Inside or outside rooms may be acceptable.

(85) "Security room" means a patient sleeping room designed, furnished, and equipped to provide maximum safety and security, including window protection or security windows and a lockable door with provision for observation of room occupant.

(86) "Self-administration of drugs" means a patient administering or taking his or her own drugs from properly labeled containers: *Provided,* That the facility maintains the responsibility for seeing the drugs are used correctly and the patient is responding appropriately.

(87) "Sensitive area" means a room used for surgery, obstetrical delivery, nursery, post-anesthesia recovery, special procedures where invasive techniques are used, or critical care including, but not limited to, intensive and cardiac care.

(88) "Shall" means compliance is mandatory.

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

(90) "Sinks":

(a) "Clinic service sink (siphon jet)" means a plumbing fixture of adequate size and proper design for waste disposal with siphon jet or similar action sufficient to flush solid matter of at least two and one-eighth inch diameter.

(b) "Scrub sink" means a plumbing fixture of adequate size and proper design for thorough washing of hands and arms, equipped with knee, foot, electronic, or equivalent control, and gooseneck spout.

(c) "Service sink" means a plumbing fixture of adequate size and proper design for filling and emptying mop buckets.

(d) "Handwash sink" means a plumbing fixture of adequate size and proper design for washing hands, equipped with soap dispenser and single service hand drying device.

(91) "Social worker" means an individual holding a masters degree in social work from a graduate school of social work approved by the council on social work education.

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

(93) "Special procedure" means a distinct and/or special diagnostic exam or treatment, such as, but not limited to, endoscopy, angiography, and cardiac catheterization.

(94) "Stretcher" means a four-wheeled cart designed to serve as a litter for the transport of an ill or injured individual in a horizontal or recumbent position.

(95) "Surgical procedure" means any manual or operative procedure performed upon the body of a living human being for the purpose of preserving health, diagnosing or curing disease, repairing injury, correcting deformity or defect, prolonging life or relieving suffering, and involving any of the following:

(a) Incision, excision, or curettage of tissue or an organ;

(b) Suture or other repair of tissue or an organ including a closed as well as an open reduction of a fracture;

(c) Extraction of tissue including the premature extraction of the products of conception from the uterus; or

(d) An endoscopic examination with use of a local or general anesthesia.

(96) "Therapeutic radiologic technologist" means an individual certified or eligible for certification as a therapeutic radiologic technologist under chapter 18.84 RCW.

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

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

(99) "Treatment" means the care and management of a patient to combat, improve, or prevent a disease, disorder, or injury, and may be:

(a) Pharmacologic, surgical, or supportive;

(b) Specific for a disorder; or

(c) Symptomatic to relieve symptoms without effecting a cure.

(100) "Tuberculous patient" means an individual receiving diagnostic or treatment services because of suspected or known tuberculosis.

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

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

(a) "Maximum security window" means a window that can only be opened by keys or tools under the control of personnel. The operation shall be restricted to prohibit escape or suicide. Where glass fragments may create a hazard, safety glazing and other appropriate security features shall be incorporated. Approved transparent materials other than glass may be used.

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

(c) "Security window" means a window designed to inhibit exit, entry, and injury to a patient, incorporating approved, safe transparent material.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-010, filed 3/5/93, effective 4/5/93; 92-02-018 (Order 224), § 246-318-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-18-001, filed 11/30/90, effective 12/31/90; 89-22-106 (Order 010), § 248-18-001, filed 11/1/89, effective 12/2/89; 88-18-021 (Order 2680), § 248-18-001, filed 8/30/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-001, filed 3/20/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-17-077 (Order 275), § 248-18-001, filed 8/16/84; 83-19-058 (Order 269), § 248-18-001, filed 9/20/83; 83-01-003 (Order 245), § 248-18-001, filed 12/2/82. Statutory Authority: RCW 70.41.030. 81-05-029 (Order 209), § 248-18-001, filed 2/18/81; Order 135, § 248-18-001, filed 12/6/76; Order 119, § 248-18-001, filed 5/23/75; Order 106, § 248-18-001, filed 1/13/75; Order 91, § 248-18-001, filed 10/3/73; Order 83, § 248-18-001, filed 4/9/73; Order 50, § 248-18-001, filed 12/17/70; Regulation 18.001, effective 3/11/60.]

WAC 246-318-040 Personnel. (1) Hospitals shall employ sufficient qualified personnel to operate each department of the hospital with verification of required license, certification, or registration.

(2) Hospitals shall ensure that nonemployees providing direct patient care comply with hospital policies and procedures.

(3) Hospitals shall establish written job descriptions for each job classification, minimally including:

(a) Job title, reporting relationships, summary of duties and responsibilities, and qualifications; and

(b) Provisions for review every two years with revision when necessary.

(4) Hospitals shall:

(a) Ensure a periodic performance appraisal of employees and volunteers related to:

(i) Satisfactory performance of assigned tasks; and

(ii) Competence in delivering health care services;

(b) Designate an employee responsible for volunteer services and activities;

(c) Plan and implement orientation and education programs minimally to include:

(i) New employee and volunteer orientation for:

(A) Organizational structure;

(B) Building layout;

(C) Infection control;

(D) Safety, including the fire and disaster plan;

(E) Policies and procedures; and

(F) Equipment pertinent to the job;

(ii) Employee continuing education for maintaining and improving skills;

(iii) Documentation of orientation, in-service, and continuing education for employees; and

(iv) HIV/AIDS training for employees as specified under WAC 246-318-035;

(d) Establish a nursing service under the direction of a registered nurse to:

(i) Provide for adequate numbers of registered nurses on duty at all times; and

(ii) Require registered nurse supervision of employees and others performing nursing service functions;

(e) Ensure adequate supervision of employees and nonemployees;

(f) Maintain a current employee call back list for disasters;

(g) Require each employee to have on employment a tuberculin skin test by the Mantoux method within thirty days of employment and as follows:

(i) For new employees, a negative skin test is defined as less than ten millimeters of induration read at forty-eight to seventy-two hours. Employees with negative reactions to the first test and thirty-five years of age or older shall have a second test one to three weeks after the first test;

(ii) New employees with positive reactions to either test shall have a chest x-ray within thirty days. Hospitals shall:

(A) Retain records of test results, reports of x-ray findings, exceptions, or exemptions in the facility; and

(B) Provide a copy of test results to the employee;

(iii) Exclude from skin testing:

(A) New employees documenting a positive Mantoux test in the past;

(B) New employees providing documentation of meeting requirements under subsection (4)(h)(i) and (ii) of this section within the six months preceding the date of employment; and

(C) An employee with a written waiver from the department after stating the tuberculin skin test by the Mantoux method presents a hazard to his or her health and presenting supportive medical data to the department tuberculosis control program;

(h) Document the following when individuals request tuberculosis skin test waivers from the department:

(i) Department notification of the individual requesting a waiver from tuberculosis skin testing and department decision; and

(ii) Department advice to the individual employee and the hospital regarding department screening requirements if a waiver is granted.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-318-040, filed 7/26/93, effective 8/26/93. Statutory Authority: RCW 70.41.030. 92-02-018 (Order 224), § 246-318-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-18-040, filed 11/30/90, effective 12/31/90; 86-08-086 (Order 2362), § 248-18-040, filed 4/2/86. Statutory Authority: RCW 70.41.030 and 43.20.050. 82-24-003 (Order 250), § 248-18-040, filed 11/18/82. Statutory Authority: RCW 43.20.050. 80-02-003 (Order 191), § 248-18-040, filed 1/4/80; Order 121, § 241-18-040, filed 9/18/75; Order 119, § 248-18-040, filed 5/23/75; Order 91, § 248-18-040, filed 10/3/73; Order 76, § 248-18-040, filed 1/9/73; Regulation 18.040, effective 3/11/60.]

WAC 246-318-042 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed hospital having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed hospital, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed hospital prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-318-042, filed 7/26/93, effective 8/26/93.]

WAC 246-318-500 Applicability of WAC 246-318-500 through 246-318-99902. (1) These regulations apply to new construction of hospitals as defined in RCW 70.41.020 including:

(a) New buildings to be used as hospitals;

(b) Additions to existing buildings to be used as hospitals;

(c) Conversions of existing buildings or portions thereof for use as hospitals;

(d) Alterations other than minor alterations to existing hospitals.

(2) These regulations apply to facilities generally required within a hospital, with the following provisions:

(a) The department may not require facilities for certain services when the hospital has a definite arrangement for adequate services from suitably located facilities outside the hospital.

(b) The department may approve the omission of facilities for certain services that will not be provided in accordance with legally allowable and customarily recognized limitations.

(c) A hospital providing facilities not specifically required by these regulations shall assure that facilities are adequate for the services to be performed and meet the objectives of these regulations.

(3) Compliance with the regulations in this chapter does not constitute release from the requirements of applicable state and local codes and ordinances. Where regulations in this chapter exceed other codes and ordinances, the regulations in this chapter shall apply.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-500, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-500, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-500, filed 9/20/83. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-500, filed 2/18/81; Order 119, § 248-18-500, filed 5/23/75; Order 50, § 248-18-500, filed 12/17/70; Regulation 18.500, filed 1/25/62.]

WAC 246-318-510 Programs, drawings and construction. (1) Drawings and specifications for new construction shall be prepared by, or under the direction of, an architect registered under chapter 18.08 RCW. The services of a consulting engineer registered under chapter 18.43 RCW shall be used for the various branches of the work where appropriate. The services of a registered professional engineer may be used in lieu of the services of an architect if work involves engineering only. A hospital may request an exception to the requirements of this subsection by submitting to the department a written description of the proposed construction and justification for not using the services of an architect and/or engineer.

(2) A hospital shall submit the program and drawings for new construction to the department for review as specified in this subsection and the *"Submissions Guide for Health and Residential Facility Construction Projects"* available from the department. Identify each room, area and item of fixed equipment and major movable equipment on all drawings to demonstrate that the required facilities for each function have been provided.

(a) A written program containing, at a minimum: (i) Information concerning services to be provided and operational methods to be used which will affect the extent of facilities required by these regulations; and (ii) if the project involves an addition or alteration which materially increases the bed capacity of the hospital, a thorough appraisal of all existing supporting services to determine their adequacy for the increased number of patients.

(b) Preliminary drawings of the new construction including major equipment. For alterations and additions, include a functional layout of the existing building.

(c) Detailed working drawings and specifications including mechanical and electrical work.

(d) If carpets are to be used:

(i) A floor plan showing areas to be carpeted and adjoining areas. These areas shall be labeled, according to function, and meet the requirements in WAC 246-318-540 (6)(b). Proposed carpeted areas shall be coded on the plan and keyed to the appropriate carpet; and

(ii) Specifications and radiant panel and smoke density test reports showing that proposed carpeting meets the specifications as listed in 246-318-540(6).

(3) A hospital shall:

(a) Commence construction, of other than minor alterations only after the final drawings and specifications have been stamped "construction authorized" by the department. Such authorization by the department does not

constitute release from the requirements contained in these regulations.

(b) Notify the department when construction is commenced and completed.

(c) Provide for the safety and comfort of patients if construction takes place in or near occupied areas.

(d) Assure construction is completed in compliance with the final "construction authorized" drawings and specifications.

(e) Submit to the department for review any addenda or modifications which might affect the fire safety or functional operation.

(4) The department shall identify the sections and items of chapter 246-318 WAC under which a requirement is stated or a deficiency noted in any written review report of a functional program, drawings or specifications and in any on-site inspection report of a construction project.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-510, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-510, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-510, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-510, filed 2/18/81. Statutory Authority: RCW 43.20.050. 80-03-062 (Order 193), § 248-18-510, filed 2/26/80; Order 123, § 248-18-510, filed 3/18/76; Order 119, § 248-18-510, filed 5/23/75; Order 9, § 248-18-510, filed 1/2/69; Regulation 18.520(2)(d), filed 8/4/67; Regulation 18.520 (part), filed 1/25/62.]

WAC 246-318-520 Design and construction standards, general. (1) A hospital may request an exemption, substitution, or interpretation as described in WAC 246-318-015.

(2) At least once every two years, the department shall:

(a) Review industry standards referenced in the construction section of chapter 246-318 WAC and update, as necessary; and

(b) Adopt the revised list of referenced standards, if required.

(3) Hospitals shall:

(a) Prepare preliminary documents for hospital construction projects conforming to industry standards, guides, and codes appearing in the current chapter 246-318 WAC;

(b) Follow the requirements of chapter 246-318 WAC effective at the time the preliminary document was submitted for the duration of construction project;

(4) A hospital may request in writing, department approval to use a more recent edition of an industry standard, guide, or code. The department may approve such request under the following conditions:

(a) The standard, guide, or code was adopted after preliminary drawings were developed; and

(b) The request is received by the department prior to the department's final approval of project design and authorization for construction per WAC 246-318-510 (3)(a).

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-520, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-105 (Order 009), § 248-18-515, filed 11/1/89, effective 12/2/89; 88-23-083 (Order 2729), § 248-18-515, filed 11/18/88. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-18-515, filed 3/20/86. Statutory Authority: RCW 70.41.30 [70.41.030]. 81-05-029 (Order 209), § 248-18-515, filed 2/18/81; Order 119, § 248-18-515, filed 5/23/75; Order 50, § 248-18-515, filed 12/17/70; Order 22, § 248-18-515, filed 6/27/69; Regulation 18.530, filed 1/25/62.]

WAC 246-318-530 Site and site development. Hospitals planning site and site development for construction of a new facility shall:

(1) Provide a site with:

(a) Road surface useable in all weather and traffic conditions;

(b) Adequate utilities meeting requirements in WAC 246-318-540 (4)(a), (b), and (k);

(c) Natural drainage or properly designed/engineered drainage system; and

(d) Ready access to fire fighting and police services.

(2) Plan for:

(a) Service roads and parking;

(b) Patient privacy and surroundings;

(c) Noise attenuation;

(d) Future expansion; and

(e) On-site sewage disposal area meeting requirements in chapter 246-272 WAC when no public sewer system is available.

(3) Provide parking area, drives, and walkways:

(a) Convenient for patients, staff, and visitors, avoiding interference with patient privacy and comfort;

(b) Adequate number of parking spaces;

(c) Arranged to prevent conflicting traffic;

(d) Graded for adequate drainage and constructed for use under all weather conditions;

(e) Surface treated to minimize dust;

(f) Illuminated at night; and

(g) Meeting accessibility requirements in WAC 51-20-3100.

(4) Plan sufficient space and location for:

(a) Entrances;

(b) Emergency vehicle access;

(c) Loading dock;

(d) Garbage storage and disposal;

(e) Removal of deceased;

(f) Service vehicle access;

(g) Patient entrance located near outpatient facilities meeting accessibility requirements in WAC 51-20-3100; and

(h) Service entrance close to storage and elevators.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-530, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-530, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-520, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-520, filed 9/20/83; Order 119, § 248-18-520, filed 5/23/75; Order 106, § 248-18-520, filed 1/13/75; Regulation 18.540, filed 1/25/62.]

WAC 246-318-540 General design requirements. Hospitals planning new construction shall include the general design elements in this section.

(1) A hospital shall ensure the safety of occupants during construction and painting by assuring rooms or areas

are well-ventilated, unoccupied, and unavailable for use until free of volatile fumes and odors.

(2) A hospital shall assure architectural components meet Washington state building code requirements in chapter 51-20 WAC, including:

(a) Aisles between fixed elements wide enough to allow unimpeded movement of equipment and personnel within rooms or suites;

(b) Ceiling heights meeting requirements in Table 540-1;

(c) A corridor system throughout the hospital designed for traffic circulation providing patient privacy and preventing through traffic in examination, observation, treatment, and diagnostic areas, with:

(i) Width of eight feet and restrictions of no more than seven inches for nonambulatory patient areas;

(ii) Minimum existing width of seven feet permitted in alteration projects; and

(iii) Five feet width for corridors serving ambulatory patient traffic within a single department; and

(iv) Minimum four feet width permitted for nonpatient areas and departments when there is a five-by-five foot turnaround at least every seventy-five feet.

(d) Handrails on both sides of corridors used by patients on orthopedic units, rehabilitation nursing units, nursing home units, and other long-term nursing units with dimensions as follows:

(i) The top of the handrail thirty-two to thirty-four inches above the floor;

(ii) A maximum projection of three and one-half inches from wall; and

(iii) The end of handrail returning to the wall.

(e) Doors:

(i) With widths meeting requirements in Table 540-1;

(ii) Designed to prevent swinging into established corridor widths, except for handicapped accessible toilets and small unoccupied spaces, such as small closets;

(iii) Designed to swing to a full, open position in patient rooms;

(iv) With provision for staff to gain immediate emergency access to patient occupied rooms; and

(v) With vision panels in all pairs of opposite swinging doors.

(f) At least one elevator in multi-story hospital designed for patient transport with minimum dimensions of:

(i) Five feet four inches inside width;

(ii) Eight feet six inches inside length; and

(iii) Four feet wide door openings.

(g) Stairways and ramps withskid-resistant surfaces, handrails, guardrails, and other safety devices;

(h) Design and construction to control entrance and infestation by pests, such as mammals, birds, and insects;

(i) Windows in twenty-four-hour stay patient rooms, except in nurseries, with:

(i) A clear glass area of at least one-tenth of the floor space;

(ii) Location in the outside walls and:

(A) Twenty feet or more from another building or opposite wall or court;

(B) Ten feet or more from property line except on street side; and

(C) Allowance for a satisfactory amount of unobstructed natural light.

(iii) Relites may be used on interior atrium walls in place of windows on outside walls;

(iv) Sills:

(A) No higher than three feet from the floor;

(B) No higher than four feet from the floor in critical care rooms;

(C) With exterior grade a minimum of six inches below window sill; and

(D) With exterior grade sloping away from building for at least ten feet.

(v) Sixteen mesh screens on all operable windows.

(3) A hospital shall provide heating, ventilation, and cooling including:

(a) A heating system with capacity to maintain a temperature of seventy-five degrees Fahrenheit or more in all patient areas;

(b) A cooling system with capacity to cool patient areas to a temperature of seventy-five degrees Fahrenheit or below;

(c) Heating and cooling controls with:

(i) Individual thermostatic control in each patient room; and

(ii) All other areas suitably zoned and thermostatically controlled consistent with WAC 246-318-99902(2).

(d) Piping and duct systems which are insulated to control excessive heat transfer and condensation;

(e) Air balancing of distribution systems to maintain air changes and pressure relationships meeting requirements in Table 540-3;

(f) An air handling duct system meeting requirements in WAC 246-318-99902(5) with:

(i) Fiberglass ducts, if installed, of nonerosive wearing surfaces; and

(ii) Fiberglass-lined ducts, if installed, serving sensitive areas with ninety percent efficiency filters installed downstream of the duct lining.

(g) The use of space above ceilings for exhaust and return plenums is only allowed in nonclinical and nonpatient care areas, such as administrative, public waiting, and meeting areas;

(h) Air supply and exhaust locations meeting requirements in WAC 246-318-99902(2) and chapter 51-22 WAC including:

(i) Outdoor intakes located to the extent practical and possible as follows:

(A) Directionally different exposures twenty feet or more from:

(I) Combustion equipment stacks;

(II) Ventilation exhaust outlets from the hospital or adjoining buildings including fume hoods and ethylene oxide systems;

(III) Medical-surgical vacuum systems;

(IV) Plumbing vent stacks; and

(V) Areas that may collect vehicular exhaust and other noxious fumes.

(B) Bottom of intake six feet or more above ground level or three feet or more above roof level specified in WAC 246-318-99902(2).

(ii) Locate exhaust air discharge to avoid cross circulation to supply air intakes or operable windows.

(i) Filters installed in central ventilation or air conditioning systems as follows:

(i) Filter beds and filter efficiencies meeting requirements in Table 540-4;

(ii) Filter bed No. 2 downstream of the last component of any central air handling unit except:

(A) Steam injection-type humidifier permitted downstream of filter bed No. 2;

(B) Terminal reheat coils permitted downstream of filter bed No. 2; and

(C) Terminal cooling coils permitted downstream of filter bed No. 2 with additional filtration downstream of coil meeting requirements of filter bed No. 2.

(iii) Filter frames tight to the enclosing duct work; and

(iv) A manometer or equivalent installed across each filter bed serving sensitive areas of central air systems.

(j) Fire shutdown located in accordance with WAC 246-318-99902 (5) and (13).

(k) Exhaust hoods or other approved exhaust devices provided over equipment likely to produce excessive heat, moisture, odors, or contaminants, and properly designed for intended use.

(l) Laboratory hoods for handling infectious materials with:

(i) A minimum face velocity of seventy-five feet per minute at maximum operating level of sash;

(ii) An independent exhaust system with the exhaust fan located at the discharge end of the system;

(iii) Ducts with welded joints or equivalent from the hood to filter enclosure;

(iv) Filters in the exhaust stream rated at 99.97 percent efficiency by the dioctyl-phthalate (DOP) test method; and

(v) Features designed and equipped to permit the safe removal of contaminated filters.

(m) Laboratory hood for venting radioactive particulate aerosols with:

(i) A minimum face velocity of one hundred feet per minute at a maximum operating level of sash;

(ii) An independent exhaust system with an exhaust fan at the discharge end of the system;

(iii) Ducts with welded joints or equivalent from the hood to the filter enclosure;

(iv) Exhaust stream filters with 99.97 percent efficiency using the dioctyl-phthalate (DOP) test method;

(v) Features designed and equipped to permit the safe removal of contaminated filters; and

(vi) Provisions for washdown.

(n) Laboratory hoods for processing strong oxidizing agents with:

(i) A minimum face velocity of one hundred feet per minute at maximum operating level of sash;

(ii) An independent exhaust system and explosion-proof exhaust fan at the discharge end of the system;

(iii) Ducts of welded stainless steel or equivalent throughout the exhaust system; and

(iv) Hood and exhaust duct system equipped with complete coverage washdown facilities.

(o) Noncentral supply ventilation systems serving sensitive areas meeting the filtering requirements in Table 540-4; and

(p) Noncentral supply ventilation systems serving nonsensitive areas, with outdoor air for units meeting filtering requirements for central systems in Table 540-4. Recirculated air to individual room units need not be filtered.

(4) A hospital shall design and install plumbing components meeting requirements in chapters 246-290 and 51-26 WAC and WAC 51-20-3100, including:

(a) Backflow prevention device on water supply and plumbing fixtures;

(b) Trap primers in floor drains and stand pipes subject to infrequent use;

(c) Handwash sinks in each toilet except where provided in connecting single patient room, dressing or locker room;

(d) Skid-resistant floor surfaces in tubs and showers;

(e) Wrist, knee, or foot faucet controls or equivalent and gooseneck spouts:

(i) On handwash sinks in patient rooms;

(ii) In toilet rooms adjoining patient rooms except those for psychiatric patients per program requirements; and

(iii) On all handwash sinks and sinks for personnel use where required to control cross infection. Except a fixture used for soiled functions only and another sink equipped with appropriate controls is located in the same area of the room.

(f) Foot, knee, or equivalent faucet controls and gooseneck spouts on handwash sinks and scrub sinks in:

(i) All nursery rooms;

(ii) Birthing rooms;

(iii) Surgery and delivery;

(iv) Special procedures, emergency treatment and trauma rooms; and

(v) Other sensitive areas.

(g) Drinking fountains or equivalent at suitable locations, with at least one on each floor;

(h) Insulation on:

(i) Hot water piping systems;

(ii) Cold water and drainage piping; and

(iii) Piping exposed to outside temperatures.

(i) Hot water supply meeting requirements in WAC 246-318-99902(2);

(j) Equipment to deliver hot water at temperatures measured at point of use as follows:

(i) One hundred sixty degrees Fahrenheit or more for laundry;

(ii) One hundred twenty degrees Fahrenheit or more for mechanical dishwashers and laundry washers using chemical sanitization;

(iii) One hundred fifty degrees Fahrenheit or more for high temperature sanitization dishwashers; and

(iv) One hundred twenty degrees Fahrenheit or less at handwash sinks and bathing facilities.

(k) Sewage disposal systems meeting requirements in chapters 246-271 and 246-272 WAC;

(l) Vacuum and medical gas systems meeting requirements in WAC 246-318-99902(4) and Table 540-2.

(m) Waste gas evacuation system meeting requirements in Table 540-2.

(5) A hospital shall provide electrical service including:

(a) General service as follows:

(i) Electrical receptacle outlets meeting requirements in Table 540-5;

(ii) All inpatient or outpatient care areas limited to twelve single electrical receptacle outlets or six duplex electrical receptacle outlets, or equivalent, per twenty amp circuit; and

(iii) Electrical receptacle outlets conveniently located to accommodate cleaning equipment and accessories such as floor polishers, vacuums, and televisions.

(b) Service to critical care units and areas as follows:

(i) Dedicated circuits to serve designated electrical receptacle outlets located at the head of each bed;

(ii) Capacity limited to six single electrical receptacle outlets or three duplex electrical receptacle outlets or equivalent per twenty amp circuit; and

(iii) Branch circuit panels located within the area providing ready accessibility to circuit breakers for staff.

(c) Emergency electrical service with:

(i) Critical emergency power electrical receptacle outlets meeting requirements in Table 540-5; and

(ii) Additional emergency power and lighting meeting requirements in WAC 246-318-99902(7).

(d) Lighting fixtures with:

(i) Number, type, and location to provide adequate illumination for the functions of each area;

(ii) A reading light and control at each bed in the patient rooms conveniently located for patient use;

(iii) Protective lens or diffusers on overhead light fixtures in:

(A) All patient care areas;

(B) Food service areas; and

(C) Areas where patient care equipment and supplies are stored or processed;

(iv) A night light for each bed located below the level of the bed;

(v) Night light switches and general illumination switches located adjacent to the opening side of patient room doors, except in psychiatric patient security and seclusion rooms, locate switches outside of the rooms; and

(vi) Lighting fixtures in psychiatric security and seclusion rooms of tamper-resistant design.

(e) Electrical/electronic equipment including:

(i) Call systems meeting requirements in Table 540-6;

(ii) Annunciator at department or unit control point and additional staff duty stations such as utility, medication, and nourishment rooms and staff lounges; and

(iii) Film illuminators, or equivalent, accommodating at least two x-ray films in all areas where films are viewed, except in private offices.

(6) A hospital shall provide interior finishes suitable to the function of an area including:

(a) Floor finishes with:

(i) Easily cleanable surfaces;

(ii) Skid-resistant surfaces at entrances and other areas used while wet; and

(iii) A coved base integral with floors or top set base with toe tight to the walls.

(b) Carpets, if installed:

(i) Made from easily cleanable material;

(ii) Constructed to prevent or reduce static build-up;

(iii) With a finish classification in accordance with WAC 246-318-99902(14);

(iv) With an average pile density of 4,000 ounces per cubic yard calculated by:

$$\frac{\text{Yarn weight (ounces per square yard)} \times 36}{\text{Pile height (inches)}} = \text{Average pile density (ounces per cubic yard);}$$

(v) With a maximum pile height of .312 inches;

(vi) With padding, if used, that is water resistant and permanently bonded to the carpet backing;

(vii) Cemented to the floor;

(viii) With edges covered and top set base with toe at all wall junctures;

(ix) May be used in the following nonpatient occupied areas: Administrative areas, lobbies, lounges, chapels, waiting areas, nurses' station, dining rooms, corridors, equipment alcoves opening onto carpeted corridors. Carpets are not permitted in any areas of the surgery or delivery suites; and

(x) May be used in the following patient occupied areas: Patient rooms (excluding toilets, bathrooms, and designated isolation rooms), coronary care units, recovery rooms (not within surgical suites), labor rooms (not within delivery suites), corridors within patient occupied areas, dayrooms, equipment alcoves opening onto carpeted corridors. Carpets may be used in other areas only upon written approval of such use by the department.

(c) Ceiling finishes or construction with:

(i) Monolithic or bonded construction in patient rooms of psychiatric nursing units, security and seclusion rooms;

(ii) Easily cleanable surfaces;

(iii) Smooth finish without visible joints or crevices in areas where surgical asepsis must be maintained, such as operating rooms, delivery rooms, and emergency treatment rooms;

(iv) Surfaces finished to minimize glare in patient rooms, labor rooms, birthing rooms, operating rooms, delivery rooms, and emergency treatment rooms; and

(v) Surfaces finished to minimize reflection of ultraviolet radiation when ultraviolet radiation generators are used.

(d) Wall finishes meeting requirements in chapter 51-20 WAC with:

(i) Protection from impact in high traffic areas;

(ii) Easily cleanable surfaces;

(iii) Smooth surface without open joints or crevices in areas where surgical asepsis must be maintained, such as operating rooms, delivery rooms, and emergency treatment rooms;

(iv) Surfaces finished to minimize glare in patient rooms and labor rooms and areas in which lasers are used; and

(v) Water-resistant paint, glaze, or similar water-resistant finish extending above the splash line in all rooms or areas subject to splash or spray.

(7) A hospital shall provide accessories for bathroom and toilet rooms with:

(a) Backing to support mounting all accessories;

(b) Accessories at bathing facilities, toilets, dressing rooms, and examination rooms, except in psychiatric units as follows:

(i) Toilet paper holder at water closets;

(ii) Towel bar, hook, or ring at bathing facilities; and

(iii) Robe hook.

(c) A mirror and shelving or equivalent at each handwash sink in:

(i) Toilet room,

(ii) Patient room,

(iii) Birthing room,

(iv) Dressing room, and

(v) Locker room.

(d) Dispensers at all sinks, for single-use towels or equivalent, mounted to avoid contamination from splash and spray;

(e) Soap at each sink and bathing facility; and

(f) Grab bars that are easily cleanable, resistant to corrosion, functionally designed, securely mounted, and meet the requirements in WAC 51-20-3100 as follows:

(i) Mounted on two sides of each standard bathtub and shower; and

(ii) At least one horizontal grab bar extended eighteen inches or more in front of the water closet.

(g) Accessories in bathing and toilet rooms designated for the handicapped in accordance with WAC 51-20-3100.

(8) A hospital shall provide signage for identification of:

(a) Rooms and spaces; and

(b) Electric panel boards in accordance with WAC 246-318-99902(7).

TABLE 540-1
MINIMUM CLEAR OPENING FOR DOORS AND NOMINAL CEILING HEIGHTS

AREA/ROOM NAME	MINIMUM CLEAR OPENING FOR DOORS	NOMINAL CEILING HEIGHT
Anesthetizing and Special:		
Delivery	3'-10"	8'-0"(1)
Fracture	3'-10"	8'-0"
Recovery/post anesthesia care	3'-10"	8'-0"
Surgery	3'-10"	8'-0"(1)
Trauma	3'-10"	8'-0"(1)
Special procedures	3'-10"	8'-0"
Critical Care:		
Intensive care	3'-10"	8'-0"
Nursing:		
Birthing	3'-10" (2)	8'-0"
Nurseries, all	3'-10" (2)	8'-0"
Patient	3'-10" (2)	8'-0"
Radiology and Imaging:		
Computerized tomography scan	3'-10"	8'-0"
Radiation therapy	3'-10"	8'-0"(1)
Fluoroscopy	3'-10"	8'-0"
Nuclear medicine	3'-10"	8'-0"
X-ray	3'-10"	8'-0"
Diagnostic and treatment:		
Physical treatment therapy	3'-10" (2)	8'-0"
General:		
Bathrooms and toilets	2'-8" (3)	7'-6"

NOTES:

(1) Greater than 8'-0" ceiling heights may be necessary due to equipment to be used in room.

(2) Existing 3'-8" clear opening door permitted in alterations.

(3) Existing 2'-6" clear opening door permitted in alterations except in nursing home rehabilitation units.

TABLE 540-2
MEDICAL GASES, VACUUM, AND WASTE GAS EVACUATION

AREA/ROOM NAME	MEDICAL GASES				
	OXYGEN	MEDICAL AIR	NITROUS OXIDE	VACUUM	WASTE GAS EVACUATION [I]
Anesthetizing and Special:					
Cystoscopic	D	E		D	
Endoscopy	E			E	
Delivery	B,G	A,G	A	D,G	E
Operating	B	A	A	D,H	E
Operating patient hold area	B			B	
Recovery	B	A-Infants Only		C	
Recovery (ECT)	A			A	
Recovery (delivery)	A,G	G		B,G	
Special procedures	D	E	I	D	I
Trauma	D	E	I	D	I
Critical Care:					
Coronary care	B	B		C	
Intensive care	B	B		C	
Nursing:					
Birthing (Labor, Delivery and Recovery)	A,G			A,G	
Examination, treatment	A			A	
Labor	B			B	
Medical, surgical and obstetrical	B			B	
Pediatrics	B	B		B	
Nursery:					
Intermediate care	F	F		B	
Neonatal intensive care	F	F		B	
Newborn	A			A	
Radiology and Imaging:					
Imaging services	B			B	
Diagnostic and Treatment:					
Autopsy				E	
Emergency treatment	A	E	I	E	I
Dialysis	J			J	
Treatment	J			J	

NOTES:

A One outlet accessible to each bed, stretcher, bassinet, or equivalent; one outlet may serve two beds or two bassinets.
B Separate outlet for each bed, stretcher, bassinet, or equivalent.
C Two outlets for each bed.
D Two outlets per room intended for one patient at any one time.
E One outlet per room.
F Two outlets per station.
G Separate outlets for infants.
H If used for delivery, must include G.
I Required only when general anesthesia is used.
J Portable equipment may be used in a ratio of one for every five bed, stretcher, bassinet, or equivalent with a minimum of one unit.

TABLE 540-3
GENERAL PRESSURE RELATIONSHIPS AND
VENTILATION OF CERTAIN HOSPITAL AREAS

Area/Room Name	Pressure Relationship To Adjacent Areas	Minimum Air Changes Of Outdoor Air Per Hour Supplied To Room	Minimum Total Air Changes Per Hour Supplied To Room	All Air Exhausted Directly To Outdoors	Recirculated Within Room Units
Anesthetizing and Special:					
Operating and obstetrical delivery (recirculating air system)	P	3	15	Optional	No[1]
Operating and obstetrical delivery (all outdoor air system)[6]	P	15	15	Yes	No
Special procedures	P	2	6	Optional	Optional
Endoscopy	N or E	2	6	Yes	No
Recovery/post anesthesia care	P	2	6	Optional	No[1]
Trauma[2]	P	3	15	Optional	No[1]
Critical Care:					
Intensive care	P	2	6	Optional	No
Nursing:					
Birthing	P	2	2	Optional	No[1]
Nursery, newborn	P	2	6	Optional	No[1]
Patient	NA	2	2	Optional	Optional
Patient Corridor	NA	2	4	Optional	Optional
Patient isolation[3]	N or P[8]	2	6	Yes	No
Patient isolation alcove or anteroom[3]	N or P[8]	2	10	Yes	No
Patient toilet	N	Optional	10	Yes	No
Radiology and Imaging:					
Darkroom	N	2	10	Optional	No
X-ray	NA	2	6	Optional	Optional
Diagnostic and Treatment:					
Autopsy	N	2	12	Yes	No
Body holding, nonrefrigerated[4]	N	Optional	10	Yes	No
Examination	N or P[8]	2	6	Optional	Optional
Medication	P	2	4	Optional	Optional
Nuclear medicine	N	2	6	Yes	No
Pharmacy	P	2	4	Optional	Optional
Physical therapy and hydrotherapy	N	2	6	Optional	Optional
Treatment	N or P[8]	2	6	Optional	Optional
Laboratory:					
Bacteriology	N	2	6	Yes	No
Biochemistry	P	2	6	Optional	No
Cytology	N	2	6	Yes	No
Glass washing	N	2	10	Yes	Optional
Histology	N	2	6	Yes	No
Media transfer	P	2	4	Optional	No[2]
Pathology	N	2	6	Yes	No
Serology	P	2	6	Optional	No
Sterilizing	N	Optional	10	Yes	No
Central Service:					
Clean workroom and sterile storage	P	2	4	Optional	Optional
ETO sterilizer[7]	N	2	10	Yes	No
Sterilizer equipment	N	Optional	10	Yes	No
Laundry	N	2	10	Yes	No
Soiled receiving/decontamination	N	Optional	10	Yes	No

Kitchen and Dietary:					
Dietary dry storage	NA	Optional	2	Optional	No
Food preparation centers[5]	NA	2	10	Yes	No
Ware washing	N	Optional	10	Yes	No
General:					
Bathing facility	N	Optional	10	Yes	No
Bedpan dump	N	Optional	10	Yes	No
Janitors closet	N	Optional	10	Yes	No
Utility, clean	P	2	4	Optional	Optional
Utility, soiled	N	2	10	Yes	No

ABBREVIATIONS:

N = Negative

P = Positive

NA = Not Applicable (Continuous Direction Control Not Required)

E = Equal

NOTES:

1 Recirculating room units meeting the filtering requirements for the space may be used.

2 The term "trauma room" used in Table 540-3 is the operating room space in the trauma center routinely used for emergency surgery. The first aid room and/or "emergency room" used for general initial treatment of accident victims may be ventilated as noted for the "treatment room."

3 The isolation rooms described in the standards might be used in the average community hospital. The assumption is the isolation procedures will be for infectious patients and the room should also be suitable for normal private patient use when not needed for isolation.

4 The nonrefrigerated body-holding room would be applicable only for facilities not performing autopsies on site and using the space for a short period while waiting for body transfer to be completed.

5 Food preparation centers shall have ventilation systems with an excess of air supply for positive pressure when hoods are not in operation.

6 The number of air changes may be reduced when areas are not occupied.

7 See WAC 246-318-99902(8) and 296-62-07355 general occupational health standards for ethylene oxide.

8 In accordance with program plan and function of room.

TABLE 540-4
VENTILATION AND AIR CONDITIONING SYSTEMS
FILTER EFFICIENCIES IN HOSPITALS

AREA/ROOM NAME	FILTER BED 1 %	FILTER BED 2 %
Anesthetizing and Special:		
Operating and delivery	25	90
Organ transplant	25	90 (A)
Recovery/post anesthesia care	25	90
Special procedures	25	90
Critical Care:		
Intensive and CCU	25	90
Nursing:		
Birthing	25	90 (B)
Labor	25	90 (B)
Nursery, newborn	25	90
Patient	25	90 (B)
Patient treatment	25	90 (B)
Postpartum	25	90 (B)
Radiology and Imaging:		
X-Ray	25	90 (B)
Fluoroscopy	25	90 (B)
Laundry:	80	NA
Kitchen and Dietary:		
Food preparation	80	NA
Storage, bulk	25	NA
General:		
Administration	25	NA
Utility, soiled	25	NA

NOTES:

(A) 99.9% recirculating air.

(B) 80% acceptable with total outside air.

NA Not applicable.

TABLE 540-5
PATIENT CARE AREA
SINGLE ELECTRICAL RECEPTACLE OUTLET REQUIREMENTS

AREA/ROOM NAME	LOCATION IN ROOM (*ACCORDING TO PROGRAM UNLESS OTHERWISE STATED)	TOTAL	CRITICAL EMER-GENCY POWER	SPECIAL REQUIREMENTS (*HOSPITAL GRADE)
Anesthetizing and Special:				
Delivery	*	12	12	*
Trauma	*	6	6	*
Patient holding	*	4	4	*
Operating	*	12	12	*
Recovery	Head of each bed	4	4	*
Special procedures	*	12	12	*
Endoscopy	*	6	2	*
Outpatient pre-op/recovery	Each station	4	2	*
Critical Care:				
Intensive care and other	Head of each bed	12	12	*
Nursing:				
Birthing, LDR, LDRP	* for woman and infant	6	2	*
Nursery	Between every two bassinets and *	4	4	*
Nursery, intermediate care	Each station and *	6	6	*
Nursery, neonatal intensive care	Each station and *	12	12	*
Patient	Head of bed	4	2	*
Pediatric	Head of bed	4	2	Tamper-resistant safety receptacles
Pediatric critical care	Head of bed and *	12	12	*
Psychiatric	Head of bed	2	0	Tamper-resistant safety receptacles
Diagnostic and Treatment:				
Emergency examination	One per wall	4	4	*
Emergency, minor	One per wall	6	6	*
Physical therapy		2(A)	(B)	*
Occupational therapy	*			
Radiology and imaging	*	(C)		*
Dialysis	Each station	4	D	* (B)
Laboratory:				
General	*			
Critical equipment	*	2	2	(D)
General:				
Patient lavatories		2	0	(B)
Other lavatories		0	0	(B)
All bathing facilities		0	0	(B)

NOTES:

(A) Per treatment area sufficient to support diagnostic and treatment activities.

(B) Ground fault circuit interrupter required when installed within five feet of wet areas, sinks, and bathing facilities.

(C) Sufficient to support diagnostic and treatment.

(D) With grounding conductor and dedicated circuits as required per each piece of equipment and sufficient to support work station.

TABLE 540-6
CALL SYSTEMS

AREA/ROOM NAME	SYSTEM TYPE	INITIATION INDICATOR LOCATION	INDICATOR TYPE	INDICATOR LOCATION
Anesthetizing and Special:				
Delivery	MES	H	E	E
Emergency receiving/triage	MES	H	E	E
Trauma	PNC	A	B	B
	MES	H,A	E	E
Operating	MES	H	E	C
Electro convulsive therapy	MES	H	E	C
Patient holding area	PNC	A	B	B
Patient induction	PNC	A	B	B
	MES	H	E	E
Recovery stations	PNC	A	G	C
	MES	H		
Special procedures	MES	H	E	E
Pharmacy	MES			
Outpatient pre-op/recovery	PNC	H	G	C
	MES	H,A	E	E
Critical Care:				
Intensive and coronary care	PNC	A	B	B
	MES	H,A	E	E
Nursing:				
Birthing	PNC	A	B	B
	MES	A,H	E	E
Labor	PNC	A	B	B
	MES	H	E	E
Nursery, neonatal intensive care	MES	H		E
Nursery, intermediate care	MES	H	E	E
Nursery, newborn	MES	H	E	E
Nurses station			Annunciator panel for PNC/MES	
Patient dressing	PNC	F	B,D	B
Patient	PNC	A	B	B
Patient shower, bathroom and toilet	PNC	F	B,D	B
Psychiatric activity	MES	H,I,C	C	
Psychiatric patient	MES	H	C	
Psychiatric seclusion	MES	H	C	
Radiology and Imaging:				
Electrocardiography	MES	H	E	E
Electroencephalography	MES	H	E	E
X-ray, Fluoroscopy (CT, MRI, etc.)	MES	H	E	E
Diagnostic and Treatment:				
Blood draw	MES	H	E	E
Exam	PNC	A	B	C
	MES	H	E	E
Treatment	PNC	A	B,C	B,C
	MES	H	E	E
Nuclear medicine	MES	H	E	E
Physical therapy	PNC	I	B,C	B,C
	MES	H	E	E
Occupational therapy	MES	H	E	E
Dialysis station	PNC	H	G	C
General:				
Emergency entrance	Doorbell	Outside hospital door	AS/VL	At a 24-hour monitored duty station
Utilities	AS/VL		AS/VL	Duty station

Abbreviations:

PNC = Patient nurse call

MES = Medical emergency signal

AS = Audible signal

VL = Visual light

NOTES:

A Head of bed.

B Register by light at corridor door or treatment area and register by light and audible signal at the nurses' station and duty stations.

C Call signals initiated by staff within a department by remote or other means to register at a staff control point from which assistance is always available.

D Signals from toilets and bathing facilities to have distinctive light and distinctive audible signals.

E Medical emergency system devices to register by distinctive light at the corridor door. Nurses' station annunciator or equivalent shall identify point of origin by a distinctive light and distinctive audible signal. Signal device to be reset only by staff at the point of origin. Distinctive visual and distinctive audible signals at locations from which additional staff assistance is always available.

F A properly located signal device mounted no higher than six feet above the floor and activated by a nonconductive pull cord within easy grasp by a patient slumped forward on the floors of either the toilet, bathing facility, or dressing room.

G Register by light and outside each patient station or register by light and audible signal at the nurses' station.

H Properly located signal device within easy reach by staff.

I Any area not within direct observation.

J May be integrated with other systems.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-540, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-540, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-719, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 89-22-105 (Order 009), § 248-18-719, filed 11/1/89, effective 12/2/89.]

WAC 246-318-550 General requirements for support facilities. Hospitals planning new construction of support facilities shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide staff facilities with:

(a) Space for personal belongings;

(b) A toilet; and

(c) A handwash sink;

(3) Provide clean materials room or area with:

(a) Storage shelves; and/or
(b) Space for carts;
(4) Provide clean utility room with:
(a) A work counter;
(b) A handwash sink;
(c) Enclosed and/or open storage; and
(d) A soap dispenser and single-use hand drying device;
(5) Provide clean-up room separate from the clean materials room or clean utility room, with:
(a) A clinic service sink;
(b) A work counter;
(c) Adequate storage space; and
(d) A double-compartment sink integral with the counter and space on either side to accommodate equipment and materials to be cleaned;
(6) Provide housekeeping supply room with:
(a) A service sink or equivalent;
(b) Soap and towel dispensers or equivalent;
(c) A mop rack; and
(d) Storage area;
(7) Provide medication distribution and storage including:
(a) Room designed to minimize traffic, with:
(i) A handwash sink;
(ii) A working surface, either on a cart or counter;
(iii) Sturdily constructed, lockable drug storage;
(iv) An enclosed cabinet or equivalent for storage;
(v) Storage space for medication cart when appropriate; and
(vi) Space and electrical receptacle for refrigerator; or
(b) Permanently affixed satellite medication storage units with:
(i) Convenient access to a refrigerator and sink;
(ii) A work surface;
(iii) Sturdy construction; and
(iv) Positive latching locked doors; or
(c) Medication distribution carts, stored in locked room or continuously attended area;
(8) Provide soiled materials room separate from clean materials or utility rooms with:
(a) A clinic service sink, unless a soiled utility room is on the same nursing unit;
(b) Space for waste container, linen hampers, carts, and other large equipment; and
(c) A handwash sink or equivalent;
(9) Provide soiled utility room with:
(a) A double-compartment sink large enough to accommodate equipment to be cleaned;
(b) A three-foot long work surface which may be moveable;
(c) Storage cabinets sufficient to store cleaning supplies;
(d) A clinic service sink with bedpan flushing attachment; and
(e) Space for waste containers, linen hampers, and other large equipment;
(10) Provide nourishment facilities in a clean room with:
(a) A refrigerator;
(b) A work counter or space;
(c) A handwash sink;
(d) Storage for utensils and food stuffs;
(e) Space for a waste container; and
(f) A three-compartment sink if area will be used to wash dishes, glasses, or pitchers.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-550, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-550, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-105 (Order 009), § 248-18-711, filed 11/1/89, effective 12/2/89.]

WAC 246-318-560 Maintenance and mechanical facilities. Hospitals planning new construction of maintenance and mechanical facilities shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, hardware, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide boiler and/or mechanical equipment rooms with insulation, sound deadening and mechanical ventilation to minimize transfer of heat and noise to rooms occupied by patients and employees;

(3) Provide maintenance shop, if planned, located, and designed for easy delivery and removal of equipment and to minimize noise and dust to the rest of the hospital.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-560, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-560, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-705, filed 5/30/90, effective 6/30/90; Order 119, § 248-18-705, filed 5/23/75; Regulation 18.750, filed 1/25/62.]

WAC 246-318-570 Administrative facilities. Hospitals planning new construction of administrative facilities shall:

(1) Follow general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities meeting requirements in WAC 246-318-550(6) within or adjacent to the administrative facilities;

(3) Provide a lobby with:
(a) A waiting area;
(b) A conveniently located public toilet with handwash sink;
(c) A telephone; and
(d) An information desk or signage;
(4) Provide an admitting area with provision for auditory privacy during interviews;
(5) Provide administration offices;
(6) Provide a business office; and
(7) Provide a medical records area with:
(a) Active and inactive records storage; and
(b) Total space appropriate for the duration and type of storage planned.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-570, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-570, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-525, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-

18-525, filed 9/20/83; Order 119, § 248-18-525, filed 5/23/75; Regulation 18.550, filed 1/25/62.]

WAC 246-318-580 Receiving, storage and distribution facilities. A hospital planning new construction of receiving, storage, and distribution facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide clean supply storage facilities, in addition to the supply facilities in individual departments, with:

(a) At least twenty square feet floor area storage per bed;

(b) Office space;

(c) Off-floor storage when appropriate; and

(d) Accessible handwash sink;

(3) Locate bulk and general supply storage to:

(a) Avoid disturbance to the operation of the hospital; and

(b) Prevent contamination or damage of goods during movement to and from storage;

(4) Provide general storage constructed in accordance with WAC 246-318-540 (2)(h), and to prevent spoilage, contamination, and corrosion of goods stored therein including:

(a) Protection against inclement weather during transfer of supplies;

(b) Secured spaces with appropriate environmental conditions in accordance with federal and state laws and rules on supplies and drug storage if pharmaceuticals are stored; and

(c) Off-floor storage when appropriate;

(5) Provide receiving and unloading area or areas with administrative work space near receiving and break-out areas and located to:

(a) Provide protection for supplies; and

(b) Prevent vehicle exhaust from entering hospital;

(6) Include at least one break-out area for hospital with:

(a) Indoor space to allow for removal and disposal of outside shipping containers prior to storage or transport to clean areas;

(b) Physical separation from clean storage rooms; and

(c) No restriction of egress;

(7) Provide clean storage rooms designed and equipped for storage of all clean and sterilized items with:

(a) Space for shelving and/or cart storage; and

(b) Fixed storage units and shelving at least six inches above floor and located for easy cleaning;

(8) Provide separate room or rooms for flammable and combustible liquid storage in accordance with WAC 246-318-99902(8);

(9) Provide separate room or rooms for storage of laboratory chemicals in accordance with WAC 246-318-99902(9);

(10) Provide storage of gaseous oxidizing materials in accordance with WAC 246-318-99902(10) for materials including, but not limited to, oxygen, nitrous oxide, fluorine, and chlorine trifluoride with:

(a) Segregation either by space or in a separate room or separate building; and

(b) Nonflammable medical gas systems including oxygen, nitrous oxide, and medical compressed air meeting requirements in WAC 246-318-99902(4).

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-580, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-580, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-700, filed 2/15/85; Order 119, § 248-18-700, filed 5/23/75; Regulation 18.740, filed 1/25/62.]

WAC 246-318-590 Central sterilizing and processing service facilities. Hospitals planning new construction of central sterilizing and processing service facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities meeting requirements in WAC 246-318-550(6);

(3) Locate central sterilizing and processing service facilities to:

(a) Prevent through traffic;

(b) Avoid contamination of clean and sterile supplies and equipment;

(c) Prevent objectionable heat and noise in patient care areas; and

(d) Facilitate delivery and return of supplies and equipment to and from other services;

(4) Provide central sterilizing and processing service facilities with:

(a) Areas within the unit to provide for proper handling of supplies and equipment;

(b) Work flow designed to maintain separation of clean or sterile items from soiled or contaminated items;

(c) Staff facilities convenient to entrance of central processing/sterilizing facilities including:

(i) Toilet with handwash sink;

(ii) Shower room or area; and

(iii) Change and locker room with storage for clean work attire;

(d) Office room or area:

(i) With communication device; and

(ii) Located to permit access from public areas without entering processing areas;

(5) Locate soiled receiving and decontamination rooms with direct access to preclude transport of soiled or contaminated items through other areas of central processing service with:

(a) Facilities for receiving, disassembling, and cleaning of supplies and equipment physically separated from all other areas of central processing service; and

(b) Work flow from decontamination room directly into clean preparation room;

(6) Provide soiled receiving and decontamination room or rooms with:

(a) Space for soiled collection carts;

(b) An area with a floor drain connected to a sanitary sewerage system for cleaning and disinfecting carts and large equipment unless cart wash facilities are provided elsewhere;

(c) At least one double-compartment sink mounted in or integral with counter with soap dispenser and single-use hand drying device;

(d) Additional sinks or mechanical washers as required by types and volume of items to be processed;

(e) Work counter or equivalent space adjacent to each sink or mechanical washer for collection and separation of soiled or contaminated items and washed items; and

(f) Storage for cleaning supplies and equipment;

(7) Provide clean workroom, preparation and repackaging areas with:

(a) Space and facilities arranged for assembling and packing supplies and equipment for sterilization;

(b) Work surfaces of sufficient size and quantity for assembly of materials and equipment;

(c) Storage;

(d) Space for mobile equipment;

(e) Handwash sink located to prevent splash or spray on clean items; and

(f) A separate room to avoid accumulation and spread of lint, if preparation of linen is a function in central processing;

(8) Locate sterilizing equipment to facilitate movement of supplies/materials from assembling/packaging to storage of clean and sterile supplies with:

(a) Easy access for maintenance;

(b) Ventilation according to manufacturer;

(c) Unalterable air gap for drain and cross-connection control on all incoming water lines;

(d) Pressure sterilizers with recording thermometers and automatic controls; and

(e) If ethylene oxide sterilizer is installed, include:

(i) Mechanical aerator;

(ii) Ventilation in accordance with manufacturer's recommendations and chapter 296-62 WAC;

(iii) Separate storage room for ethylene oxide gas cylinder; and

(iv) Readily accessible emergency deluge shower with floor drain;

(9) Provide separate room or area for clean and sterile items including:

(a) Provisions for issuance without transport through areas of central processing and sterilizing service; and

(b) Enclosed shelves, cabinets, carts, or equivalent if storage is in the preparation area.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-590, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-590, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-680, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-034 (Order 281), § 248-18-680, filed 2/15/85; 83-19-058 (Order 269), § 248-18-680, filed 9/20/83; Order 119, § 248-18-680, filed 5/23/75; Regulation 18.700, filed 1/25/62.]

WAC 246-318-600 Environmental services facilities. Hospitals planning new construction of environmental services facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide a primary housekeeping area with:

(a) Storage area including:

(i) Racks, bins, shelves, or cabinets;

(ii) Storage for pesticides, cleaning compounds, and toxic substances, etc.; and

(iii) Space for mobile equipment;

(b) Cleanup area for large mobile equipment with:

(i) Appropriate sink and floor drain; and

(ii) Soap dispenser and single-use hand drying device;

(c) Waste handling facilities located to prevent objectionable traffic, smoke, and odors in other areas of the hospital including:

(i) Incineration facilities, if planned, and storage area with drain connected to sanitary sewer located in separate, well-ventilated room or outside, enclosed space; and

(ii) Can wash area, if provided, with floor drain connected to a sanitary sewerage system and hot and cold water.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-600, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-600, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-690, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-690, filed 9/20/83; Order 119, § 248-18-690, filed 5/23/75; Regulation 18.720, filed 1/25/62.]

WAC 246-318-610 Laundry facilities. Hospitals planning new construction of laundry facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities within or adjacent to the laundry facilities meeting requirements in WAC 246-318-550(6);

(3) Provide laundry facilities with:

(a) Adequate space for movement and storage of clean and soiled carts;

(b) Separate enclosed soiled linen processing room located to avoid through traffic including:

(i) Storage capacity for three days' accumulation of soiled linen;

(ii) Handwash sink in or directly adjacent to the room;

(iii) Floor drain;

(iv) Negative air pressure gradient with direction of air flow from clean side of room to dirty side of room;

(v) Convenient location for dispatch to vendor if commercial laundry service is used; and

(vi) The following additional provisions if laundry is done on site:

(A) Equipment capacity for processing full seven-days laundry in work week;

(B) Commercial washing machine;

(C) Storage; and

(D) Arrangement for uninterrupted work flow from soiled to clean function;

(4) Provide a separate enclosed clean linen room located to avoid through traffic and sources of moist or contaminated air with:

(a) Storage for reserve supply of linens, blankets, and pillows;

(b) Positive air pressure gradient;

(c) Commercial dryers;

(d) A folding area;

(e) A sewing area;

(f) A space for carts and/or shelves; and

(g) Dryer exhaust and make-up air.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-610, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-610, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-695, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-695, filed 9/20/83; Order 119, § 248-18-695, filed 5/23/75; Regulation 18.730, filed 1/25/62.]

WAC 246-318-620 Dietary facilities. Hospitals planning new construction of dietary facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities meeting requirements in WAC 246-318-550(6);

(3) Meet the food service sanitation requirements in chapter 246-215 WAC;

(4) Locate the dietary facility to facilitate:

(a) Delivery of stores;

(b) Disposal of kitchen waste; and

(c) Transport of food to nursing units;

(5) Provide the dietary facility with:

(a) Equipment and counters constructed for easy cleaning and free from inaccessible space which provides harborage for vermin including:

(i) Adequate space between equipment including casework and wall or floor to permit cleaning; and/or

(ii) Equipment tight against wall or floor and joint properly sealed;

(b) Adequate space for moving carts throughout the facility;

(c) Office space;

(d) Receiving area readily accessible to the refrigeration and food storage areas;

(e) At least one dry storage room located in or adjacent to the kitchen with:

(i) Access from an outside delivery entrance;

(ii) Proper construction, ventilation, and temperature to minimize spoilage;

(iii) Space for large containers and mobile equipment;

(iv) Food storage bottom shelves at least six inches above floor; and

(v) Storage units located and designed to allow for easy and regular cleaning of shelves, walls, and floors;

(6) Provide a refrigeration area in or adjacent to the kitchen with refrigeration units containing a minimum of three separate sections or boxes for:

(a) Meats and dairy products;

(b) Fruits and vegetables; and

(c) Prepared food;

(7) Locate kitchen to:

(a) Avoid food contamination from other hospital operations;

(b) Prevent unnecessary traffic through dietary department; and

(c) Prevent objectionable heat, noise, and odors to patient care areas;

(8) Provide kitchen with:

(a) Storage for clean dishes and utensils at least six inches above the floor;

(b) Floor drains;

(c) Space for garbage containers;

(d) Handwash sink convenient to each food preparation area;

(e) Raw or uncooked food, meat, fruit, vegetable preparation area including the following equipment:

(i) Two-compartment sink with indirect drainage and integral drainboard or counter; and

(ii) Work table or counter;

(f) Cooking area including the following equipment:

(i) Range;

(ii) Work table or counter;

(iii) Utensil and cookware storage;

(iv) Sink with indirect drainage; and

(v) Oven;

(g) Salad, sandwich, and dessert assembly area including the following equipment:

(i) Sink with indirect drainage and integral drainboard or counter;

(ii) Refrigerator;

(iii) Work table or counter; and

(iv) Storage cabinets;

(h) Patient tray preparation area with:

(i) Adequate space for mobile equipment such as food tray carts;

(ii) Serving equipment;

(iii) Closed or covered storage units for food containers, dishes, and trays;

(iv) Refrigerator and/or frozen food storage unit; and

(v) Beverage service equipment;

(i) Provision for bulk ice;

(9) Provide employee food service area, if planned, separate from, but convenient to the kitchen;

(10) Locate dining room, if planned, adjacent to employee food service area;

(11) Locate a dishwashing and utensil washing room or area to:

(a) Avoid traffic through other areas of the kitchen; and

(b) Permit unloading of tray carts and receiving of soiled dishes without obstructing traffic in corridors;

(12) Provide dishwashing and utensil washing area or room with:

(a) Two-compartment sink and dishwashing machine or three-compartment sink with integral drainboards or counters;

(b) Prerinse sink with garbage disposal unless dishwasher equipped for prerinse cycle;

(c) Floor drain;

(d) Separate counters for dirty and clean dishes;

(e) Space for garbage can; and

(f) Handwash sink;

(13) Provide garbage handling and storage facilities in a well ventilated room separate from and convenient to the kitchen or in an outside enclosed space with:

(a) Cleanable construction to prevent pest harborage; and

(b) Garbage can wash area with floor drain and hot and cold water;

(14) Provide dietary employees with adjacent facilities meeting requirements in WAC 246-318-550(2).

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-620, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-620, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-685, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-07-048 (Order 257), § 248-18-685, filed 3/18/83; Order 119, § 248-18-685, filed 5/23/75; Regulation 18.710, filed 1/25/62.]

WAC 246-318-630 Laboratory and pathology facilities. Hospitals planning new construction of laboratory and pathology facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide a clean-up room meeting requirements in WAC 246-318-550(5); and a housekeeping supply room meeting requirements in WAC 246-318-550(6). Housekeeping facilities may be shared if convenient to the laboratory facilities;

(3) Locate laboratory facility to avoid outpatient traffic through inpatient areas and provide with:

(a) Electrical service including emergency power to critical laboratory areas;

(b) Noise attenuation where applicable;

(c) Piped utility valves and waste line clean-outs accessible for repair and maintenance;

(d) Waiting area;

(e) Work areas for technical, clerical, and administrative staff, files, and storage;

(f) Staff facilities meeting requirements in WAC 246-318-550(2) convenient to the laboratory;

(g) Impermeable work counter or counters with sufficient height, depth, and length to accommodate equipment and procedures;

(h) Knee hole spaces at work stations where appropriate;

(i) Corrosion resistant sinks in testing areas and in accordance with program;

(j) Space for freestanding equipment;

(k) Storage;

(l) Clear aisle width suitable to function and to provide accessibility;

(m) Easily accessible emergency showers with drains and eye washers;

(n) Special drainage as appropriate for equipment and waste disposal;

(o) Blood drawing room or area separate from laboratory testing area including:

(i) Work counter;

(ii) Handwash sink; and

(iii) Space to accommodate wheelchair and infants; and

(p) Wheelchair accessible patient toilet with shelf or equivalent to accommodate specimen collection and handwash sink;

(4) Provide the following if laboratory services are planned:

(a) Specimen preparation area located in or adjacent to laboratory with equipment as required in subsection (3)(a), (e), (g), (i), (j), (k), and (l) of this section;

(b) Media preparation room or area meeting the ventilation requirements in WAC 246-318-540, Table 540-3;

(c) Reagent preparation area including equipment as required in subsection (3)(g), (h), (i), (j), and (k) of this section with:

(i) Space for vibration-free balance table unless available elsewhere in laboratory; and

(ii) Equipment for preparation of reagent water or outlet for piped reagent water prepared elsewhere;

(d) Microbiology area including:

(i) Separate enclosed room or an area located away from traffic flow; and

(ii) Equipment as required in subsection (3)(a), (e), (g), (i), (j), (k), and (l) of this section with the following additional provisions:

(A) Space for special gas cylinders with safety fasteners unless all gas is piped in; and

(B) For highly infectious materials (including but not limited to tubercle bacillus, virus, systemic mycology), an additional enclosed area with counters, sink, storage, and biological safety cabinet or laminar flow hood;

(e) Blood bank area including:

(i) Equipment as required in subsection (3) of this section; and

(ii) A blood bank refrigerator equipped with high and low temperature alarm which signals in staffed area;

(f) Chemistry area including equipment as required in subsection (3)(a), (b), (e), (i), (j), (k), (l), (m), and (n) of this section with the following additional provisions if applicable:

(i) Fume hood when any procedure produces dangerous, toxic, or noxious fumes;

(ii) Special equipment properly vented as per manufacturer's instructions (e.g., atomic absorption); and/or

(iii) Special gases piped in or space for special gas cylinders with safety fasteners;

(g) Cytology and/or histology in a separate area with:

(i) A staining area with forced air exhaust ventilation;

(ii) As necessary, a fume hood to exhaust tissue processing equipment;

(iii) Space for frozen section equipment as needed; and

(iv) Provisions for storing flammable materials used in the area;

(h) Hematology facility located and equipped as required in subsection (3) of this section;

(5) Locate a morgue facility, if planned, to accommodate transport of deceased via least used public corridor or corridors and provide refrigeration for body storage;

(6) Locate an autopsy room, if planned, adjacent to the morgue and provide with:

(a) An autopsy table with water supply, suction outlet, and appropriate drain;

(b) Space for dissection table or counter;

(c) A floor drain;

(d) A scrub sink;

(e) An instrument sterilizer unless provided elsewhere;

(f) A conveniently located changing room, toilet, handwash sink and shower; and

(g) Space for housekeeping equipment;

(7) Locate animal quarters, if planned, apart from laboratory and to avoid annoyance with provisions for:

(a) Food and supply storage;

(b) Handwash sink;

(c) Disposal of wastes and dead animals;

(d) Cleaning and sanitizing of quarters and cages; and

(e) Locked isolation of inoculated animals.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-630, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-630, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-660, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 87-23-056 (Order 2560), § 248-18-660, filed 11/18/87. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-660, filed 9/20/83; Order 119, § 248-18-660, filed 5/23/75; § 248-18-660, filed 10/3/67; Regulation 18.660, filed 1/25/62.]

WAC 246-318-640 Pharmacy. Hospitals planning new construction of a pharmacy shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities within or adjacent to the pharmacy meeting requirements in WAC 246-318-550(6);

(3) Locate pharmacy in a clean, separate, secure room with:

(a) Storage, including locked storage for Schedule II controlled substances in accordance with WAC 246-873-070 and 246-873-080;

(b) All entrances equipped with closers;

(c) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(d) All perimeter walls of the pharmacy and vault constructed full height from floor to underside of structure above;

(e) Security devices or alarm systems for perimeter windows and relites;

(f) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(g) Space for files and clerical functions;

(h) Break-out area separate from clean areas; and

(i) Electrical service including emergency power to critical pharmacy areas and equipment;

(4) Provide a general compounding and dispensing unit, room, or area with:

(a) A work counter with impermeable surface;

(b) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(c) Storage space;

(d) A refrigeration and freezing unit; and

(e) Space for mobile equipment;

(5) Provide manufacturing and unit dose packaging area or room, if planned, with the following:

(a) Work counter with impermeable surface;

(b) Corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter; and

(c) Storage space;

(6) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(a) A preparation area;

(b) A work counter with impermeable surface;

(c) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(d) Space for mobile equipment;

(e) Storage space;

(f) A laminar flow hood in admixture area; and

(g) Shielding and appropriate ventilation in accordance with WAC 246-318-540 (3)(m) for storage and preparation of radiopharmaceuticals;

(7) Satellite pharmacies, if planned, shall meet the requirements in: Subsections (1), (3)(a), (b), (c), (d), (e), and (f) of this section when drugs will be stored; subsection (3)(g), (h), and (i) of this section, if appropriate; and subsection (4)(a) through (e) of this section and subsection (6)(a) through (g) of this section if planned;

(8) Provide separate outpatient pharmacy, if planned, meeting requirements for satellite pharmacy including:

(a) Easy access;

(b) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and

(c) A private counseling area.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-640, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-640, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 83-13-067 (Order 262), § 248-18-670, filed 6/16/83; Order 119, § 248-18-670, filed 5/23/75; Regulation 18.680, filed 1/25/62.]

WAC 246-318-650 Radiology and other imaging facilities. Hospitals planning new construction of radiology and imaging facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage under WAC 246-318-540;

(2) Meet requirements in WAC 246-318-99902(11) and 402-28-032;

(3) Provide clean-up room meeting requirements in WAC 246-318-550(5); and housekeeping supply room meeting requirements in WAC 246-318-550(6);

(4) Locate radiographic room to minimize outpatient traffic through inpatient areas and facilitate transport of patients to and from other hospital services areas;

(5) Provide radiographic room with:

(a) Access for wheeled stretcher or bed movement;

(b) Control area;

(c) Grounding of table, tube stand and controls, and any associated electrical apparatus in accordance with WAC 246-318-99902(7); and

(d) A handwash sink adjacent to radiographic room or rooms;

(6) Provide a contrast preparation area including:

(a) A handwash sink with barium trap;

(b) A work counter; and

(c) Enclosed storage cabinets or movable enclosed storage cabinets;

(7) Provide a processing or dark room or equivalent which is light-tight including:

(a) A safe light that does not fog films;

(b) Developing tank with a thermostatic mixing valve, or automatic film processor with appropriate backflow protection;

(c) Film storage, shielded from stray radiation;

(d) Work counter;

(e) Sink, if dark room is provided; and

(f) Lighting for clean-up and maintenance purposes;

(8) Provide dressing area with rooms or booths for privacy including:

(a) Provision for clean and soiled linen storage in or near dressing rooms; and

(b) At least one booth or room designed to accommodate a wheelchair in or adjacent to the dressing area;

(9) Provide image viewing area with:

(a) Film illuminator or equivalent, for viewing at least two films; and

(b) Location to prevent public view of films;

(10) Provide waiting area with space for wheelchair patients, stretcher patients, and ambulatory patients;

(11) Provide toilet connected to or adjacent to radiographic room or rooms, with ratio of one toilet for every two radiographic rooms;

(12) Provide supply and equipment storage;

(13) Provide administrative facilities with:

(a) Office area, with provision for consultation; and

(b) An active film file area;

(14) Provide staff facilities separate or shared with other service areas meeting requirements in WAC 246-318-550(2);

(15) Provide fluoroscopy room, if planned, meeting requirements in subsection (5) of this section;

(16) Provide angiography room, if planned, meeting requirements in WAC 246-318-850(7);

(17) Provide cardiac laser, cardiac catheterization with angioplasty or valvuloplasty room, if planned, meeting requirements in WAC 246-318-850(8);

(18) Provide computerized tomography or computerized axial tomography (CT) room, if planned, with handwash sink and meeting manufacturer's specifications for installation and safety;

(19) Provide mammography room, if planned, with provisions for patient privacy;

(20) Provide magnetic resonance imaging (MRI) room, if planned, meeting manufacturer's specifications for installation and safety;

(21) Provide nuclear medicine room, if planned, meeting requirements in WAC 246-318-660;

(22) Provide other specialized rooms intended for invasive procedures meeting requirements in WAC 246-318-850(8).

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-650, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-650, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-109 (Order 008), § 248-18-656, filed 11/1/89, effective 12/2/89.]

WAC 246-318-660 Nuclear medicine facilities. Hospitals planning new construction of nuclear medicine facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities meeting requirements in WAC 246-318-550(6);

(3) Meet requirements in Radiation protection standards, chapter 246-221 WAC;

(4) Locate the facility to avoid outpatient traffic through inpatient areas with minimum exposure hazard to patients and personnel;

(5) Provide impermeable, readily decontaminated work surfaces and floors subject to spills of radioactive solutions;

(6) Provide radiochemistry lab with radiation shielding and other protective devices to facilitate safe storage and handling of nuclides and waste materials including:

(a) Separate work surfaces for patient dose and clinical specimen preparation;

(b) Fume hood, if appropriate, in accordance with WAC 246-318-540 (3)(m);

(c) Lockable nuclide storage;

(d) Equipment and supply storage;

(e) Corrosion-resistant sink suitable for handwashing; and

(f) Lockable storage for all radioactive materials, equipment and waste;

(7) Locate patient imaging room away from x-ray machines, and radioactive materials or shield the room and provide with:

(a) Administrative work surface at least ten feet away from imaging device;

(b) Conveniently located waiting area for dosed-patient use only;

(c) Space for examination bed, table, or equivalent;

(d) Work surface for scaler and detection equipment; and

(e) Storage;

(8) Provide toilet for dosed-patient use only meeting accessibility requirements in WAC 51-20-3100, with impermeable surfaces and handwash sink;

(9) Provide a private patient clothes changing room or area including a receptacle for potentially contaminated hospital clothing.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-660, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-660, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-665, filed 5/30/90, effective 6/30/90; Order 119, § 248-18-665, filed 5/23/75; Regulation 18.670, filed 1/25/62.]

WAC 246-318-670 Electrocardiography facilities. Hospitals planning new construction of electrocardiography facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities on or convenient to the electrocardiography facility meeting requirements in WAC 246-318-550(6);

(3) Locate electrocardiography facility outside laboratory testing areas in designated room or area, free from excessive noise and providing privacy for patients with:

(a) A minimum dimension of eight feet;

(b) A minimum area of eighty square feet;

(c) A minimum area of one hundred fifty square feet when a stress test facility is planned;

(d) Handwash sink;

(e) Space for electrocardiographic machine;

(f) Clothes hook or equivalent;

(g) Storage; and

(h) Space for soiled linen and garbage containers.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-670, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-670, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-662, filed 1/14/87.]

WAC 246-318-680 Electroencephalography facilities. Hospitals planning new construction of electroencephalography facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping facilities within or adjacent to the electroencephalography facility meeting the requirements in WAC 246-318-550(6);

(3) Locate electroencephalography facility outside laboratory testing areas in designated room or area, free from excessive noise and providing privacy for patients with:

(a) Noise attenuation materials in walls and ceilings;

(b) Minimum dimension of eight feet;

(c) Minimum area of one hundred square feet;

(d) Handwash sink;

(e) Clothes hook or equivalent;

(f) Administrative, clerical, or monitoring area located in separate room from testing area;

(g) Space for electroencephalography equipment;

(h) Storage; and

(i) Space for soiled linen and refuse receptacles.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-680, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-680, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 87-03-030 (Order 2464), § 248-18-663, filed 1/14/87.]

WAC 246-318-690 Nursing unit. Hospitals planning new construction of nursing units shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities on or adjacent to each unit meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment services;

(3) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area;

(4) Provide each nursing unit with:

(a) All rooms and areas of the unit on the same floor;

(b) Separate areas for each of the following clinical services:

(i) Beds for postpartum patients grouped together and located to avoid intermixing with beds for other types of patients;

(ii) When a separate pediatric unit is planned or when rooms with pediatric beds are located together or in close proximity to each other, in accordance with program and WAC 246-318-700 (4)(a), (b), (c);

(iii) When a separate psychiatric unit is planned, or when ten or more psychiatric beds are planned, a psychiatric unit shall be provided in accordance with WAC 246-318-820;

(iv) Segregated critical care patient beds where five or more beds are planned in accordance with WAC 246-318-740; and

(v) A separate long-term care unit where ten or more beds are planned in accordance with WAC 246-318-870;

(5) Provide the following on or adjacent to each unit:

(a) Ice facilities including:

(i) Bulk ice dispensing located in a clean room equipped with a fixed or mobile work surface; or

(ii) A self dispensing ice machine;

(b) One main nursing support station including:

(i) A writing surface;

(ii) Storage for patient charts;

(iii) A telephone; and

(iv) A nurse call annunciator;

(c) An office for the head nurse or nursing supervisor for units of twenty beds or more;

(d) Staff facilities meeting accessibility requirements in WAC 51-20-3100, including:

(i) A toilet with handwash sink; and

(ii) Storage for personal effects, apart from storage for patient care supplies and equipment;

(e) A room for confidential communication; and

(f) A waiting room or area, convenient to the unit;

(6) Provide the following on each unit:

(a) Patient rooms located:

(i) To prevent traffic through rooms;

(ii) To minimize entrance of odors, noise, and other nuisances; and

(iii) With direct access from corridor of nursing unit;

(b) Patient rooms designed with:

(i) A maximum capacity of four beds per room;

(ii) At least eighty square feet usable floor space per bed in multibed rooms;

(iii) At least one hundred square feet usable floor space in single-bed rooms;

(iv) Minimum width of eleven feet for multibed rooms;

(v) Beds arranged in multibed rooms with at least:

(A) Two feet from wall, except at head;

(B) Three feet apart; and

(C) Three feet eight inches clearance at foot of bed;

(vi) Handwash sink in each room or in adjoining private toilet for single patient rooms, optional in psychiatric patient rooms;

(vii) Cubicle curtains or equivalent to provide patient privacy in all multibed patient rooms arranged to provide patient access to toilet, handwash sink, wardrobe, and entry without interference to privacy of other patients; and

(viii) One full-length wardrobe, closet, or locker per bed for storage of personal effects;

(c) Patient bathing facilities including showers or tubs in the ratio of one bathing facility per eight beds or major fraction thereof. Beds having a bathing facility adjoining the patient room shall be excluded from the ratio;

(d) Patient toilets with bedpan flushing equipment adjoining each patient room; and

(e) Water closets in ratio of one per four beds or major fraction thereof;

(7) Provide at least one isolation room for airborne communicable disease within hospital with:

(a) Adjoining toilet, bedpan flushing equipment, and bathing facility;

(b) Handwash sink located in room near entry;

(c) Air changes and air pressure gradients in accordance with WAC 246-318-540 Table 540-3 and WAC 246-318-035 (4)(a)(i);

(d) Ultraviolet generator irradiation in rooms designated for isolation of tuberculosis patients in accordance with WAC 246-318-035 (4)(a)(ii); and

(e) Uncarpeted floors.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-690, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-690, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-530, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 43.20.050 and chapter 70.41 RCW. 81-22-014 (Order 216), § 248-18-530, filed 10/23/81; Order 119, § 248-18-530, filed 5/23/75; Regulation 18.560, § § 1, 2 and 3, filed 1/25/62.]

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

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(3) Provide support facilities located for convenient use by staff meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment facilities. Support facilities may be shared with other service areas when service is limited to sixteen patient beds or less in a combined-use area;

(4) Design the pediatric unit to meet requirements in WAC 246-318-210 and 246-318-690(6) except as follows:

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

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

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

(d) At least one isolation room shall be located in the pediatric area meeting requirements in WAC 246-318-690(7).

(5) Provide a pediatric nursing unit with:

(a) Nursing support station or equivalent meeting requirements in WAC 246-318-690 (5)(b);

(b) Ice facilities meeting requirements in WAC 246-318-690 (5)(a);

(c) Drinking fountain or equivalent;

(d) Staff facilities meeting requirements in WAC 246-318-690 (5)(d);

(e) Storage; and

(f) Treatment and examination room with minimum dimension of eight feet and at least eighty square feet exclusive of cabinets, sink, work counter desk, and vestibule, including:

(i) Handwash sink;

(ii) Work surface; and

(iii) Storage.

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

(7) Provide multipurpose room with:

(a) Space for playing and dining;

(b) Separate activity area for adolescents; and

(c) Construction minimizing sound transmission.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-700, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-700, filed 12/27/90,

effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-541, filed 11/1/89, effective 12/2/89.]

WAC 246-318-710 Emergency facilities. Hospitals planning new construction of emergency facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(5) clean-up room; WAC 246-318-550(6) housekeeping supply room; and WAC 246-318-550(7) medication distribution facility and provide storage for:

(a) Stretcher and wheelchair adjacent to emergency facility entrance;

(b) Mobile cart with emergency medical supplies and equipment, in a clean area, readily accessible from all rooms used for patient care or treatment;

(c) Portable x-ray equipment, if stored in emergency facility; and

(d) Other major portable or mobile equipment;

(3) Locate emergency patient entrance to emergency facilities including:

(a) Ready access at grade level to pedestrian, ambulance, and other vehicular traffic;

(b) Port-size to accommodate at least one vehicle twenty-two feet long, eleven feet high and eight feet wide designed to:

(i) Permit attendants to stand on same level as entrance when removing a stretcher from vehicle; and

(ii) Accommodate different levels of approach with ramps for pedestrian traffic;

(c) Protection of emergency patient and the interior of the emergency facility from weather when a patient is brought from an ambulance or other vehicle into the emergency facility;

(4) Locate a separate, segregated emergency facility to:

(a) Prevent traffic through emergency facilities to any other area of hospital; and

(b) Facilitate transfer of patients to other hospital service areas;

(5) Provide emergency facilities with:

(a) Emergency receiving/triage area close or adjacent to emergency entrance, and convenient to treatment rooms including decontamination area with shower and floor drain; and

(b) Registration area including:

(i) Office space or work space for registration, located to control access to emergency facility patient care areas; and

(ii) A communication device;

(c) Waiting area and public telephone located outside the main traffic flow in emergency department;

(d) Police, press, and ambulance attendant room, if planned, located outside the main traffic flow of emergency department;

(e) Writing surface for nurses and physicians;

(f) Cubicle curtains or equivalent means for providing patient privacy in examination, treatment, or observation rooms;

(g) At least one patient toilet meeting accessibility requirements in WAC 51-20-3100, convenient to examination and treatment rooms and located so patients receiving treatment have access to a toilet without entering a public corridor;

(h) Sink with plaster trap; and

(i) Public toilet meeting accessibility requirements in WAC 51-20-3100;

(6) Provide at least one major treatment or trauma room with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least four feet wide at both sides and both ends of each treatment table or cart; and

(ii) Clear eight feet wide space between treatment tables or carts;

(b) Storage for clean and sterile supplies and small equipment;

(c) Storage for drugs in accordance with WAC 246-318-550(7);

(d) Clean work surface for assembly and preparation of clean and sterile supplies and equipment for use;

(e) A sink mounted in, integral with, or adjacent to clean work surface;

(f) A scrub sink equipped with foot operated soap dispenser and brush dispenser or equivalent located as follows:

(i) Eight feet away from or with a physical barrier separating it from clean work surface, clean and sterile supply storage, equipment and drugs, if within the room; or

(ii) Outside and adjacent to the room;

(g) Soiled work surface for collection of contaminated supplies and equipment;

(h) Ceiling mounted treatment light for each treatment space;

(i) Film illuminator or equivalent;

(j) Outlet for mobile x-ray machine;

(k) Clock with sweep second hand or equivalent within view of each treatment space;

(l) Storage space for major medical equipment; and

(m) Space for linen hampers and waste containers;

(7) Provide minor treatment and examination room, if planned, with:

(a) Dimensions and arrangement to provide:

(i) Clear space at least three feet at each side and end of each treatment table or cart;

(ii) Clear six feet wide space between treatment tables or carts; and

(iii) At least six feet eight inches by two feet six inches of floor space per treatment table;

(b) Handwash sink;

(c) Clean work surface;

(d) Storage for supplies and equipment;

(e) Examination light;

(f) Readily accessible film illuminator or equivalent; and

(g) Space for linen hampers and waste containers convenient to all treatment rooms;

(8) Provide observation room, if planned, located convenient to nursing support station with:

(a) Minimum dimension of ten feet and at least one hundred square feet in one-bed rooms;

(b) Each multiple-bed room designed to provide:

(i) At least four feet wide space between side of each bed or cart and any wall, other bed, or fixed equipment (e.g., cabinet, sink, closet); and

(ii) At least four feet wide space between foot end of any bed and any wall or fixed equipment;

(c) Handwash sink in each room; and

(d) Storage for each patient's personal effects;

(9) Provide room for severely disturbed patients, if planned, with room details, doors, hardware, windows, and screens designed and constructed for patient safety.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-710, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-710, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-645, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-645, filed 9/20/83; Order 119, § 248-18-645, filed 5/23/75; Order 106, § 248-18-645, filed 1/13/75; Regulation 18.630, filed 1/25/62.]

WAC 246-318-720 Surgery suite. Hospitals planning new construction of surgery facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; and WAC 246-318-550(7) medication distribution facility, including the following:

(a) Clean-up room in accordance with WAC 246-318-550(5) with a sink and plaster trap;

(b) Storage facilities for:

(i) Instruments;

(ii) Blood refrigeration, if blood is stored;

(iii) Solutions; and

(iv) Mobile x-ray;

(c) Anesthesia work room with:

(i) Adequate space for storing anesthesia machines, carts, supplies, and medications;

(ii) A two-compartment sink with counter space to separate clean and soiled functions; and

(iii) A writing desk or counter;

(3) Locate a separate segregated surgery suite to:

(a) Prevent traffic through surgery suite to any other area of the hospital; and

(b) Facilitate transfer of patients to recovery/post anesthesia care unit and surgical nursing units;

(4) Provide surgery suite with:

(a) A scrub-up area including:

(i) Direct access to each operating room;

(ii) A minimum of two scrub sinks per operating room or at least three scrub sinks for every two operating rooms;

(iii) Soap dispenser with foot control or equivalent;

(iv) Brush dispenser or equivalent;

(v) Shelf;

(vi) Single service towel dispenser or equivalent; and

(vii) Clock with sweep second hand or equivalent within view from scrub sinks;

(b) Sterilizing facilities located for maintenance accessibility including:

(i) One sterilizer for every three operating rooms; and

(ii) High speed sterilizers with recording thermometers and automatic controls of sufficient capacity to accommodate supplies and equipment if sterilized in suite;

(c) Separate patient preoperative area, if planned, located for direct observation of each patient including:

(i) Room or alcove out of traffic; and

(ii) Provision for toilet, handwash sink, work counters, and cubicle curtains or equivalent, if surgical preps and inductions are done;

(d) A solution warmer; and

(e) A blanket warmer;

(5) Provide at least one major operating room with:

(a) Minimum dimension of eighteen feet;

(b) Minimum clear area of three hundred sixty square feet exclusive of fixed and movable cabinets and shelves;

(c) A ceiling mounted surgery light;

(d) Film illuminators or equivalent for viewing at least two films;

(e) A clock with sweep second hand or equivalent and interval timer;

(f) Storage for surgical supplies; and

(g) Additional space and equipment in accordance with WAC 246-318-221 (4)(a)(i) through (v) if obstetrical deliveries are done;

(6) Provide minor operating procedure room, if planned, with:

(a) Minimum dimension of fifteen feet;

(b) Minimum clear area of two hundred seventy square feet, exclusive of fixed and movable cabinets and shelves;

(c) A ceiling mounted surgery light or equivalent;

(d) A film illuminator or equivalent;

(e) A clock with sweep second hand or equivalent; and

(f) Storage for surgical supplies;

(7) Locate administrative area to permit coordination of functions among operating rooms and control access to surgery facilities with:

(a) Telephone;

(b) Annunciator for emergency signaling device unless located in alternate location from which additional assistance is always available;

(c) Supervisor's office;

(d) Room convenient to the surgery suite for confidential communication; and

(e) File storage;

(8) Provide staff facilities with:

(a) Locker rooms located within the surgery suite, with direct access to the restricted corridor, including:

(i) Storage for personal effects;

(ii) A clothing change area or room;

(iii) A toilet and handwash sink;

(iv) Storage space for scrub clothing; and

(v) Space for collection receptacles for soiled scrub clothing;

(b) A lounge within the surgery suite;

(9) Include a recovery/post anesthesia care unit in accordance with WAC 246-318-730.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-720, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-720, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-565, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-565, filed 11/13/85. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-565, filed 9/20/83; Order 119, § 248-18-565, filed 5/23/75; Order 107, § 248-18-565, filed 1/13/75; Regulation 18.590, § 1, filed 1/25/62.]

WAC 246-318-730 Recovery/post anesthesia care unit (PACU). Hospitals planning new construction of recovery/post anesthesia facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room. Service facilities may be shared, if clean and soiled utilities and medication storage is directly accessible to surgery;

(3) Locate recovery/post anesthesia care unit area or rooms adjacent to the surgery suite, avoiding through traffic;

(4) Provide patient care area with:

(a) At least eighty square feet per patient;

(b) Cubicle curtains or equivalent;

(c) A handwash sink located convenient to every six patient stations or major fraction;

(d) Storage, shelves, drawers, or equivalent and charting surface at each patient station;

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

(f) Isolation room, if planned, with:

(i) One hundred twenty square feet;

(ii) A handwash sink;

(iii) A clock;

(iv) A charting surface; and

(v) A clinic service sink or water closet with bedpan rinsing/flushing attachment adjoining room;

(5) Provide storage for supplies and equipment;

(6) Provide nursing support station with:

(a) A telephone;

(b) A writing surface; and

(c) Storage;

(7) Provide easily accessible staff toilet with handwash sink.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-730, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-730, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-560, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-560, filed 11/13/85. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-560, filed 9/20/83; Order 119, § 248-18-560, filed 5/23/75; Regulation 18.580, filed 1/25/62.]

WAC 246-318-740 Critical care facilities. Hospitals planning new construction of critical care facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540.

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment facilities with provision for bulk ice. Support facilities may be shared if:

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

(b) The support facilities:

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

(ii) Provide sufficient space for critical care functions.

(3) Provide a critical care facility with:

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

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

(c) A staff toilet;

(d) Charting areas; and

(e) Storage.

(4) Provide patient rooms with:

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

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

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

(d) Spacing of at least:

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

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

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

(e) Equipment as follows:

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

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

(iii) One handwash sink per room; and

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

(f) Uncarpeted floors.

(5) Provide nursing support station or equivalent with:

(a) Location to provide direct visibility of each patient or a mirror system or television for viewing patients;

(b) Space for patient monitoring equipment including:

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

(ii) Rate meter; and

(iii) Recorder;

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

(d) Charting surface or equivalent; and

(e) Combined use or sharing permitted if:

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

(ii) The nursing support station or equivalentis located in close proximity to the beds and provides sufficient space for critical care functions.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-740, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-740, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-740, filed 11/30/90, effective 12/31/90.]

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

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540.

(3) Provide support facilities located for convenient use by staff meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room. Support facilities may be shared with other areas;

(4) Provide a labor room meeting requirements in WAC 246-318-690 (6)(a) and (b) with:

(a) Identification and location accommodating requirements in WAC 246-318-220(3); and

(b) A maximum capacity of two beds.

(5) Provide toilet and bathing facilities meeting requirements in WAC 246-318-690 (6)(c), (d), and (e).

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-750, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-750, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-606, filed 11/1/89, effective 12/2/89.]

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

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage meeting requirements in WAC 246-318-540.

(3) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(9) soiled utility room.

(4) Design delivery room or surgery room for obstetrical services meeting the requirements in WAC 246-318-220 and provide:

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

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

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

(d) Minimum dimension of eighteen feet; and

(e) Delivery room light.

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

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

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

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

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

(e) A towel dispenser or equivalent.

(6) Provide sterilizing facilities within the delivery service area and meeting requirements in WAC 246-318-590(8), or in central sterilizing and processing service facilities meeting requirements in WAC 246-318-590.

(7) Provide anesthesia storage or anesthesia workroom meeting requirements in WAC 246-318-720 (2)(c).

(8) Provide staff facilities meeting requirements in WAC 246-318-720(8).

(9) Include a recovery/post anesthesia care unit in accordance with WAC 246-318-730.

(10) Provide storage for supplies and equipment.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-760, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-760, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-601, filed 11/1/89, effective 12/2/89.]

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

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage,

ventilation/air conditioning, and signage in WAC 246-318-540;

(3) Provide support facilities located for convenient use by staff meeting requirements in WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment facility. Support facilities may be shared with other areas;

(4) Design each birthing room meeting the requirements in WAC 246-318-220(4) and provide:

(a) Area and dimensions with a minimum usable floor space excluding lavatory, wardrobe, or closet, fixed or movable cabinets, storage facilities, and entry vestibules as follows:

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

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

(b) A handwash sink in the room meeting requirements in WAC 246-318-540;

(c) Privacy curtains or equivalent; and

(d) One full-length wardrobe, closet, or locker for storage of personal effects.

(5) Provide toilet and bathing facilities meeting requirements in WAC 246-318-690 (6)(c) and (d) and with:

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

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

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

(6) Provide nursing support station or equivalent meeting requirements in WAC 246-318-690 (5)(b).

(7) Provide staff facilities meeting requirements in WAC 246-318-070.

(8) Provide storage for supplies and equipment.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-770, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-770, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-608, filed 11/1/89, effective 12/2/89.]

WAC 246-318-780 Obstetrical recovery unit. Hospitals planning new construction of an obstetrical recovery unit shall meet the requirements in WAC 246-318-730.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-780, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-780, filed 12/27/90, effective 1/31/91; Order 119, § 248-18-610, filed 5/23/75; Order 107, § 248-18-610, filed 1/13/75; Regulation 18.600, § 13, filed 1/25/62.]

WAC 246-318-790 Newborn nursery facilities. Hospitals planning new construction of newborn nursery facilities shall:

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(3) Provide support facilities convenient to nursery room meeting requirements in WAC 246-318-550(4) clean utility room with additional provision of refrigerator for infant feedings; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(9) soiled utility room. Support facilities may be shared with other nursery areas;

(4) Meet the requirements in WAC 246-318-220 (6) and (7);

(5) Provide nursery rooms with:

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

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

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

(d) At least three feet between bassinets;

(e) A handwash sink meeting the requirements in WAC 246-318-540 (4)(f) and (7)(b), (e), and (f) and located at every entrance to each nursery room, with a ratio of one lavatory for every twelve bassinets or major fraction;

(f) A liquid detergent dispenser with foot control;

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

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

(i) Minimum seventy foot candles; and

(ii) Maximum one hundred foot candles.

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

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

(i) A writing desk or counter;

(ii) A chart rack; and

(iii) Use of telephone.

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

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

(b) Liquid detergent dispenser with foot control;

(c) Storage for linen and equipment; and

(d) Provision for hanging outer garments.

(7) Provide staff facilities meeting the requirements in WAC 246-318-070 which may be shared with other service areas;

(8) Provide storage room for supplies and equipment.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-790, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-790, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-616, filed 11/1/89, effective 12/2/89.]

WAC 246-318-799 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-318-800 Intermediate care nursery and neonatal intensive care nursery. Hospitals planning new

construction of intermediate care nurseries and neonatal intensive care nurseries shall:

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

(2) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(3) Provide support facilities convenient to nursery room meeting requirements in WAC 246-318-550(4) clean utility room with additional provision of refrigerator for infant feedings; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(9) soiled utility room. Support facilities may be shared with other nursery areas;

(4) Meet the requirements in WAC 246-318-220 (6) and (7);

(5) Meet the requirements in WAC 246-318-230(2) for intermediate care nurseries;

(6) Meet the requirements in WAC 246-318-230(3) for neonatal intensive care nurseries;

(7) Meet all requirements in WAC 246-318-790 with additions as follows:

(a) Provide nursery rooms with film illuminators or equivalent to view a minimum of two x-ray films which may be shared between intermediate and neonatal intensive care nurseries; and

(b) Provide infant stations with:

(i) Minimal usable floor area exclusive of aisles with:

(A) Fifty square feet in intermediate care nursery; and

(B) Eighty square feet in neonatal intensive care nursery.

(ii) Space to accommodate monitors;

(iii) Work counter with provisions for a writing area; and

(iv) Closed storage for individual supplies and equipment.

(8) Provide scrub area including:

(a) A scrub sink for every eight infant stations or a major fraction thereof, with no less than two sinks;

(b) Germicidal dispenser, hand brush, sponge dispenser or equivalent, located at each scrub sink; and

(c) Clean storage for clean gowns, masks, nail cleaners, and shoe covers.

(9) Provide isolation room if planned, meeting the requirements in subsection (7)(b)(i), (ii), (iii), and (iv) of this section;

(10) Provide parent privacy room with education facilities and cubicle curtains or equivalent for complete visual privacy;

(11) Provide conference or counseling room convenient to intermediate care and neonatal intensive care nursery rooms;

(12) Provide nursing support station or equivalent meeting the requirements in WAC 246-318-690 (5)(b);

(13) Provide staff facilities meeting the requirements in WAC 246-318-070 which may be shared with other service areas; and

(14) Provide storage room for supplies and equipment.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-800, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-800, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 89-22-106 (Order 010), § 248-18-637, filed 11/1/89, effective 12/2/89.]

WAC 246-318-810 Alcoholism and substance abuse nursing unit. Hospitals planning new construction of alcoholism and substance abuse nursing facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room;

(3) Locate each nursing unit to avoid through traffic to any service, diagnostic, treatment, or administrative area and to control access;

(4) Provide the unit with:

(a) Patient rooms, toilet rooms, bathing facilities, nursing support station or equivalent, and nourishment facilities as required in WAC 246-318-690;

(b) Examination and treatment room available including:

(i) Minimum dimension of eight feet;

(ii) At least eighty square feet useable floor space exclusive of cabinets, sink, work counter, desk, and vestibule;

(iii) Handwash sink;

(iv) Work surface; and

(v) Storage cabinet;

(c) Social facilities including:

(i) At least two separate rooms or one room with partition to accommodate two separate functions simultaneously; and

(ii) At least four hundred square feet for unit of ten beds or less. Add twenty square feet per bed for each additional bed;

(d) Offices for staff;

(e) Interview and counseling rooms for patient confidentiality and privacy;

(f) Facilities for patients to launder personal belongings; and

(g) Provide detoxification area, if planned, with patient rooms equipped with oxygen and suction outlets at each bed.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-810, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-810, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030 and 43.20.050. 84-22-003 (Order 277), § 248-18-532, filed 10/26/84.]

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

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540, with:

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

(i) Meeting requirements in WAC 246-318-540 (l)(i); and

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

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

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

(d) Design to prevent opportunity for suicide.

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment facilities with provision for bulk ice. All doors for housekeeping, medications, storage, and utility rooms shall be equipped with locks.

(3) Provide psychiatric facilities including:

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

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

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

(ii) Minimum dimension of eight feet; and

(iii) The following equipment:

(A) Medical emergency signal devices;

(B) A handwash sink;

(C) A clock with sweep second hand or equivalent;

(D) An oxygen outlet;

(E) A suction outlet;

(F) A work surface; and

(G) A storage cabinet.

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

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

(e) A staff toilet available on the unit.

(f) Patient bathing facilities with:

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

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

(g) Administrative facilities with:

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

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

(iii) Conference room for confidential communications on or adjacent to the unit.

(h) Waiting area adjacent to the unit;

(i) A wheelchair-accessible:

(i) Water fountain; and

(ii) Public telephone.

(j) Patient laundry facility with:

(i) A handwash sink;

(ii) Clothes washer;

(iii) Clothes dryer;

(iv) Lockable storage facilities; and

(v) Counter.

(4) Provide patient rooms including:

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

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

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

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

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

(d) The following equipment:

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

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

(5) Provide a nursing support station or equivalent with:

(a) A writing surface;

(b) Storage for patient charts and supplies;

(c) A telephone; and

(d) A clock.

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

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

(b) Maximum capacity of one patient;

(c) Doors to open outward;

(d) Minimum space of eighty square feet;

(e) Minimum dimension of eight feet;

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

(g) A provision for staff to see the occupant at all times.

(7) Provide suitably equipped areas which may be for multipurpose use including areas for:

(a) Dining;

(b) Occupational and recreational therapies;

(c) Day room;

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

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

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

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

(b) Minimum dimension of twelve feet; and

(c) The following equipment:

(i) Emergency call;

(ii) Handwash sink;

(iii) Treatment light;

(iv) Storage for supplies and equipment;

(v) Robe hook and shelf;

(vi) Space and electrical receptacles for ECT machine;

(vii) Oxygen and suction outlet;

(viii) Stretcher or treatment table or equivalent;

(ix) Space for emergency medical supplies and equipment;

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

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

(xii) Clock with sweep second hand or equivalent.

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

(a) Location near ECT treatment room;

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

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

(d) Provisions for equipment, space, and functions required in WAC 246-318-310.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-820, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-820, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-23-012 (Order 113), § 248-18-536, filed 11/13/90, effective 12/14/90.]

WAC 246-318-830 Rehabilitation facilities. Hospitals planning new construction of rehabilitation facilities such as rehabilitation nursing units, physical therapy, occupational therapy, speech therapy, therapeutic recreation shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping supply room meeting requirements in WAC 246-318-550(6);

(3) Locate rehabilitation facilities for easy access by patients, avoiding outpatient traffic through inpatient areas meeting accessibility requirements in WAC 51-20-3100;

(4) Meet the requirements in WAC 246-318-870 for an inpatient rehabilitation nursing unit and provide:

(a) Day/dining, recreation, activity room or rooms totaling at least four hundred square feet for units of twenty beds and twenty square feet for each additional bed, with windows;

(b) Space and privacy for interviewing, group, family, and individual counseling; and

(c) Facilities for patients to launder personal belongings;

(5) Provide outpatient rehabilitation facilities, if planned, with:

(a) Patient toilet and shower facilities meeting accessibility requirements in WAC 51-20-3100 including changing area, lockers, or other suitable clothing storage in or near treatment areas;

(b) Reception and waiting area in or convenient to the facility;

(c) Office and work space with communication device for staff;

(d) Public toilet convenient to the facility and meeting accessibility requirements in WAC 51-20-3100;

(e) Staff facilities on or convenient to the facility meeting requirements in WAC 246-318-550(2) and 51-20-3100; and

(ii) Storage for personal belongings;

(f) Ready access to emergency medical equipment;

(6) Provide physical therapy facilities, if planned, with:

(a) General treatment area including:

(i) Private areas large enough for therapist to access both sides of work station;

(ii) Arrangement to permit easy access for wheelchair or stretcher patients;

(iii) Therapy area of at least thirty-six square feet usable floor area per patient in therapy at any one time; and

(iv) Provision for patient privacy;

(b) Handwash sink in or convenient to treatment areas;

(c) Storage for hot packs and equipment;

(d) Refrigeration for cold packs; and

(e) Area for physical activities and equipment;

(7) Provide occupational therapy facilities, if planned, with:

(a) Therapy areas of at least thirty-six square feet useable floor area per patient in therapy at any one time, divided and equipped for diversified work; and

(b) Handwash sink with plaster trap;

(8) Provide pools, spas, and tubs which remain filled between patients, if planned, meeting requirements in chapter 246-260 WAC;

(9) Provide therapeutic recreation facilities, if planned, with:

(a) Individual therapy areas divided and planned for diversified work; and

(b) Handwash sink with plaster trap;

(10) Provide speech therapy facilities, if planned, with a quiet room of at least forty-eight square feet.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-830, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-830, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-675, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-675, filed 9/20/83; Order 119, § 248-18-675, filed 5/23/75; Regulation 18.690, filed 1/25/62.]

WAC 246-318-840 Outpatient care facilities. Hospitals planning new construction of facilities for outpatient care shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide housekeeping supply room meeting the requirements in WAC 246-318-550(6);

(3) Provide for the following:

(a) Easy access for outpatients with minimal traffic through inpatient areas;

(b) Conveniently located waiting room;

(c) Patient toilet with handwash sink meeting accessibility requirements in WAC 51-20-3100;

(d) Administrative facilities including:

(i) Registration area or room;

(ii) Work surface or desk;

(iii) Telephone;

(iv) Clock;

(v) Storage space; and

(vi) Room for confidential communication, convenient to the unit;

(4) Provide facilities meeting the requirements in WAC 246-318-850 and subsection (6) of this section if special procedures are planned;

(5) Provide outpatient surgery facilities, if planned, with:

(a) Room or rooms for preoperative and predischarge functions with access to service facilities meeting the requirements in WAC 246-318-550(3) clean material room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and

(b) Convenient access to main hospital operating room or provide separate operating room meeting requirements in WAC 246-318-720;

(6) Provide outpatient exam or treatment facilities, if planned, with:

(a) Direct accessibility from the corridor;

(b) Service facilities meeting the requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and

(c) Single bed rooms of at least one hundred square feet or multibed room with at least eighty square feet per patient, including:

(i) Cubicle curtains or equivalent for each patient in multibed rooms;

(ii) Closet, locker, or equivalent for each patient;

(iii) Handwash sink, one for every six patients in multibed rooms;

(iv) Toilet with handwash sink meeting accessibility requirements in WAC 51-20-3100; and

(v) Clock;

(d) Exam or treatment rooms including:

(i) Minimum eight feet dimension with eighty square feet of usable floor space;

(ii) Handwash sink;

(iii) Examination table;

(iv) Examination light or equivalent;

(v) Storage for supplies and equipment;

(vi) Film illuminator or equivalent conveniently available; and

(vii) Coat hook or equivalent;

(e) Nursing support station with:

(i) Nurse call annunciator;

(ii) Telephone;

(iii) Writing surface; and

(iv) Storage.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-840, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-840, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-568, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 85-23-017 (Order 2302), § 248-18-568, filed 11/13/85.]

WAC 246-318-850 Special procedure facilities. Hospitals planning new construction of special procedure rooms shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide convenient and easily accessible support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room;

(3) Locate special procedure rooms for easy access by patients and convenient to waiting area;

(4) Meet requirements in WAC 246-318-650 (3) and (5) through (19) when imaging procedures are done in special procedure rooms which are not located in the radiology facilities;

(5) Provide endoscopy room, if planned, with:

(a) Minimum fifteen feet room dimension when x-ray equipment is planned for endoscopic procedures; or

(b) Minimum twelve feet room dimension for routine endoscopic procedures;

(c) Handwash sink;

(d) Ceiling mounted surgery light or equivalent;

(e) Film illuminator;

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

(g) Supply and equipment storage; and

(h) Adjacent toilet with handwash sink;

(6) Provide laser room, if planned, with:

(a) Handwash sink, unless laser room is in the operating room;

(b) Clock with sweep second hand and interval timer, unless laser room is in operating room;

(c) Prominently displayed warning sign at entrance;

(d) If equipped, viewing windows to provide protection in accordance with manufacturer of laser in use;

(e) Supply and equipment storage;

(f) Provision for exhaust in accordance with manufacturer of laser in use;

(g) If watercooled laser is to be used, provide water supply line equipped with vacuum breaker and unalterable air gap for drain; and

(h) Minimally reflective finishes;

(7) Provide angiography room, if planned, with:

(a) Minimum fifteen feet room dimension;

(b) Two scrub sinks;

(c) Work counter;

(d) Supply and equipment storage;

(e) Exam light; and

(f) Clock with sweep second hand and interval timer;

(8) Provide cardiac laser, cardiac cath, angioplasty, valvuplasty, or other special procedure room, if planned, with:

(a) Minimum twenty feet room dimension;

(b) Two scrub sinks;

(c) Work counter;

(d) Supply and equipment storage;

(e) Exam light; and

(f) Clock with sweep second hand and interval timer;

(9) Provide lithotripsy room, if planned, with:

(a) Minimum fifteen feet room dimension;

(b) Handwash sink, unless lithotripsy device is in operating room;

(c) Work counter;

(d) Supply and equipment storage; and

(e) Clock with sweep second hand and interval timer, unless lithotripsy is done in operating room.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-850, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-850, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-650, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030 and 43.20.050. 83-19-058 (Order 269), § 248-18-650, filed 9/20/83; Order 119, § 248-18-650, filed 5/23/75; Regulation 18.640, filed 1/25/62.]

WAC 246-318-860 Dialysis facilities. Hospitals planning new construction of dialysis facilities shall:

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540 with:

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

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

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

(ii) Exhausting directly to outdoors;

(c) Plumbing for each dialysis station providing:

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

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

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

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

(d) Electrical services providing:

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

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

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

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

(2) Provide support facilities meeting the requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; and WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room. Support facilities may be shared with any immediately adjacent facility and includes:

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

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

(c) Cleanup room for dialysis equipment meeting requirements in WAC 246-318-550 (5)(b), (c), and (d) with eyewash equipment located within the dialysis facility.

(3) Provide a dialysis facility with:

(a) Location to avoid through traffic;

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

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

(d) A medical emergency signal device;

(e) A patient waiting area;

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

(g) Patient preparation areas adjacent to dialysis stations with provisions for:

(i) Privacy;

(ii) Handwashing; and

(iii) Storage;

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

(i) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and

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

(4) Provide dialysis stations including:

(a) Minimum square feet per dialysis station of:

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

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

(b) A handwash sink adjacent to each dialysis station; and

(c) A patient nurse call.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-860, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-860, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-860, filed 11/30/90, effective 12/31/90.]

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

(1) Follow the general design requirements for architectural components, electrical service, lighting, call systems, hardware, interior finishes, heating, plumbing, sewerage, ventilation/air conditioning, and signage in WAC 246-318-540;

(2) Provide support facilities meeting requirements in WAC 246-318-550(3) clean materials room; or WAC 246-318-550(4) clean utility room; WAC 246-318-550(6) housekeeping supply room; WAC 246-318-550(7) medication distribution facility; WAC 246-318-550(8) soiled materials room; or WAC 246-318-550(9) soiled utility room; and WAC 246-318-550(10) nourishment facilities with provision for bulk ice, including:

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

(b) Controlled access locks on medication rooms;

(c) Linen storage in a clean room; and

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

(3) Provide long-term care facilities with:

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

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

(c) Wheelchair accessible patient toilets including:

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

(ii) Bedpan flushing equipment;

(iii) Accessibility from each patient room;

(iv) A handwash sink in each toilet; and

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

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

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

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

(ii) With ends returned to the walls; and

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

(f) Patient bathing facilities including:

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

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

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

(A) For ease of shower chair entry;

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

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

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

(g) Grab bars including:

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

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

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

(h) Waiting room or area;

(4) Provide patient rooms with:

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

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

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

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

(c) Minimum dimensions of:

(i) Eleven feet for multibed rooms; and

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

(d) Space for wheelchair storage;

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

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

(g) A handwash sink in each multibed room;

(5) Provide a nursing support station or equivalent including:

(a) Charting surface;

(b) Confidential storage for patients' medical records;

(c) Storage for charting supplies;

(d) Clock; and

(e) Telephone;

(6) Provide staff facilities including:

(a) Toilet;

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

(c) Office for confidential management and staff communications; and

(d) Conference room for confidential staff and family communication;

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

(a) Dining room;

(b) Recreational activity; and

(c) Dayroom with windows;

(8) Provide occupational therapy and physical therapy facilities as described in WAC 246-318-830 either in the long-term care unit or elsewhere in the hospital;

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

(a) Corridors with the following minimum widths:

(i) Ten feet;

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

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

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

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

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

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

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

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

(ii) Ambulation area with:

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

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

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

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-870, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-870, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.41.030. 90-24-044 (Order 115), § 248-318-870, filed 11/30/90, effective 12/31/90.]

WAC 246-318-99902 Appendix B—Dates of documents adopted by reference in chapter 246-318 WAC. (1) National Fire Protection Association (NFPA), 99, Chapter 12, 1990. Required.

(2) American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE) Handbook - five volumes: 1987 HVAC Systems and Applications; 1988 Equipment; 1989 Fundamentals; 1990 Refrigeration and 1991 HVAC Applications. Recommended.

(3) Uniform Plumbing Code, 1991 edition, hereafter amended by the state of Washington. Required.

(4) National Fire Protection Association (NFPA), 99, Chapter 4, 1990. Required.

(5) National Fire Protection Association (NFPA), 90A-1989. Required.

(6) Uniform Mechanical Code, 1991 edition, hereafter amended by the state of Washington. Required.

(7) National Fire Protection Association (NFPA) 70-1990. Required.

(8) Uniform Fire Code, Article 79, 1991 edition. Required.

(9) National Fire Protection Association (NFPA) 99, Chapter 7, 1990. Required.

(10) National Fire Protection Association (NFPA) 43C-1986. Required.

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

(12) Uniform Building Code, 1991 edition, hereafter amended by the state of Washington. Required.

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

(14) National Fire Protection Association (NFPA), 101, 1988 edition. Required.

[Statutory Authority: RCW 70.41.030. 93-07-011 (Order 338), § 246-318-99902, filed 3/5/93, effective 4/5/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-318-99902, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.41 RCW. 90-12-014 (Order 061), § 248-18-99902, filed 5/30/90, effective 6/30/90. Statutory Authority: RCW 70.41.030. 89-22-105 (Order 009), § 248-18-99902, filed 11/1/89, effective 12/2/89; 88-16-086 (Order 2667), § 248-18-99902, filed 8/2/88; 87-04-061 (Order 2466), § 248-18-99902, filed 2/4/87. Statutory Authority: RCW 70.41.030 and 43.20.050. 85-05-033 (Order 280), § 248-18-99902, filed 2/15/85; 82-24-001 (Order 248), § 248-18-99902, filed 11/18/82.]

Chapter 246-321 WAC
HOSPICE CARE CENTER

WAC

246-321-018 Criminal history, disclosure, and background inquiries.

WAC 246-321-018 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the hospice care center having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed hospice care center, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-321-018, filed 7/26/93, effective 8/26/93.]

Chapter 246-323 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALLY IMPAIRED CHILDREN AND YOUTH

WAC

246-323-022 Criminal history, disclosure, and background inquiries.

WAC 246-323-022 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed residential treatment facility for psychiatrically impaired children and youth having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed residential treatment facility for psychiatrically impaired children and youth, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-323-022, filed 7/26/93, effective 8/26/93.]

Chapter 246-325 WAC
ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC

246-325-022 Criminal history, disclosure, and background inquiries.

WAC 246-325-022 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the licensed adult residential rehabilitation center or private adult treatment home having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed adult residential rehabilitation center or private adult treatment home, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-325-022, filed 7/26/93, effective 8/26/93.]

Chapter 246-327 WAC
HOME HEALTH AGENCIES

WAC

246-327-090 Criminal history, disclosure, and background inquiries.
246-327-990 Fees.

WAC 246-327-090 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the home health agency having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed home health agency, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-327-090, filed 7/26/93, effective 8/26/93.]

WAC 246-327-990 Fees. (1) An applicant or licensee shall submit to the department:

(a) A biennial renewal fee based on the number of full-time equivalents (FTEs), which is a measurement based on a forty-hour week and is applicable to paid agency employees or contractors, as follows:

(i) A base fee of three hundred sixty dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, seven hundred fifty dollars;

(B) Sixteen through fifty FTEs, nine hundred dollars;

(C) Fifty-one or more FTEs, one thousand two hundred thirty dollars;

(b) A fee of one-half the renewal fee specified in (a) of this subsection for an initial twelve-month license for:

(i) New firms;

(ii) Businesses not currently licensed to provide home health care in Washington state; or

(iii) Currently licensed businesses which have had statement of charges filed against them;

(c) A transfer of ownership fee of fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) An applicant or licensee shall pay one-half the base fee in addition to the full fee for FTEs for each additional hospice and/or home care license.

(3) The department may charge and collect from a licensee a fee of one-half the base fee specified in subsection (1)(a) of this section for:

(a) A second on-site visit resulting from a licensee's failure to adequately respond to a statement of deficiencies;

(b) A complete on-site inspection resulting from a complaint investigation; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status under WAC 246-327-030, shall pay fees according to this section.

[Statutory Authority: RCW 70.127.120 and 70.127.090. 93-21-034, § 246-327-990, filed 10/15/93, effective 10/28/93. Statutory Authority: RCW 43.70.250. 92-15-084 (Order 288), § 246-327-990, filed 7/16/92, effective 8/16/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-327-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-329 WAC
CHILDBIRTH CENTERS

WAC

246-329-035 Criminal history, disclosure, and background inquiries.

WAC 246-329-035 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the childbirth center having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed childbirth center, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with or accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-329-035, filed 7/26/93, effective 8/26/93.]

Chapter 246-331 WAC
HOSPICE AGENCIES

WAC

246-331-100 Criminal history, disclosure, and background inquiries.
246-331-990 Fees.

WAC 246-331-100 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the hospice agency having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed hospice agency, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-331-100, filed 7/26/93, effective 8/26/93.]

WAC 246-331-990 Fees. (1) An applicant or licensee shall submit to the department:

(a) A biennial renewal fee based on the number of full-time equivalents (FTEs), which is a measurement based on a forty-hour week and is applicable to paid agency employees or contractors, as follows:

(i) A base fee of three hundred sixty dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred ninety dollars;

(B) Sixteen through fifty FTEs, four hundred sixty dollars;

(C) Fifty-one or more FTEs, nine hundred fifty dollars;

(b) A fee of one-half the renewal fee specified in (a) of this subsection for an initial twelve-month license for:

(i) New firms;

(ii) Businesses not currently licensed to provide hospice care in Washington state; or

(iii) Currently licensed businesses which have had statement of charges filed against them;

(c) A transfer of ownership fee of fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) An applicant or licensee shall pay one-half the base fee in addition to the full fee for FTEs for each additional home health and/or home care license.

(3) The department may charge and collect from a licensee a fee of one-half the base fee specified in subsection (1)(a) of this section for:

(a) A second on-site visit resulting from a licensee's failure to adequately respond to a statement of deficiencies;

(b) A complete on-site inspection resulting from a complaint investigation; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status under WAC 246-331-030, shall pay fees according to this section.

[Statutory Authority: RCW 70.127.120 and 70.127.090. 93-21-034, § 246-331-990, filed 10/15/93, effective 10/28/93. Statutory Authority: RCW 43.70.250. 92-15-084 (Order 288), § 246-331-990, filed 7/16/92, effective 8/16/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-331-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-336 WAC
HOME CARE AGENCY RULES

WAC

246-336-100 Criminal history, disclosure, and background inquiries.
246-336-990 Fees.

WAC 246-336-100 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the home care agency having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed home care agency, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-336-100, filed 7/26/93, effective 8/26/93.]

WAC 246-336-990 Fees. (1) An applicant or licensee shall submit to the department:

(a) A biennial renewal fee based on the number of full-time equivalents (FTEs), which is a measurement based on a forty-hour week and is applicable to paid agency employees or contractors, as follows:

(i) A base fee of three hundred sixty dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred ninety dollars;

(B) Sixteen through fifty FTEs, two hundred thirty dollars;

(C) Fifty-one or more FTEs, three hundred thirty dollars;

(b) A fee of one-half the renewal fee specified in (a) of this subsection for an initial twelve-month license for:

(i) New firms;

(ii) Businesses not currently licensed to provide home care in Washington state; or

(iii) Currently licensed businesses which have had statement of charges filed against them;

(c) A transfer of ownership fee of fifty dollars. A transferred license will be valid for the remainder of the current license period.

(2) An applicant or licensee shall pay one-half the base fee in addition to the full fee for FTEs for each additional home health and/or hospice license.

(3) The department may charge and collect from a licensee a fee of one-half the base fee specified in subsection (1)(a) of this section for:

(a) A second on-site visit resulting from a licensee's failure to adequately respond to a statement of deficiencies;

(b) A complete on-site inspection resulting from a complaint investigation; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status under WAC 246-336-030, shall pay fees according to this section.

[Statutory Authority: RCW 70.127.120 and 70.127.090. 93-21-034, § 246-336-990, filed 10/15/93, effective 10/28/93. Statutory Authority: RCW 43.70.250. 92-15-084 (Order 288), § 246-336-990, filed 7/16/92, effective 8/16/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-336-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-338 WAC
MEDICAL TEST SITE RULES

WAC

246-338-010 Definitions.
246-338-020 Licensure of the medical test sites.
246-338-030 Waiver from licensure of medical test sites.
246-338-040 Approval of accreditation bodies.
246-338-050 Proficiency testing.
246-338-060 Personnel.
246-338-070 Recordkeeping.
246-338-080 Quality assurance.
246-338-090 Quality control.
246-338-100 Disciplinary action.
246-338-110 Adjudicative proceedings.
246-338-990 Fees.

WAC 246-338-010 Definitions. For the purpose of chapter 70.42 RCW and this chapter, the following words and phrases have these meanings unless the context clearly indicates otherwise.

(1) "Accreditation body" means a public or private organization or agency which accredits, certifies, or licenses medical test sites, by establishing and monitoring standards judged by the department to be consistent with federal law and regulation, and this chapter.

(2) "Authorized person" means any individual allowed by Washington state law or rule to order tests or receive test results.

(3) "Case" means any slide or group of slides, from one patient specimen source, submitted to a medical test site, at one time, for the purpose of cytological or histological examination.

(4) "Certificate of waiver" means a medical test site performing one or more of the tests listed under WAC 246-338-030(11), and no other tests.

(5) "Days" means calendar days.

(6) "Department" means the department of health.

(7) "Designated test site supervisor" means the available individual responsible for the technical functions of the medical test site and meeting the qualifications for Laboratory Director, listed in 42 CFR Part 493 Subpart M - Personnel for Moderate and High Complexity Testing.

(8) "Disciplinary action" means license or certificate of waiver denial, suspension, condition, revocation, civil fine, or any combination of the preceding actions, taken by the department against a medical test site.

(9) "Facility" means one or more locations where tests are performed, within one campus or complex, under one owner.

(10) "Federal law and regulation" means Section 353 of the Public Health Service Act, Clinical Laboratory Improvement Amendments of 1988, and regulations implementing the federal amendments, 42 CFR Part 493 - Laboratory Requirements.

(11) "Forensic" means investigative testing in which the results are never used for health care or treatment, or referral to health care or treatment, of the individual.

(12) "Licensed test" means all tests categorized as physician-performed microscopic procedures or moderate or high complexity tests consistent with federal law and regulation and not specifically listed as waived under WAC 246-338-030(11), or defined as forensic under subsection (11) of this section.

(13) "Limited public health testing" means a combination of fifteen or less waived tests, as listed under WAC 246-338-030(11), or tests of moderate complexity, as defined under subsection (12) of this section;

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

(15) "Medical test site" or "test site" means any facility or site, public or private, which analyzes materials derived from the human body for the purposes of health care, treatment, or screening. A medical test site does not mean:

(a) A facility or site, including a residence, where a test approved for home use by the Federal Food and Drug Administration is used by an individual to test himself or herself without direct supervision or guidance by another and where this test is not part of a commercial transaction; or

(b) A facility or site performing tests solely for forensic purposes.

(16) "Owner" means the person, corporation, or entity legally responsible for the business requiring licensure or a certificate of waiver as a medical test site under chapter 70.42 RCW.

(17) "Performance specification" means a value or range of values for a test that describe its accuracy, precision, analytical sensitivity, analytical specificity, reportable range and reference range.

(18) "Person" means any individual, public organization, private organization, agent, agency, corporation, firm, association, partnership, or business.

(19) "Physician" means an individual with a doctor of medicine, doctor of osteopathy, doctor of podiatric medicine, or equivalent degree who is a licensed professional under chapter 18.71 RCW Physicians; chapter 18.57 RCW Osteopathy—Osteopathic medicine and surgery; or chapter 18.22 RCW Podiatric medicine and surgery.

(20) "Physician-performed microscopic procedures" means only those tests listed under WAC 246-338-020 (2)(b)(i) through (vii), when the tests are performed by a physician in conjunction with a patient's visit.

(21) "Provisional license" means an interim approval issued by the department to the owner of a medical test site.

(22) "Recordkeeping" means books, files, or records necessary to show compliance with the quality control and quality assurance requirements under this chapter.

(23) "Shall" means compliance is mandatory.

(24) "Specialty" means a group of similar subspecialties or tests. The specialties for a medical test site are as follows:

(a) Chemistry;

(b) Cytogenetics;

(c) Diagnostic immunology;

(d) Immunohematology;

(e) Hematology;

(f) Histocompatibility;

(g) Microbiology;

(h) Pathology; and

(i) Radiobioassay.

(25) "Subspecialty" means a group of similar tests. The subspecialties of a specialty for a medical test site are as follows, for:

(a) Chemistry, the subspecialties are routine chemistry, urinalysis, endocrinology, toxicology, and other chemistry;

(b) Diagnostic immunology, the subspecialties are syphilis serology and general immunology;

(c) Immunohematology, the subspecialties are blood group and Rh typing, antibody detection, antibody identification, crossmatching, and other immunohematology;

(d) Hematology, the subspecialties are routine hematology, coagulation, and other hematology;

(e) Microbiology, the subspecialties are bacteriology, mycology, parasitology, virology, and mycobacteriology; and

(f) Pathology, the subspecialties are histopathology, diagnostic cytology, and oral pathology.

(26) "Supervision" means authoritative procedural guidance by a qualified individual, assuming the responsibility for the accomplishment of a function or activity by technical personnel.

(27) "Technical personnel" means individuals employed to perform any test or part of a test.

(28) "Test" means any examination or procedure conducted on a sample taken from the human body, including screening.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-010, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-010, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-010, filed 9/21/90, effective 10/22/90.]

WAC 246-338-020 Licensure of the medical test sites. (1) After July 1, 1990, no person shall advertise, operate, manage, own, conduct, open, or maintain a medical test site without first obtaining from the department, a license or a certificate of waiver as described under chapter 70.42 RCW and this chapter.

(2) Applicants requesting a medical test site license or renewal shall:

(a) Submit a completed application and fee for the appropriate category of license to the department on forms furnished by the department, including signature of the owner;

(b) Submit a completed application and fee for physician-performed microscopic procedures if the medical test site restricts its testing performance to waived tests as listed under WAC 246-338-030(11) and one or more of the tests listed in this section:

(i) Wet mounts, including preparations of vaginal, cervical or skin specimens;

(ii) Potassium hydroxide (KOH) preparations;

(iii) Pinworm examinations;

(iv) Fern tests;

(v) Post-coital direct, qualitative examinations of vaginal or cervical mucous;

(vi) Urine sediment examinations; and

(vii) Any other tests specifically categorized under federal law and regulation as physician-performed microscopic procedures;

(c) File a separate application for each facility except under the following conditions:

(i) If the medical test site is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair, the medical test site may apply for a single license for the home base location;

(ii) If the medical test site is a not-for-profit or state or local government laboratory that engages in limited public health testing at different locations, the owner may file an application for a single license;

(d) Furnish full and complete information to the department in writing, as required for proper administration of rules implementing chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned, or projected;

(iv) Names and qualifications including educational background, training, and experience of the designated test site supervisor;

(v) Names and qualifications including educational background, training, and experience of technical personnel, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Name of proficiency testing program or programs used by the medical test site and a copy of the enrollment form for initial application;

(vii) Other information as required to implement chapter 70.42 RCW; and

(viii) Methodologies for tests performed, when the department determines the information is necessary, consistent with federal law and regulation.

(e) Submit to inspections by the Health Care Financing Administration (HCFA) or HCFA agents as a condition of licensure or approval, for the purpose of validation or in response to a complaint against the medical test site; and

(f) Authorize the department to release to HCFA or HCFA agents all records and information requested by HCFA;

(3) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current license.

(4) The department shall:

(a) Issue or renew a license for the medical test site, valid for two years, when the applicant or owner meets the requirements of chapter 70.42 RCW and this chapter, subject to subsection (7) of this section;

(b) Terminate a provisional license, at the time a two-year license for the medical test site is issued;

(c) Establish fees to be paid under WAC 246-338-990;

(d) Prohibit transfer or reassignment of a license without thirty days prior written notice to the department and the department's approval;

(e) Examine records of the medical test site, if the department believes a person is conducting tests without an appropriate license;

(f) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time, not to exceed sixty days, after department approval of a written plan of correction;

(g) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(5) The department shall also issue a license for a medical test site if the medical test site:

(a) Is accredited, certified, or licensed by an accreditation body under WAC 246-338-040; and

(b) Submits to the department:

(i) Information defined under subsection (2)(a) and (d) of this section;

(ii) Proof of accreditation, certification or licensure by an accreditation body within eleven months of issuance of the medical test site license; and

(c) Authorizes the accrediting body to submit, upon request from the department:

(i) On-site inspection results;

(ii) Statement of deficiencies;

(iii) Plan of correction for the deficiencies cited;

(iv) Any disciplinary action and results of any disciplinary action taken by the accreditation body against the medical test site; and

(v) Any records or other information about the medical test site required for the department to determine whether or not standards are consistent with chapter 70.42 RCW and this chapter.

(6) The department shall require the owner of a medical test site to reapply for a medical test site license if:

(a) Proof of accreditation is not supplied to the department within eleven months of issuance of the medical test site license; or

(b) The medical test site has its accreditation denied or terminated by the accreditation body.

(7) The department may:

(a) Issue, to a medical test site applying for licensure for the first time a provisional license valid for a period of time not to exceed two years from date of issue;

(b) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(c) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) The department may:

(a) Extend a license for a period not to exceed six months beyond the expiration date of the license; or

(b) Issue a license for a period of one year for applications for licensure or renewal submitted during September 1993 to October 1994.

(9) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in technical personnel and supervisors, if known; and

(d) The date of the proposed change of ownership.

(10) The prospective new owner shall submit the information required under subsection (2)(a) and (d) of this section, at least thirty days prior to the change of ownership.

(11) The owner shall inform the department within thirty days, in writing, of:

(a) The date of opening or closing the medical test site; and

(b) Any changes in:

(i) Name;

(ii) Location; or

(iii) Designated test site supervisor.

(12) The owner shall inform the department within six months, in writing, of any changes in:

(a) Tests, specialties and subspecialties; and

(b) Test methodology.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-020, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-020, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-020, filed 9/21/90, effective 10/22/90.]

WAC 246-338-030 Waiver from licensure of medical test sites. (1) The department shall grant a certificate of waiver to a medical test site performing only the tests listed under this section.

(2) Applicants requesting a certificate of waiver or renewal shall:

(a) Submit a completed application and fee for initial certificate of waiver or renewal to the department on forms furnished by the department, including signature of the owner; and

(b) File a separate application for each facility except under the following conditions:

(i) If the medical test site is not at a fixed location and moves from testing site to testing site, or uses a temporary testing location such as a health fair, the medical test site may apply for a single certificate of waiver for the home base location;

(ii) If the medical test site is a not-for-profit or state or local government laboratory that performs, at different locations, only those tests listed in subsection (11) of this section, the owner may file an application for a single certificate of waiver;

(c) Furnish full and complete information to the department in writing, as required for proper administration of rules to implement chapter 70.42 RCW including:

(i) Name, address, and phone number of the medical test site;

(ii) Name, address, and phone number of the owner of the medical test site;

(iii) Number and types of tests performed, planned or projected;

(iv) Names and qualifications including educational background, training and experience of the personnel directing and supervising the medical test site;

(v) Names and qualifications including educational background, training, and experience of personnel performing the test procedures, if requested by the department, in order to determine consistency with federal law and regulation;

(vi) Other information as required to implement chapter 70.42 RCW; and

(vii) Methodologies for tests performed, when the department determines the information is necessary consistent with federal law and regulation.

(3) The owner or applicant shall submit an application and fee to the department thirty days prior to the expiration date of the current certificate of waiver.

(4) The department shall:

(a) Grant a certificate of waiver or renewal of a certificate of waiver for the medical test site valid for two years when the applicant or owner meets the requirements of chapter 70.42 RCW and this chapter, subject to subsection (5) of this section;

(b) Establish fees to be paid under WAC 246-338-990; and

(c) Prohibit transfer or reassignment of a certificate of waiver without thirty days prior written notice to the department and the department's approval.

(5) The department may:

(a) Extend a certificate of waiver for a period not to exceed six months beyond the expiration date of the certificate of waiver; or

(b) Issue a certificate of waiver for a period of one year for initial or renewal applications submitted during September 1993 to October 1994.

(6) If the department has reason to believe a waived site is conducting tests requiring a license, the department shall:

(a) Conduct on-site reviews of the medical test site;

(b) Examine records of the medical test site;

(c) Give written notice of any violations to the medical test site, including a statement of deficiencies observed and requirements to:

(i) Present a written plan of correction to the department within fourteen days following the date of postmark; and

(ii) Comply within a specified time not to exceed sixty days after department approval of a written plan of correction;

(d) Allow the owner a reasonable period of time, not to exceed sixty days, to correct a deficiency unless the deficiency is an immediate threat to life, health, or safety.

(7) The department may:

(a) Conduct on-site review of a medical test site at any time to determine compliance with chapter 70.42 RCW and this chapter; and

(b) Initiate disciplinary action, as described under chapter 70.42 RCW and this chapter, if the owner or applicant fails to comply with chapter 70.42 RCW and this chapter, consistent with chapter 34.05 RCW, Administrative Procedure Act.

(8) The owner shall notify the department, in writing, at least thirty days prior to the date of a proposed change of ownership and provide the following information:

(a) Full name, address, and location of the current owner and prospective new owner, if known;

(b) Name and address of the medical test site and the new name of the medical test site, if known;

(c) Changes in personnel directing the medical test site, if known; and

(d) The date of the proposed change of ownership.

(9) The prospective new owner shall submit the information required under subsection (2)(a) and (c) of this section, at least thirty days prior to the change of ownership.

(10) The owner shall inform the department within thirty days, in writing, of:

(a) The date of opening or closing the medical test site; and

(b) Any changes in:

(i) Name;

(ii) Location; or

(iii) Personnel directing the medical test site.

(11) The department shall grant a certificate of waiver if the medical test site performs only the tests listed in this section and no other tests unless specifically disallowed or allowed under federal law and regulation:

(a) Dipstick or tablet reagent urinalysis;

(b) Fecal occult blood;

(c) Ovulation tests-visual color comparison tests for human luteinizing hormone;

(d) Urine pregnancy tests-visual color comparison tests;

(e) Erythrocyte sedimentation rate-nonautomated;

(f) Hemoglobin-copper sulfate-nonautomated;

(g) Blood glucose by glucose monitoring devices cleared by the FDA specifically for home use;

(h) Spun microhematocrit; and

(i) Hemoglobin by single analyte instruments with self-contained or component features to perform specimen/reagent interaction, providing direct measurement and readout.

(12) The department will make additions or deletions to the list of waived tests under subsection (11) of this section, by rule, consistent with federal law and regulation.

(13) If the medical test site adds tests not included under subsection (11) of this section, the owner shall apply for licensure as defined under chapter 70.42 RCW and WAC 246-338-020.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-030, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-030, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-030, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-030, filed 9/21/90, effective 10/22/90.]

WAC 246-338-040 Approval of accreditation bodies. (1) The department shall, under RCW 70.42.040, recognize the accreditation bodies granted deemed status by HCFA.

(2) The department, upon request, shall furnish a list of the deemed accreditation bodies.

(3) The department shall:

(a) Revoke deemed status from any organization which has deeming authority removed by HCFA;

(b) Require the accreditation bodies to agree in writing to:

(i) Allow the department to have jurisdiction to investigate complaints, do random on-site inspections and take disciplinary action against a medical test site if indicated; and

(ii) Notify the department within thirty days of any medical test that has had its accreditation withdrawn, revoked or limited.

(4) The department may deny or terminate the license for a medical test site, if the owner or applicant fails to authorize the accreditation body to notify the department of the test site's compliance with the standards of the accreditation body.

(5) The department shall notify the medical test site if an accreditation body loses department acceptance of approval as an accreditation body for the medical test site.

(6) The owner or applicant of a medical test site shall reapply for licensure within thirty days, if the acceptance of approval of the accreditation body for the medical test site is denied or terminated.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-040, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-040, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-040, filed 9/21/90, effective 10/22/90.]

WAC 246-338-050 Proficiency testing. (1) Effective January 1, 1994:

(a) All licensed medical test sites shall comply with federal proficiency testing requirements listed in 42 CFR Part 493-Laboratory Requirements, Subpart H-Participation in Proficiency Testing for Laboratories Performing Tests of Moderate or High Complexity;

(b) By December 31 of each year, each medical test site, excluding those granted a certificate of waiver, shall submit to the department a copy of proficiency testing enrollment form(s) for the tests the medical test site will perform during the following calendar year;

(c) The department will recognize only those programs approved by the HCFA;

(d) The department shall evaluate proficiency testing results according to the grading criteria listed in 42 CFR Part 493 Subparts H and I; and

(e) The department, upon request, shall furnish:

(i) 42 CFR Part 493 Subparts H and I; and

(ii) A list of the programs approved by HCFA.

(2) Until December 31, 1993, each medical test site shall comply with proficiency testing requirements as described in this section.

(3) Except where there is no available proficiency test, each licensed medical test site shall demonstrate satisfactory participation in a department-approved proficiency testing program appropriate for the test or tests performed on-site, excluding waived tests as listed under WAC 246-338-030(11).

(4) The department, upon request, shall furnish a list of the approved proficiency testing programs under RCW 70.42.050.

(5) The department may approve the owner or applicant's use of a specific proficiency testing program when the program:

(a) Assures the quality of test samples;

(b) Appropriately evaluates the testing results;

(c) Identifies performance problems in a timely manner;

(d) Has the technical ability required to prepare and distribute samples;

(e) Uses methods assuring samples mimic actual patient specimens when possible and where applicable;

(f) Uses homogenous samples if applicable;

(g) Maintains stability of samples within the time frame specified in written instructions for analysis by proficiency testing participants;

(h) Provides necessary documentation to establish requirements under this section;

(i) Uses an appropriate process for determining the correct answer for each sample; and

(j) Uses at least two samples per test each testing event if applicable.

(6) The medical test site shall:

(a) Assure testing of proficiency testing samples in a similar manner as patient specimens are tested, unless otherwise specifically requested by the proficiency testing program;

(b) Assure testing of proficiency testing samples on-site by the technical personnel performing examinations on patient specimens;

(c) Maintain reports of graded results received from the proficiency testing program and documentation of the:

(i) Test methodology;

(ii) Identification of technical personnel performing the tests; and

(iii) Reporting of results of the proficiency testing samples; and

(d) Request that the proficiency testing program provide a copy of the graded proficiency testing results to the department.

(7) The department shall evaluate proficiency testing results by using the following grading criteria:

(a) An evaluation of scores for the last four shipments of proficiency testing samples including:

(i) Tests;

(ii) Subspecialties; and

(iii) Specialties;

(b) Maintenance of a minimum acceptable score for satisfactory participation as follows:

(i) Seventy-five percent for all tests, subspecialties, and specialties except for human immunodeficiency virus/ acquired immunodeficiency syndrome (HIV/AIDS) and immunohematology; and

(ii) One hundred percent for all tests, subspecialties, and specialties for HIV/AIDS and immunohematology;

(c) A grade of marginal performance occurs when:

(i) An unsatisfactory score is obtained on any single test in a shipment for immunohematology or HIV/AIDS; or

(ii) For all other tests, subspecialties, or specialties if:

(A) Unsatisfactory scores are obtained in any specialty or subspecialty on two of any three successive shipments; or

(B) An unsatisfactory score is obtained on a single test on two of any three successive shipments;

(d) A grade of unsatisfactory performance occurs when unsatisfactory shipment scores are obtained on a single test or in a specialty or subspecialty on three of any four successive shipments.

(8) For marginal performance on proficiency testing samples the following department and medical test site actions shall occur:

(a) The department shall mail a cautionary letter to the designated test site supervisor; and

(b) The medical test site shall:

(i) Determine the cause of the marginal proficiency testing performance; and

(ii) Keep records at the medical test site showing what action was taken to correct the problem.

(9) In addition the department may require the owner of the medical test site demonstrating marginal performance in any identified test, subspecialty or specialty, to:

(a) Submit a plan of correction to the department within fifteen days from receipt of notice; and

(b) Provide or ensure:

(i) Additional training of personnel;

(ii) Necessary technical assistance to meet the requirements of the proficiency testing program and the department;

(iii) Participation in a program of additional proficiency testing, if available; or

(iv) Any combination of training, technical assistance, or testing described under (b)(i), (ii), and (iii) of this subsection.

(10) For unsatisfactory performance on proficiency testing samples the department shall send to the owner and designated test site supervisor by certified mail:

(a) A letter identifying the particular problem;

(b) Acknowledgement of previous contacts; and

(c) A notice to the medical test site to cease performing the identified test, subspecialty, or specialty.

(11) The owner shall notify the department within fifteen days of the receipt of the notice of the decision to voluntarily stop performing tests on patient specimens for the identified test, subspecialty, or specialty.

(12) The owner may petition the department for reinstatement of approval to perform tests on patient specimens after demonstrating satisfactory performance on two successive shipments of proficiency testing samples for the identified test, subspecialty, or specialty.

(13) The department shall notify the owner in writing, within fifteen days of receipt of petition, of the decision related to the request for reinstatement.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-050, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-050, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-050, filed 9/21/90, effective 10/22/90.]

WAC 246-338-060 Personnel. (1) Owners shall ensure medical test sites:

(a) Have a designated test site supervisor responsible for:

(i) The overall technical supervision and management of the test site personnel; and

(ii) Performing and reporting of testing procedures;

(b) Have technical personnel, competent to perform tests and report test results; and

(c) Meet the standards for personnel qualifications and responsibilities in compliance with federal regulation, as listed in 42 CFR Part 493 Subpart M-Personnel for Moderate and High Complexity Testing, with the following exceptions:

(i) A person that achieved a satisfactory grade through an examination conducted by or under the sponsorship of the United States Public Health Service for director, on or before July 1, 1970, would qualify as a director, technical supervisor, technical consultant, general supervisor and testing personnel for the specialties in which a satisfactory grade was achieved for moderate and high complexity testing; and

(ii) A person that has completed 60 semester hours of academic credit including chemistry and biology as well as a structured curriculum in medical laboratory techniques at an accredited institution would qualify as testing personnel for high complexity testing.

(2) The department, upon request, shall furnish 42 CFR Part 493 Subpart M.

(3) Owners of medical test sites shall establish, post and observe safety precautions to ensure protection from physi-

cal, chemical, biochemical and electrical hazards and biohazardous materials.

(4) Designated test site supervisors shall:

(a) Establish and approve policies for:

(i) Performing, recording, and reporting of tests;

(ii) Maintaining an ongoing quality assurance program;

(iii) Supervision of testing; and

(iv) Compliance with chapter 70.42 RCW and this chapter;

(b) Evaluate, verify, and document the following related to technical personnel:

(i) Education, experience, and training in test performance and reporting tests results;

(ii) Sufficient numbers to cover the scope and complexity of the services provided;

(iii) Access to training appropriate for the type and complexity of the test site services offered; and

(iv) Maintenance of competency to perform test procedures and report test results;

(c) Be present, on call, or delegate the duties of the designated test site supervisor to an on-site technical person during testing.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-060, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-060, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-060, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-060, filed 9/21/90, effective 10/22/90.]

WAC 246-338-070 Recordkeeping. The medical test site shall:

(1) Unless specified otherwise in subsection (2)(a), (b), and (c) of this section, maintain for two years:

(a) Test requisitions or equivalent;

(b) Test reports;

(c) Quality control records;

(d) Quality assurance records; and

(e) Discontinued procedures.

(2) Maintain:

(a) The items listed in subsection (1)(a), (b), (c), (d), and (e) of this section for transfusion services for five years;

(b) Abnormal cytology and all histology reports for ten years; and

(c) Normal cytology reports for five years.

(3) Request the following written information to accompany a test requisition:

(a) Patient's name or other method of specimen identification;

(b) Name or other suitable identifier of the authorized person ordering the test;

(c) Date of specimen collection, and time if appropriate;

(d) Source of specimen, if appropriate;

(e) Type of test ordered;

(f) Sex and age of the patient, if appropriate; and

(g) For cytology and histology specimens:

(i) Pertinent clinical information; and

(ii) For pap smears:

(A) The last menstrual period; and

(B) Indication whether the patient has history of cervical cancer or its precursors.

(4) Assure specimen records include:

(a) A medical test site identification;

(b) The patient's name or other method of specimen identification;

(c) The date the specimen was received at the medical test site, and time if appropriate;

(d) The reason for specimen rejection or limitation;

(e) The date of specimen testing; and

(f) The identification of the personnel who performed the test.

(5) Assure that test reports:

(a) Are maintained in a manner permitting identification and reasonable accessibility;

(b) Are released only to authorized persons or designees;

(c) Include the name of the medical test site, or where applicable, the name and address of each medical test site performing each test;

(d) Include the date reported;

(e) Include the time reported, if appropriate;

(f) Include any information regarding specimen rejection or limitation; and

(g) Include the exact language of the report from the testing facility, if the specimen was referred to another medical test site for testing.

(6) Assure cytology reports:

(a) Distinguish between unsatisfactory specimen and negative results; and

(b) Contain narrative descriptions for any abnormal results, such as the Bethesda system of terminology as published in the Journal of the American Medical Association, 1989, Volume 262, pages 931-934, for any abnormal results.

(7) Establish and make available for use by authorized persons ordering or utilizing the test results:

(a) Reference ranges; and

(b) A list of test methods, including performance specifications.

(8) Issue corrected reports when indicated.

(9) Establish criteria for and maintain appropriate documentation of:

(a) Temperature-controlled spaces and equipment;

(b) Preventive maintenance activities;

(c) Equipment function checks;

(d) Procedure calibrations;

(e) Validation, precision, and accuracy checks;

(f) Expiration date, lot numbers, and other pertinent information for:

(i) Reagents;

(ii) Solutions;

(iii) Culture media;

(iv) Controls, as defined in WAC 246-338-090;

(v) Calibrators, as defined in WAC 246-338-090;

(vi) Standards, as defined in WAC 246-338-090;

(vii) Reference materials, as defined in WAC 246-338-090; and

(viii) Other testing materials;

(g) Testing of quality control samples; and

(h) Any remedial action taken in response to quality control, quality assurance, personnel, and proficiency testing.

(10) Refer specimens for testing only to a medical test site with a valid license, or to an interstate laboratory with a valid CLIA certificate.

(11) Maintain, or be able to reproduce, a copy of the report for all specimens that are referred for testing.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-070, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-070, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-070, filed 9/21/90, effective 10/22/90.]

WAC 246-338-080 Quality assurance. (1) The medical test site shall establish and implement a written quality assurance plan, including policies and procedures, designed to:

(a) Monitor, evaluate, and review quality control, proficiency testing data, and test results, including biannual evaluation of:

(i) Accuracy of test results for tests that are not covered by proficiency testing; and

(ii) Relationship between test results when the medical test site performs the same test on different instruments or at different locations within the medical test site;

(b) Identify and correct problems;

(c) Establish and maintain accurate, reliable, and prompt reporting of test results;

(d) Verify all tests performed and reported by the medical test site conform to specified performance criteria in quality control under WAC 246-338-090; and

(e) Establish and maintain the adequacy and competency of the technical personnel.

(2) The quality assurance plan shall include mechanisms or systems to:

(a) Establish and apply criteria for specimen acceptance and rejection;

(b) Notify the appropriate individuals as soon as possible when test results indicate potential life-threatening conditions;

(c) Assess problems identified during quality assurance reviews and discuss them with the appropriate staff;

(d) Evaluate all test reporting systems to verify accurate and reliable reporting, transmittal, storage, and retrieval of data;

(e) Document all action taken to identify and correct problems or potential problems;

(f) Make available appropriate instructions for specimen collection, handling, preservation, and transportation; and

(g) Make available to clients updates of testing changes that would affect test results or the interpretation of test results.

(3) The owner shall maintain adequate space, facilities, and essential utilities for the performance and reporting of tests.

(4) The medical test site shall establish and implement policies and procedures for infectious and hazardous medical wastes consistent with local, state, and federal authorities.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-080, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-080, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-080, filed 9/21/90, effective 10/22/90.]

WAC 246-338-090 Quality control. (1) For the purpose of this section, the following words and phrases have the following meanings, unless the context clearly indicates another meaning:

(a) "ABO, A, A_1, B, O, anti-A, anti-B, anti-D, anti Rh_o, Rh_o (D), HLA, HLA-A, B, and DR" means taxonomy classifications for blood groups, types, cells, sera, or antisera;

(b) "Calibrator" means a material, solution, or lyophilized preparation designed to be used in calibration. The values or concentrations of the analytes of interest in the calibration material are known within limits ascertained during its preparation or before use;

(c) "Control" means a material, solution, lyophilized preparation, or pool of collected serum designed to be used in the process of quality control. The concentrations of the analytes of interest in the control material are known within limits ascertained during its preparation or before routine use;

(d) "Control slide" means a preparation fixed on a glass slide used in the process of quality control;

(e) "Reference material" means a material or substance, calibrator, control or standard where one or more properties are sufficiently well established for use in calibrating a process or for use in quality control;

(f) "Standard" means a reference material of fixed and known chemical composition capable of being prepared in essentially pure form, or any certified reference material generally accepted or officially recognized as the unique standard for the assay regardless of level or purity of the analyte content.

(2) The medical test site shall use quality control procedures providing and assuring accurate and reliable test results and reports, meeting the requirements of this chapter.

(3) The medical test site shall have written procedures and policies available in the work area including:

(a) Analytical methods used by the technical personnel;

(b) Specimen collection and processing procedures;

(c) Preparation of solutions, reagents, and stains;

(d) Calibration procedures;

(e) Proper maintenance of equipment;

(f) Quality assurance policies;

(g) Quality control procedures;

(h) Corrective actions when quality control results deviate from expected values or patterns;

(i) Procedures for reporting test results;

(j) Limitations of methodologies; and

(k) Alternative or backup methods for performing tests including the use of a reference facility if applicable.

(4) The medical test site shall perform quality control complying with the requirements of this section for each specialty and subspecialty as follows:

(a) At least as frequently as specified in this section;

(b) More frequently if recommended by the manufacturer of the instrument or test procedure; or

(c) More frequently if specified by the medical test site

(5) The medical test site shall:

(a) Perform procedural calibration or recalibration, in accordance with manufacturer's instructions, when:

(i) Recommended by the manufacturer; or

(ii) Specified by the medical test site's established schedule, with at least the frequency recommended by the manufacturer;

(b) Perform calibration verification using materials appropriate for verifying the minimal, mid-point and maximum points of the reportable range, unless the medical test site can demonstrate an alternative method of assuring the accuracy of the procedure throughout the reportable range for patient test results:

(i) When a complete change of reagents for a procedure is introduced;

(ii) When there is major preventive maintenance or replacement of critical parts of equipment or instrumentation;

(iii) When controls begin to reflect an unusual trend or are outside acceptable range limits; or

(iv) At least every six months;

(c) If patient values are above the maximum or below the minimum calibration point or the linear range:

(i) Report the patient results as greater than the upper limit or less than the lower limit or an equivalent designation; or

(ii) Use an appropriate procedure to rerun the sample allowing results to fall within the established linear range;

(d) For quantitative tests:

(i) Include two reference materials of different concentrations each day of testing unknown samples, if these reference materials are available; or

(ii) Have an equivalent mechanism to assure the quality, accuracy, and precision of the test, if reference materials are not available;

(e) For qualitative tests, include positive and negative reference material each day of testing unknown samples;

(f) Determine the statistical limits for each lot number of unassayed reference materials through repeated testing;

(g) Use the manufacturer's reference material limits for assayed material, provided they are:

(i) Verified by the medical test site; and

(ii) Appropriate for the methods and instrument used by the medical test site;

(h) Make reference material limits readily available;

(i) Report patient results only when reference materials are within acceptable limits;

(j) Use materials within their documented expiration date;

(k) For microbiology:

(i) Check each batch or shipment of reagents, discs, stains, antisera, and identification system for reactivity with positive and negative reference organisms including:

(A) Each time of use for fluorescent stains;

(B) Each day of use for:

(I) Stains, unless specifically stated otherwise in this section; DNA probes; reagents used in mycobacteriology; catalase, coagulase, beta-lactamase, and oxidase reagents; and

(II) Direct antigen detection systems, using positive and negative controls that evaluate both the extraction and reaction phase;

(C) Each week of use for Gram and acid-fast stains, bacitracin, optochin, ONPG, X, and V discs or strips; and

(D) Each month of use for antisera;

(ii) When testing antimicrobial susceptibility, check each new batch of media and each new lot of antimicrobial discs or other testing systems using approved reference organisms:

(A) Before initial use; and

(B) Each day of testing, or weekly, if the medical test site can meet the quality control requirements for antimicrobial disc susceptibility testing as outlined by the National Committee for Clinical Laboratory Standards (NCCLS), available upon request from the department;

(iii) Document zone sizes or minimum inhibitory concentration for reference organisms are within established limits;

(iv) Have available and use appropriate stock organisms for quality control purposes;

(v) Have available a collection of slides, photographs, gross specimens, or text books for reference sources to aid in identification of microorganisms;

(vi) Document appropriate steps in the identification of microorganisms on patient specimens;

(vii) Check each batch or shipment of noncommercial media for sterility, ability to support growth, and if appropriate, selectivity, inhibition, or biochemical response;

(viii) If commercially manufactured media quality control results are used:

(A) Verify that the product insert specifies that the quality control checks meet the requirements, as outlined by NCCLS, for media quality control;

(B) Keep records of the manufacturer's quality control results;

(C) Document visual inspection of the media before use; and

(D) Follow the manufacturer's specifications for using the media;

(ix) When performing susceptibility testing for mycology:

(A) Test each drug each day of use with at least one control strain that is susceptible to the drug; and

(B) Document that controls are within established limits before reporting patient results;

(x) When performing parasitology:

(A) Use a calibrated ocular micrometer for determining the size of ova and parasites, if size is a critical parameter; and

(B) Check permanent stains using reference materials, each month of use;

(l) For syphilis serology:

(i) Use equipment, glassware, reagents, reference materials, and techniques conforming to manufacturers' specifications;

(ii) Perform serologic tests on unknown specimens concurrently with a positive serum reference material with

known titer or graded reactivity and a negative reference material; and

(iii) Employ reference materials for all test components to ensure reactivity;

(m) For general immunology:

(i) Perform serologic tests on unknown specimens with a positive and a negative reference material;

(ii) Employ reference materials for all test components to ensure reactivity; and

(iii) Report test results only when the predetermined reactivity pattern of the reference material is observed;

(n) For chemistry, when performing blood gas analysis, include:

(i) A two-point calibration and a reference material each eight hours of testing; and

(ii) A one-point calibration or reference material each time patient samples are tested, unless automated instrumentation internally verifies calibration at least every thirty minutes; or

(iii) Another calibration and reference material schedule, approved by the department as equivalent to this subsection;

(o) For hematology and coagulation:

(i) Use one level of reference material each eight hours of testing patient samples for manual blood counts;

(ii) Use two levels of reference materials each eight hours of testing for:

(A) Instrumentation methods; and

(B) Manual tilt tube method for coagulation; and

(iii) Run manual coagulation tests and cell counts in duplicate;

(p) For immunohematology, for the services offered:

(i) Perform ABO grouping by testing unknown red cells with Federal Food and Drug Administration approved anti-A and anti-B grouping sera;

(ii) Confirm ABO grouping of unknown serum with known A_1 and B red cells;

(iii) Determine the Rh_o(D) group by testing unknown red cells with anti-D (anti Rh_o) blood grouping serum;

(iv) Employ a control system capable of detecting false positive Rh test results, when required by the manufacturer; and

(v) Perform quality control checks of cells and antisera each day of use;

(q) For transfusion services:

(i) Perform ABO grouping, Rh_o (D) typing, antibody detection, and identification and compatibility testing as described by the Food and Drug Administration under 21 CFR Part 606, with the exception of 21 CFR Part 606.20a, Personnel, and 21 CFR Part 640;

(ii) Collect, store, process, distribute and date blood and blood products as described by the Food and Drug Administration under 21 CFR Parts 606, 610.53 and 640;

(iii) When provided by an outside entity, have an agreement approved by the director for procurement, transfer and availability of blood and blood products; and

(iv) Promptly investigate all transfusion reactions according to the medical test site's procedures;

(r) For histopathology:

(i) Use positive control slides for each special stain to check for intended level of reactivity;

(ii) Retain stained slides at least ten years and specimen blocks at least two years from the date of examination;

(iii) Retain remnants of tissue specimens in an appropriate preserved state until the portions submitted for microscopic examination have been examined and diagnosed; and

(iv) Include on all reports the signature or initials of the technical supervisor, as defined under 42 CFR Part 493 Subpart M;

(s) For cytology:

(i) Develop criteria for submission of material and the assessment of the adequacy of the sample submitted, including notifying the physician;

(ii) Retain all negative slides for five years from the date of examination of the slide;

(iii) Retain all abnormal slides for ten years from the date of examination;

(iv) Include in quality control the rescreening and documentation of benign gynecological slides as follows:

(A) One hundred percent of slides from patient with a known history of cervical cancer or its precursors;

(B) Selection of benign slides for a total rescreening of a minimum of ten percent of all benign slides including patients identified in (s)(iv)(A) of this subsection; or

(C) Another method demonstrating equivalent effectiveness in discovering errors;

(v) Assure that quality control is performed by a person meeting the personnel requirements for technical supervisor or general supervisor in cytology, as defined under 42 CFR Part 493 Subpart M;

(vi) Evaluate the results of the quality control rescreen prior to reporting results for the cases selected;

(vii) Review cytologic specimens or records of previous reviews, for the prior five years, if available, for each abnormal cytology result;

(viii) Correlate abnormal cytology reports with prior cytology reports and with histopathology reports, if available, and determine the cause of any discrepancies;

(ix) Document reviews of negative slides from cases known to have a history of abnormal slides;

(x) Evaluate and document technical personnel slide examination performance, comparing against the medical test site's overall statistics; (xi) Evaluate and document significant discrepancies in examination of cytology slides;

(xii) Establish an annual statistical evaluation of the number of cytology cases examined, number of specimens processed by specimen type, volume of patient cases reported by diagnosis, number of cases where cytology and histology are discrepant, number of cases where histology results were unavailable for comparison and number of cases where rescreen of negative slides resulted in reclassification as abnormal;

(xiii) Take effective measures when staining to prevent cross-contamination between gynecologic and nongynecologic specimens;

(xiv) The technical supervisor shall:

(A) Confirm all gynecological smears interpreted to be outside normal limits;

(B) Review all nongynecological cytological preparations;

(C) Sign or initial all reports from (s)(xiv)(A) or (B) of this subsection; and

(D) Establish, document and reassess, at least every six months, the workload limits for each cytotechnologist;

(xv) Technical personnel shall examine, unless federal law and regulation specify otherwise, no more than one hundred cytological slides in a twenty-four hour period and in no less than a eight-hour period; and

(xvi) All slide preparations must be evaluated on the premises;

(t) For histocompatibility:

(i) Use applicable quality control standards for immunohematology, transfusion services, and diagnostic immunology as described in this chapter;

(ii) For renal allotransplantation:

(A) Have available and follow criteria for:

(I) Selecting appropriate patient serum samples for crossmatching;

(II) The technique used in crossmatching;

(III) Preparation of donor lymphocytes for crossmatching;

(IV) Reporting crossmatch results;

(V) The preparation of lymphocytes for Human Leukocyte Antigen HLA-A, B and DR typing;

(VI) Selecting typing reagents; and

(VII) The assignment of HLA antigens;

(B) Have available:

(I) Serum specimens for all potential transplant recipients at initial typing, for periodic screening, for pretransplantation crossmatch, and following sensitizing events;

(II) Results of final crossmatches before an organ or tissue is transplanted; and

(III) A list of individuals for fresh panel bleeding if frozen panels are not used;

(C) Have appropriate storage and maintenance of both recipient sera and reagents;

(D) Indicate, when applicable:

(I) Source;

(II) Bleeding date;

(III) Identification number; and

(IV) Volume remaining for reagent typing sera inventory;

(E) Properly label and store:

(I) Cells;

(II) Complement;

(III) Buffers;

(IV) Dyes; and

(V) Reagents;

(F) Type all potential transplant recipient cells and cells from organ donors referred to the medical test site;

(G) Have adequate reagent trays for typing recipient and donor cells to define all HLA-A, B, and DR specificities as required to determine splits and cross-reactivity;

(H) Have a written policy establishing when antigen redefinition and retyping are required;

(I) Screen recipient sera for preformed antibodies with a suitable lymphocyte panel;

(J) Use a suitable cell panel for screening patient sera containing all the major HLA specificities and common splits;

(K) Use the mixed lymphocyte culture, or equivalent, to determine cellularly defined antigens;

(L) On each tray:

(I) Include positive and negative reference materials; and

(II) Use positive controls for specific cell types when applicable;

(M) Use controls to monitor the test components and each phase of the test system for:

(I) Each compatibility test; and

(II) Typing for disease associated antigens;

(N) Use quality control procedures to monitor the efficacy of the method if immunologic reagents are used to remove contaminating cells during the isolation of lymphocytes or lymphocyte subsets;

(O) Have each individual performing tests evaluate a previously tested specimen as an unknown on a monthly basis; and

(P) Participate in at least one national or regional cell exchange program, if available, or develop an exchange system with another medical test site;

(iii) When performing only transfusions, and nonrenal transplantation, excluding bone marrow and living transplants, meet all the requirements specified in this section except for the requirements for the performance of mixed lymphocyte cultures;

(iv) When performing bone marrow transplantation, meet all the requirements specified in this section including the performance of mixed lymphocyte cultures, or equivalent, to evaluate class II compatibility;

(v) When performing disease-associated studies, meet all the requirements specified in this section except for the performance of mixed lymphocyte cultures, antibody screening and crossmatching; and

(vi) Test donor for HIV reactivity;

(u) For cytogenetics:

(i) Document the:

(A) Number of metaphase chromosome spreads and cells counted and karyotyped;

(B) Number of chromosomes counted for each metaphase spread;

(C) Media used;

(D) Quality of banding; and

(E) Sufficient resolution to support the reported results;

(ii) Assure an adequate number of karyotypes are prepared for each patient, according to the indication given for performing cytogenetics study;

(iii) Use an adequate patient identification system for:

(A) Patient specimens;

(B) Photographs, photographic negatives, or computer stored images of metaphase spreads and karyotypes;

(C) Slides; and

(D) Records;

(iv) Include in the final report:

(A) The number of cells counted and karyotyped; and

(B) An interpretation of the karyotypes findings;

(v) Use appropriate nomenclature on final reports; and

(vi) When performing determination of sex by X and Y chromatin counts, perform confirmatory testing on all atypical results;

(v) For radiobioassay and radioimmunoassay:

(i) Check the counting equipment for stability each day of use with radioactive standards or reference sources; and

(ii) Meet Washington state radiation standards described under chapter 70.98 RCW, and chapter 402-10 through 402-24, 402-32 through 402-34, 402-62, and 402-70 WAC.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-090, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-090, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-090, filed 9/21/90, effective 10/22/90.]

WAC 246-338-100 Disciplinary action. (1) The department may take disciplinary action against the license of a medical test site or an application for a license as a medical test site upon a determination that the licensee or applicant has engaged in or committed any of the following:

(a) Failure or refusal to comply with the requirements of chapter 70.42 RCW or the rules adopted under chapter 70.42 RCW;

(b) Knowingly, or with reason to know, made a false statement of a material fact in the application for a license or in any data attached thereto or in any record required by the department;

(c) Refused to allow representatives of the department to examine any book, record, or file required under this chapter;

(d) Willfully prevented, interfered with, or attempted to impede in any way, the work of a representative of the department; or

(e) Misrepresented or was fraudulent in any aspect of the owner's or applicant's business.

(2) Except as provided in subsection (3) of this section, the following actions may be taken against the applicant or licensee, individually or in any combination, as a disciplinary action:

(a) Denial of the license or renewal thereof;

(b) Conditions on the license which limit or cancel the test site's authority to conduct any tests or group of tests;

(c) Suspension of the license;

(d) Revocation of the license;

(e) Monetary penalties, not exceeding ten thousand dollars per violation.

(3) Upon a determination that the licensee or applicant has engaged in or committed any of the following described conduct, the sanction shall be as specified for that conduct. If more than one sanction is listed, the sanction may be ordered individually or in any combination:

(a) If the applicant was the holder of a license under chapter 70.42 RCW which was revoked for cause and never reissued by the department, then the license application may be denied;

(b) If the licensee willfully prevents or interferes with preservation of evidence of a known violation of chapter 70.42 RCW or the rules adopted under this chapter, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be:

(i) Conditioned in a manner limiting or canceling the authority to conduct tests or groups of tests;

(ii) Suspended;

(iii) Revoked;

(c) If the licensee used false or fraudulent advertising, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be suspended or revoked;

(d) If the licensee failed to pay any civil monetary penalty assessed by the department under chapter 70.42 RCW within twenty-eight days after the assessment becomes final, the license may be suspended or revoked;

(e) If the licensee intentionally referred its proficiency testing samples to another medical test site or laboratory for analysis, a monetary penalty not exceeding ten thousand dollars per violation may be assessed or the license may be:

(i) Conditioned in a manner limiting or canceling the authority to conduct tests or groups of tests;

(ii) Suspended;

(iii) Revoked.

(4) The department may summarily suspend or revoke a license when the department finds continued licensure of a test site immediately jeopardizes the public health, safety, or welfare.

(5) The department shall give written notice of any disciplinary action taken by the department to the owner or applicant for licensure, including notice of the opportunity for a hearing.

(6) A medical test site, convicted of fraud and abuse, false billing or kickbacks under state law must report this information to the department within thirty days.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-100, filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-100, filed 9/21/90, effective 10/22/90.]

WAC 246-338-110 Adjudicative proceedings. (1) A licensee or applicant contesting a disciplinary action shall, within twenty-eight days of service of the notice of disciplinary action, file an application of adjudicative proceeding with the Department of Health, Office of Professional Standards, 2413 Pacific Avenue, P.O. Box 47872, Olympia, WA 98504-7872.

(2) The adjudicative proceeding is governed by chapter 34.05 RCW, the Administrative Procedure Act, this chapter, and chapter 246-10 WAC.

(3) Any licensee or applicant aggrieved upon issuance of the decision after the conduct of an adjudicative proceeding may, within sixty days of service of the adjudicative proceeding decision, petition the superior court for review of the decision under chapter 34.05 RCW.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-110, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-110, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-110, filed 9/21/90, effective 10/22/90.]

WAC 246-338-990 Fees. (1) For the purpose of this section, the following words and phrases have the following meanings:

(a) "Accredited by organization" means a testing site is accredited, certified, or licensed by an organization meeting the requirements of WAC 246-338-040, Approval of accreditation bodies;

(b) "Low volume" means a medical test site performing not more than two thousand licensed tests per year;

(c) "Category A" means a medical test site performing greater than two thousand licensed tests per year, not more than ten thousand licensed tests per year and three or less specialties;

(d) "Category B" means a medical test site performing greater than two thousand licensed tests per year, not more than ten thousand licensed tests per year and at least four specialties;

(e) "Category C" means a medical test site performing greater than ten thousand licensed tests per year, not more than twenty-five thousand licensed tests per year and three or less specialties;

(f) "Category D" means a medical test site performing greater than ten thousand licensed tests per year, not more than twenty-five thousand licensed tests per year and four or more specialties;

(g) "Category E" means a medical test site performing greater than twenty-five thousand, but not more than fifty thousand licensed tests per year;

(h) "Category F" means a medical test site performing greater than fifty thousand, but not more than seventy-five thousand licensed tests per year;

(i) "Category G" means a medical test site performing greater than seventy-five thousand, but not more than one hundred thousand licensed tests per year;

(j) "Category H" means a medical test site performing greater than one hundred thousand, but not more than five hundred thousand licensed tests per year;

(k) "Category I" means a medical test site performing greater than five hundred thousand, but not more than one million licensed tests per year;

(l) "Category J" means a medical test site performing more than one million licensed tests per year;

(m) "Direct staff time" means all state employees' work time, including travel time and expenses involved infunctions associated with medical test site licensure or complaint investigation including:

(i) On-site follow up visit; and

(ii) Telephone contacts and staff or management conferences in response to a deficiency statement or complaint.

(2) The department shall assess and collect biennial fees for medical test sites as follows:

(a) Charge fees, based on the requirements authorized under RCW 70.42.090 and this section;

(b) Assess additional fees when a medical test site adds licensed tests that result in a change of category; and

(c) Determine fees according to criteria below:

(i) Certificate of waiver	$100 per biennium;
(ii) Physician-performed microscopic procedures	150 per biennium;
(iii) Low volume	1000 per biennium;
(iv) Category A	1500 per biennium;
(v) Category B	1800 per biennium;
(vi) Category C	2100 per biennium;
(vii) Category D	2500 per biennium;
(viii) Category E	3000 per biennium;
(ix) Category F	3500 per biennium;
(x) Category G	4100 per biennium;
(xi) Category H	4700 per biennium;
(xii) Category I	5000 per biennium;
(xiii) Category J	5500 per biennium;
(xiv) Accredited by organization	300 per biennium;
(xv) Follow up survey for deficiencies	direct staff time;
(xvi) Complaint investigation	direct staff time.

(3) The department shall exclude from fee charges the women, infant, and children (WIC) programs performing only hematocrit testing or hemoglobin testing as listed in WAC 246-338-030 (11)(f) or (i) for food distribution purposes and the Washington state migrant council performing only hematocrit testing or hemoglobin testing as listed in WAC 246-338-030 (11)(f) or (i) for nutritional evaluation.

[Statutory Authority: Chapter 70.42 RCW. 93-18-091 (Order 390), § 246-338-990, filed 9/1/93, effective 10/2/93; 91-21-062 (Order 205), § 246-338-990, filed 10/16/91, effective 10/16/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-338-990, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 70.42 RCW. 90-20-017 (Order 090), § 248-38-120, filed 9/21/90, effective 10/22/90.]

Chapter 246-340 WAC
SECOND TRIMESTER ABORTION FACILITIES

WAC

246-340-001	Repealed.
246-340-010	Repealed.
246-340-020	Repealed.
246-340-030	Repealed.
246-340-040	Repealed.
246-340-050	Repealed.
246-340-060	Repealed.
246-340-070	Repealed.
246-340-080	Repealed.
246-340-085	Criminal history, disclosure, and background inquiries.
246-340-090	Repealed.
246-340-100	Repealed.
246-340-110	Repealed.
246-340-990	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-340-001	Purpose. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-001, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-010, filed 3/20/86; Order 53, § 248-140-010, filed 2/8/71.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
246-340-010	Definitions. [Statutory Authority: RCW 43.70.040, 9.02.005 and 9.02.070. 92-02-018 (Order 224), § 246-340-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-010, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-140, filed 3/20/86. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-140, filed 12/15/82; Order 87, § 248-140-140, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.
246-340-020	Facilities approved for termination of pregnancy. [Statutory Authority: RCW 43.70.040, 9.02.005 and 9.02.070. 92-02-018 (Order 224), § 246-340-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-020, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-150, filed 3/20/86. Statutory Authority: RCW 9.02.070 and

43.20.050. 83-01-066 (Order 251), § 248-140-150, filed 12/15/82; Order 87, § 248-140-150, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-030 Certificate of approval required. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-160, filed 12/15/82; Order 87, § 248-140-160, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-040 Application for certificate of approval. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-170, filed 12/15/82; Order 87, § 248-140-170, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-050 Issuance, duration, and assignment of certificate of approval. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05.220. 92-02-018 (Order 224), § 246-340-050, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-180, filed 12/15/82; Order 87, § 248-140-180, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-060 Form of application for certificate of approval and inspection. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-060, filed 12/27/90, effective 1/31/91; Order 87, § 248-140-190, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-070 Notice of decision—Adjudicative proceeding. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 34.05.220. 92-02-018 (Order 224), § 246-340-070, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 42.20.050 and chapter 34.05 RCW. 90-05-038 (Order 034), § 248-140-200, filed 2/14/90, effective 3/17/90; Order 87, § 248-140-200, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-080 Nonhospital facilities approved for termination of pregnancy during the second trimester. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 9.02.070 and 43.20.050. 83-01-066 (Order 251), § 248-140-210, filed 12/15/82; Order 87, § 248-140-210, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-090 HIV/AIDS education and training. [Statutory Authority: RCW 43.70.040, 9.02.005, 9.02.070 and 70.24.310. 92-02-018 (Order 224), § 246-340-090, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-140-215, filed 10/12/89, effective 11/12/89.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-100 Reporting of pregnancy terminations. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-100, filed 12/27/90, effective 1/31/91. Statutory Authority: 1985 c 213. 86-08-002 (Order 2348), § 248-140-220, filed 3/20/86. Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-220, filed 10/1/80; Order 87, § 248-140-220, filed 6/12/73.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-110 Disclosure of information. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-340-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20.050. 80-14-063 (Order 202), § 248-140-230, filed 10/1/80.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

246-340-990 Fees. [Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-340-990, filed 12/27/90, effective 1/31/91.] Repealed by 93-19-109 (Order 391), filed 9/20/93, effective 10/21/93. Statutory Authority: RCW 43.70.040.

WAC 246-340-001 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-010 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-085 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the facility having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed facility,

having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-340-085, filed 7/26/93, effective 8/26/93.]

WAC 246-340-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-100 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-340-990 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-358 WAC
TEMPORARY WORKER HOUSING
(Formerly Labor Camps)

WAC

246-358-001 Purpose and scope.
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DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-358-035 Supervision and responsibility. [Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-035, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-035, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-035, filed 5/2/88.] Repealed by 93-03-032 (Order 326B), filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110.

WAC 246-358-001 Purpose and scope. (1) This chapter contains:

(a) Minimum health and sanitation requirements for temporary-worker housing adopted by the Washington state board of health in accordance with RCW 70.54.110;

(b) Procedures for applying for an operating license to provide temporary-worker housing, adopted by the Washington state department of health in accordance with RCW 43.70.340(3); and

(c) Operating license fees as set by RCW 43.70.340(2) to cover the costs of an inspection program to ensure

compliance with this chapter, adopted by the Washington state department of health.

(2) This chapter applies to temporary-worker housing that consists of:

(a) Five or more dwelling units; or

(b) Any combination of dwelling units, dormitories, or spaces that house ten or more occupants.

(3) This chapter does not apply to housing regulated by chapter 59.18 RCW, Residential Landlord-Tenant Act, or chapter 59.20 RCW, Mobile Home Landlord-Tenant Act.

[Statutory Authority: RCW 70.54.110. 93-12-043 (Order 365B), § 246-358-001, filed 5/25/93, effective 6/25/93; 93-03-032 (Order 326B), § 246-358-001, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-001, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-001, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-001, filed 5/2/88; 84-18-034 (Order 273), § 248-63-001, filed 8/30/84. Formerly WAC 248-61-001.]

WAC 246-358-010 Definitions. (1) "Board" means the Washington state board of health.

(2) "Construction" means building, altering, or adding to a structure, or changing the use of an existing structure, to house temporary workers.

(3) "Contracted health officer" means a health officer who has a signed agreement with the department to inspect housing, issue operating licenses, and enforce this chapter.

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

(5) "Dormitory" means a shelter, building, or portion of a building, without cooking and eating facilities, which is:

(a) Provided and designated by the operator as a sleeping area for five or more occupants; and

(b) Physically separated from other sleeping and common-use areas.

(6) "Dwelling unit" means a shelter, building, or portion of a building, that may include cooking and eating facilities, which is:

(a) Provided and designated by the operator as a sleeping and/or living area for occupants; and

(b) Physically separated from other sleeping and common-use areas.

(7) "Drinking fountain" means a fixture equal to a nationally recognized standard or a designed-to-drain faucet which provides potable drinking water under pressure. "Drinking fountain" does not mean a bubble-type water dispenser.

(8) "Emergency" means a natural disaster or other sudden and unexpected occurrence demanding immediate action. "Emergency" does not mean an unexpected demand for housing because additional workers are needed to harvest a crop larger than anticipated.

(9) "Exemption" means a written authorization from the board which excludes an operator from meeting a specific requirement or requirements in this chapter.

(10) "Foodhandling facility" means a designated, enclosed area for preparation of food.

(a) "Central foodhandling facility" means a cafeteria-type eating place with food furnished by and prepared under the direction of the operator for consumption, with or without charge, by occupants.

(b) "Common foodhandling facility" means an area designated by the operator for occupants to store, prepare, cook, and eat their own food supplies.

(11) "Health officer" means the individual appointed as such for a local health department under chapter 70.05 RCW or appointed as the director of public health of a combined city-county health department under chapter 70.08 RCW.

(12) "Laundry" means an area or room with one or more laundry sinks and/or mechanical washing machines used to wash clothing.

(13) "Occupant" means a temporary worker or a person who resides with a temporary worker at the housing site.

(14) "Operator" means owner, or the individual designated by the owner, responsible for the owner's temporary-worker housing.

(15) "Operating license" means a document issued annually by the department or contracted health officer authorizing the use of temporary-worker housing.

(16) "Refuse" means solid wastes, rubbish, or garbage.

(17) "Single operation" means the common use of labor, equipment, and supervision.

(18) "Sink" means a properly trapped plumbing fixture which prevents back passage or return of air and may be a:

(a) "Handwashing sink" with water under pressure intended for handwashing; or

(b) "Laundry sink" with hot and cold water under pressure, large enough to accommodate hand laundering of clothing.

(19) "Space" means a site designated by an operator for an individual worker-supplied housing unit.

(20) "Temporary worker" means a person employed intermittently and not residing year-round at the same site.

(21) "Temporary-worker housing" or "housing" (labor camp) means all facilities provided by the operator, managed as a single operation, including site; spaces; bathing, foodhandling, handwashing, laundry, and toilet facilities; dwelling units and dormitories, to house occupants.

(22) "Worker-supplied housing" means an enclosed vehicle designed for sleeping and/or living, supplied and used by a temporary worker, and may be:

(a) "Fully self-contained worker-supplied housing" which means a unit with bathing, foodhandling, handwashing, and toilet facilities that meet the requirements of this chapter; or

(b) "Basic worker-supplied housing" which means a unit without bathing, foodhandling, handwashing, and toilet facilities that meet the requirements of this chapter.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-010, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-010, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-010, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-010, filed 5/2/88; 84-18-034 (Order 273), § 248-63-010, filed 8/30/84. Formerly WAC 248-60A-010 and 248-61-010.]

WAC 246-358-020 Exemptions. The board may exempt an operator from meeting a specific requirement or requirements in this chapter. The board shall not grant an exemption for the operating license requirement.

(1) An operator wishing to request an exemption shall follow procedures established by the board, which include:

(a) Submitting a written request to the board; and

(b) Appearing before the board at a public hearing to justify the exemption.

(2) The board's decision shall be based on potential risk to public health and safety, justification presented by the operator, and recommendations by the department.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-020, filed 1/12/93, effective 2/12/93.]

WAC 246-358-025 Operating license. (1) An operator shall have an operating license before allowing the use of housing except as specified in subsection (3) of this section.

(2) An operator shall apply for an operating license at least forty-five days prior to either the use of housing or the expiration of an existing operating license by submitting to the department or contracted health officer:

(a) A completed application on a form provided by the department;

(b) Proof of satisfactory results of a bacteriological water quality test as required by WAC 246-358-055(2); and

(c) A fee as specified in WAC 246-358-990.

(3) An operator may allow the use of housing without a permit when all of the following conditions exist:

(a) The operator applied for an operating license in accordance with subsection (2) of this section at least forty-five days before occupancy, as evidenced by the post mark;

(b) The department or contracted health officer has not inspected the housing or issued an operating license;

(c) Other local, state, or federal laws, rules, or codes do not prohibit use of the housing; and

(d) The operator provides and maintains housing in compliance with this chapter.

(4) An operator shall:

(a) Post the operating license in a place readily accessible to workers;

(b) Notify the department or contracted health officer in the event of a transfer of ownership; and

(c) Cooperate with the department during on-site inspections.

(5) An operator may appeal decisions of the department in accordance with chapter 34.05 RCW and chapter 246-08 WAC.

[Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-025, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 70.54.110. 92-04-082 (Order 242B), § 246-358-025, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-025, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW and RCW 43.20.050. 90-06-049 (Order 040), § 248-63-025, filed 3/2/90, effective 3/2/90. Statutory Authority: RCW 43.20.050. 88-10-027 (Order 309), § 248-63-025, filed 5/2/88.]

WAC 246-358-030 Department authority. (1) The department may establish an agreement with a health officer whereby the health officer assumes responsibility for inspections, issuing operating licenses, and enforcing this chapter.

(2) The department or contracted health officer shall issue an operating license when the department or contracted health officer determines the operator has met the minimum requirements in this chapter.

(3) The department or contracted health officer shall specify on the operating license the:

(a) Operator's name;

(b) Number of approved units;

(c) Maximum occupancies approved for operator-supplied, basic worker-supplied, and fully self-contained worker-supplied housing; and

(d) Expiration date, which shall be one calendar year from the date of issuance.

(4) The department or contracted health officer shall determine the maximum occupancy for:

(a) Operator-supplied housing based on the square footage and the number of bathing, foodhandling, handwashing, laundry, and toilet facilities;

(b) Basic worker-supplied housing based on:

(i) The number of spaces designated by the operator for basic worker-supplied housing; and

(ii) The number of bathing, foodhandling, handwashing, laundry, and toilet facilities, in excess of those facilities required for operator-supplied housing; and

(c) Fully self-contained worker-supplied housing based on the number of spaces:

(i) Designated by the operator for fully self-contained worker-supplied housing; and

(ii) Meeting the requirements in WAC 246-358-085(2).

(5) The department or contracted health officer may issue a provisional operating license when housing fails to meet the standards in this chapter when:

(a) The operator agrees to comply with a written corrective action plan and compliance schedule; or

(b) An exemption request by the operator is pending action by the board.

(6) The department or contracted health officer shall survey each housing site to ensure standards of this chapter are met, including inspection:

(a) Before issuing an annual operating license;

(b) Upon request of an operator or occupant; and

(c) At least once each year or as determined by the department or contracted health officer.

(7) The department or contracted health officer shall respond to complaints.

(8) The department or contracted health officer shall take appropriate enforcement action which may include any one or combination of the following:

(a) Develop, with the operator, a corrective action plan including a compliance schedule;

(b) Notify the operator concerning violations;

(c) Suspend or revoke the operating license; or

(d) Other action deemed necessary to bring housing into compliance with this chapter.

(9) The department shall confer with local health, fire, safety, and building agencies to understand each party's responsibilities for housing complaints, on-site sewage, drinking water, solid waste, food service, and other related environmental health issues.

[Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-030, filed 1/12/93, effective 2/12/93.]

WAC 246-358-035 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-358-045 Location and maintenance. (1) An operator shall locate housing:

(a) To prevent a health or safety hazard;

(b) On well-drained sites to prevent standing water from becoming a nuisance;

(c) More than five hundred feet from a livestock operation unless the department or contracted health officer determines that no health risk exists;

(d) More than two hundred feet from swamps, pools, sink holes, or other surface collections of water unless provisions are taken to prevent the breeding of mosquitoes; and

(e) On sites sufficient in size to prevent overcrowding of necessary structures.

(2) An operator shall ensure that the housing site is maintained at all times in a sanitary condition free from garbage and other refuse.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-045, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-045, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-045, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-045, filed 5/2/88.]

WAC 246-358-055 Water supply. An operator shall:

(1) Provide an adequate, convenient water supply from an approved source as described in chapter 246-290 WAC, and:

(a) For housing existing prior to August 1, 1984, maintain and operate the water system in accordance with chapter 246-290 WAC; and

(b) For housing constructed after August 1, 1984, design, construct, maintain, and operate the water system in accordance with chapter 246-290 WAC;

(2) Submit a water sample to a department-certified laboratory for bacteriological quality testing each year prior to opening housing in accordance with WAC 246-290-300;

(3) Delay the use of housing until bacteriological quality meets the requirements in WAC 246-290-310;

(4) Provide cold, potable, running water under pressure in, or within one hundred feet of, each dwelling unit, dormitory, and space for basic worker-supplied housing;

(5) Provide cold, potable, running water under pressure to each space used for fully self-contained worker-supplied housing;

(6) Provide one or more drinking fountains for each one hundred occupants or fraction thereof;

(7) Prohibit the use of containers from which water is dipped or poured, and common drinking cups;

(8) Ensure that outlets for nonpotable water are rendered inaccessible to occupants within the housing site; and

(9) When water is unsafe for drinking purposes and accessible to occupants, post a sign within three feet of the source reading "DO NOT DRINK. DO NOT USE FOR WASHING. DO NOT USE FOR PREPARING FOOD." in English or marked with easily-understood pictures or symbols.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-055, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-055, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-055, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-055, filed 5/2/88.]

WAC 246-358-065 Sewage disposal. An operator shall:

(1) Provide on-site sewage disposal systems designed, constructed, and maintained as required in chapter 246-272 WAC, chapter 173-240 WAC, and local ordinances; and

(2) Ensure connection and drainage of sewage and waste water from all housing to a sewage disposal system approved by the jurisdictional agency.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-065, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-065, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-065, filed 5/2/88.]

WAC 246-358-075 Construction and maintenance. An operator shall:

(1) Ensure that all construction complies with applicable state and local ordinances, codes, regulations, and this chapter;

(2) Provide structurally-sound buildings and shelters which:

(a) Are maintained in good repair;

(b) Are maintained in a sanitary condition; and

(c) Protect occupants against the elements;

(3) Provide two means of escape from sleeping rooms, foodhandling facilities, and rooms where fifty or more people congregate;

(4) Provide, at a minimum, the following area, with ceiling heights in accordance with subsection (5) of this section:

(a) Seventy square feet of floor space for one occupant and fifty square feet for each additional occupant in each dwelling unit;

(b) Fifty square feet of floor space for each occupant in a dormitory; and

(c) Fifty square feet of floor space for each occupant in rooms used for sleeping purposes;

(5) Provide ceiling heights of seven feet over at least one-half the floor area with no point less than five feet, and ensure the minimum ceiling height in:

(a) Manufactured homes is six feet eight inches; and

(b) Operator-supplied recreational vehicles is six feet four inches;

(6) Provide smooth and tightly constructed wood, asphalt, or concrete floors in good repair;

(7) When wood floors are used, ensure floors are at least twelve inches above the ground at all points;

(8) Provide easily-cleanable surfaces on interior walls and floors free of excessive peeling paint;

(9) Use nonlead-based paint on all painted surfaces;

(10) Provide a window area equal to one-tenth of the total floor area in each habitable room;

(11) Provide an adequate natural or mechanical ventilation system for all rooms including the bathroom;

(12) Ensure windows or skylights used for ventilation open:

(a) To fifty percent of total window area; and

(b) Directly to the outside;

(13) Provide:

(a) Sixteen-mesh screens on all exterior openings; and

(b) Tight-fitting screen doors in good repair and equipped with self-closing devices;

(14) Provide electrical service including:

(a) One electrical ceiling-type light fixture and one wall outlet in each dwelling unit room;

(b) One electrical ceiling-type light fixture or wall fixture, and one or more outlets, for each two hundred fifty square feet of space in each dormitory; and

(c) One electrical ceiling-type or wall-type light fixture, and one or more outlets, in each central bathing, foodhandling, handwashing, laundry, and toilet room;

(15) Provide lighting intensities that meet the requirements in WAC 246-358-115;

(16) Ensure wiring and fixtures are installed in accordance with department of labor and industries regulations, RCW 19.28.070 and local ordinances, and maintained in a safe condition;

(17) Ensure heating, cooking, water heating, and other electrical equipment is installed in accordance with state and local ordinances, codes, and regulations governing such installation;

(18) Ensure that operator-supplied trailers and recreational vehicles manufactured after July 1968 display a Washington state department of labor and industries insignia as required in chapters 296-150A and 296-150B WAC; and

(19) Follow the compliance schedule established with the department or contracted health officer when existing housing fails to meet the requirements in this chapter.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-075, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-075, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-075, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-075, filed 5/2/88.]

WAC 246-358-085 Worker-supplied housing. An operator licensed for worker-supplied housing shall:

(1) Provide a space located and maintained in accordance with WAC 246-358-045 for each worker-supplied housing unit;

(2) Provide water, electricity, and sewage disposal at each space used for fully self-contained worker-supplied housing;

(3) Provide facilities for the maximum occupancy specified on the operating license for basic worker-supplied housing, including:

(a) Centralized bathing, handwashing, laundry, and toilet facilities in accordance with the ratios specified in WAC 246-358-095; and

(b) Common or central foodhandling facilities;

(4) Prohibit the use of tents as worker-supplied housing; and

(5) Comply with the requirements in this chapter; except, operators licensed only for worker-supplied housing are exempt from regulations pertaining to dwelling units and dormitories.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-085, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-085, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-085, filed 5/2/88.]

WAC 246-358-095 Bathing, handwashing, laundry, and toilet facilities. (1) An operator shall:

(a) Provide hot and cold running water under pressure twenty-four hours a day for bathing, handwashing, and laundry adequate to meet the needs of occupants as determined by the department or contracted health officer;

(b) Separate toilets from habitable areas by walls;

(c) Locate toilet rooms to provide access without passing through sleeping rooms;

(d) Provide water flush toilets and urinals unless privies or other methods are specifically approved by the department or contracted health officer according to requirements in chapter 246-272 WAC;

(e) Locate pit privies, when approved, at least one hundred feet from any dwelling unit, dormitory, space, or foodhandling facility;

(f) When vault privies or chemical toilets are approved:

(i) Locate at least fifty feet from any dwelling unit, dormitory, space, or foodhandling facility;

(ii) Maintain a service contract for sewage pumping with a licensed waste disposal company; and

(iii) Comply with local ordinances;

(g) If urinals are provided, cover the floor with a material impervious to moisture for a radius of not less than fifteen inches from the outer edge of the urinal, and from the urinal to the wall; and

(h) Connect sinks, bathing, and laundry facilities through properly trapped floor drains to an approved disposal system.

(2) An operator providing centralized bathing, handwashing, or toilet facilities shall meet the requirements of subsection (1) of this section, and:

(a) Provide the number of handwashing sinks, shower heads, and toilets specified in Table I;

(b) Locate toilets and handwashing sinks within two hundred feet of the door of housing lacking toilets;

(c) Locate bathing facilities within three hundred feet of housing lacking bathing facilities;

(d) Provide means for individual privacy for toileting and bathing;

(e) Provide an adequate number of toilet rooms for each sex, and clearly mark each room for men and for women with signs printed in English and easily-understood pictures or symbols;

(f) Separate toilet rooms for men and for women with solid walls or partitions extending from the floor to the roof or ceiling;

(g) Provide adequate, accessible supplies of toilet tissue and holders;

(h) Provide lighting in toilet rooms twenty-four hours per day;

(i) Ensure bathing and handwashing facilities are maintained in a clean and sanitary condition;

(j) Ensure that the toilet facilities are cleaned at least daily;

(k) Provide shower and laundry rooms with:

(i) Sloped, coved floors of nonslip impervious materials; and

(ii) Floor drains;

(l) Provide shower rooms with smooth, water impervious walls and partitions, and

(m) Provide cleanable, nonabsorbent waste containers.

TABLE 1:

Required number of centralized handwashing sinks, shower heads, toilets, and urinals.

HANDWASHING SINKS	One per each 6 persons*2 or fraction thereof.
SHOWER HEADS	One per each 10 persons* or fraction thereof.
TOILETS	One per each 15 persons*, or fraction thereof, with a minimum of two for any facility shared by men and women.

*The number of persons shall be calculated by subtracting the number of occupants sheltered in dwelling units and dormitories that contain individual facilities from the maximum occupancies approved for both operator-supplied and basic worker-supplied housing.

(3) An operator providing bathing, handwashing, or toilet facilities in dwelling units shall meet the requirements in subsection (1) of this section, and:

(a) Provide a handwashing sink in each dwelling unit that contains a toilet;

(b) Request occupants to maintain bathing, handwashing, and toilet facilities in a clean and sanitary condition; and

(c) When dwelling units house more than one family, provide a means of privacy for toileting and bathing.

(4) An operator shall provide the following centralized laundry facilities unless commercial or public laundry facilities are within three miles of housing and accessible to occupants:

(a) One laundry sink and one mechanical washing machine for each thirty occupants, or fraction thereof, specified on the operating license. Two laundry sinks may replace one mechanical washing machine. One mechanical washing machine may replace two laundry sinks, provided each laundry facility has at least one laundry sink; and

(b) Facilities for drying clothes.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-095, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-095, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-095, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-095, filed 5/2/88.]

WAC 246-358-105 Heating. An operator shall:

(1) Provide means of maintaining temperature of at least seventy degrees Fahrenheit in habitable rooms, and bathing, foodhandling, handwashing, laundry, and toilet facilities if used during periods requiring artificial heating;

(2) Install, vent, and maintain heating facilities to prevent fire hazard and fume concentrations;

(3) Avoid placing heating facilities in locations obstructing exits;

(4) Prohibit use of portable kerosene heaters; and

(5) If providing wood burning devices in manufactured homes or recreational vehicles, ensure the Washington state department of labor and industries insignia is displayed in accordance with chapter 43.22 RCW.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-105, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-105, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-105, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-105, filed 5/2/88.]

WAC 246-358-115 Lighting. An operator shall provide:

(1) Dwelling units and dormitories with a minimum of thirty foot-candles of light measured thirty inches from the floor;

(2) Toilet facilities with a minimum of twenty foot-candles of light measured thirty inches from the floor; and

(3) Adequate outdoor lighting for safe passage within the housing area.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-115, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-115, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-115, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-115, filed 5/2/88.]

WAC 246-358-125 Cooking and foodhandling facilities. An operator shall provide enclosed cooking and foodhandling facilities for all occupants.

(1) An operator furnishing cooking facilities in each dwelling unit shall provide:

(a) An operable cook stove or hot plate with a minimum of one cooking surface for every two adult occupants or four cooking surfaces for every two families;

(b) A sink with running water under pressure;

(c) Food storage areas and easily-cleanable food preparation counters situated off the floor;

(d) Individual or centralized mechanical refrigeration, capable of maintaining temperature of forty-five degrees Fahrenheit or below, with space for storing perishable food items for all occupants;

(e) Tables and chairs or equivalent seating;

(f) Fire resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas; and

(g) Nonabsorbent and easily-cleanable floors.

(2) An operator furnishing common foodhandling facilities shall provide:

(a) A room or building separate from and convenient to dwelling units, dormitories, and spaces;

(b) An operable cook stove or hot plate with a minimum of one cooking surface for every two adult occupants or four cooking surfaces for every two families;

(c) Sinks with hot and cold running water under pressure;

(d) Food storage areas and easily-cleanable food preparation counters situated off the floor;

(e) Mechanical refrigeration capable of maintaining a temperature of forty-five degrees Fahrenheit or below with space for storing perishable food items for all occupants;

(f) Tables and chairs or equivalent seating;

(g) Fire-resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas;

(h) Nonabsorbent, easily-cleanable floors; and

(i) No direct openings to living or sleeping areas from the common foodhandling facility.

(3) An operator furnishing a central foodhandling facility shall:

(a) Comply with chapter 246-215 WAC, Food service;

(b) Provide tables and chairs or equivalent seating;

(c) Provide fire-resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas; and

(d) Ensure the central foodhandling facility has no direct openings to living or sleeping areas.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-125, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-125, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-125, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-125, filed 5/2/88.]

WAC 246-358-135 Beds and bedding and personal storage. An operator shall:

(1) Provide beds or bunks furnished with clean mattresses in good condition for the maximum occupancy approved by the department for operator-supplied housing;

(2) Ensure bedding, if provided by the operator, is clean and maintained in a sanitary condition;

(3) Provide a minimum of twelve inches between each bed or bunk and the floor;

(4) When single beds are used separate beds laterally and end to end by at least thirty-six inches;

(5) When bunk beds are used:

(a) Separate beds laterally and end to end by at least forty-eight inches;

(b) Maintain a minimum space of twenty-seven inches between the upper and lower bunks; and

(c) Prohibit triple bunks.

(6) Provide storage facilities for clothing and personal articles in each room used for sleeping.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-135, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-135, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-135, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-135, filed 5/2/88.]

WAC 246-358-140 Emergency use of tents. An operator may use tents for a limited time in emergency situations provided the operator:

(a) Has prior written approval by the department; and

(b) Follows board guidelines for the use of tents.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-140, filed 1/12/93, effective 2/12/93.]

WAC 246-358-145 Health and safety. An operator shall:

(1) Use pesticides in and around the housing area consistent with chapters 15.58 and 17.21 RCW, chapter 16-228 WAC, and pesticide label instructions;

(2) Prohibit, in the housing area, the use, storage, and mixing of flammable, volatile, or toxic substances other than those intended for household use;

(3) Provide readily accessible first-aid equipment meeting the requirements of Part A-1 of chapter 296-24 WAC;

(4) Ensure that a person trained in basic first aid and cardiopulmonary resuscitation is accessible to occupants;

(5) Provide smoke detection devices in accordance with the Washington state fire marshal regulations in chapter 212-10 WAC;

(6) Store or remove unused refrigerator units to prevent access by children; and

(7) Fill abandoned privy pits with earth; and lock or otherwise secure unused privy buildings.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-145, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-145, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-145, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-145, filed 5/2/88.]

WAC 246-358-155 Refuse disposal. An operator shall:

(1) Establish and maintain a refuse disposal system;

(2) Protect against rodent harborage, insect breeding, and other health hazards while storing, collecting, transporting, and disposing of refuse;

(3) Store refuse in enclosed, sound, fly-tight, rodent-tight, impervious, and cleanable containers;

(4) Keep refuse containers clean;

(5) Provide an accessible container on a wooden, metal, or concrete stand within one hundred feet of each dwelling unit, dormitory, and space;

(6) Empty refuse containers at least twice each week, and when full;

(7) Remove refuse from housing areas and dispose of refuse in a manner consistent with local sanitation codes; and

(8) Ensure the housing area is free of refuse when housing is closed for the season to prevent a nuisance.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-155, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-155, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-155, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-155, filed 5/2/88.]

WAC 246-358-165 Rodent and insect control. An operator shall take measures necessary to control rodents and insects in and around the housing.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-165, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-165, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-165, filed 5/2/88.]

WAC 246-358-175 Disease prevention and control. An operator shall:

(1) Make reasonable efforts to know if disease is present among occupants;

(2) Report immediately to the local health officer:

(a) The name and address of any occupant suspected of having an infectious or communicable disease;

(b) Any case of suspected food poisoning; and

(c) Any unusual prevalence of any illness in which fever, diarrhea, sore throat, vomiting, jaundice, productive cough, or weight loss is a prominent symptom among occupants;

(3) When aware of an occupant's illness, assist the occupant to obtain medical diagnosis and treatment;

(4) Establish rules and inform occupants of their responsibilities related to maintaining housing consistent with the requirements in this chapter; and

(5) Post information regarding temporary-worker health and sanitation when provided by the department or contracted health officer.

[Statutory Authority: RCW 70.54.110. 93-03-032 (Order 326B), § 246-358-175, filed 1/12/93, effective 2/12/93; 92-04-082 (Order 242B), § 246-358-175, filed 2/5/92, effective 3/7/92. Statutory Authority: RCW 43.20.050. 91-02-051 (Order 124B), recodified as § 246-358-175, filed 12/27/90, effective 1/31/91; 88-10-027 (Order 309), § 248-63-175, filed 5/2/88.]

WAC 246-358-990 Operating license fees. (1) An operator shall pay the following annual fee as established by RCW 43.70.340(2):

(a) Fifty dollars for housing with six or less units; or

(b) Seventy-five dollars for housing with more than six units.

(2) An operator shall submit the fee to the department with the annual application for an operating license.

(3) An operator may request a refund if housing has not been occupied and inspected.

(4) An operator regulated by a contracted health officer is exempt from subsections (2) and (3) of this section.

[Statutory Authority: RCW 43.70.340 and 43.70.040. 93-03-031 (Order 324), § 246-358-990, filed 1/12/93, effective 2/12/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-358-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-24-074 (Order 2564), § 440-44-100, filed 12/2/87; 86-05-029 (Order 2342), § 440-44-100, filed 2/19/86.]

Chapter 246-388 WAC
RURAL HEALTH CARE FACILITY LICENSING RULES

WAC

246-388-070 Personnel.
246-388-072 Criminal history, disclosure, and background inquiries.

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

(e) 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;

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

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

(h) 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 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-388-070, filed 7/26/93, effective 8/26/93. 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 246-388-072 Criminal history, disclosure, and background inquiries. (1) A licensee or license applicant shall require a disclosure statement as specified under RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other person associated with the rural health care facility having direct contact with:

(a) Children under sixteen years of age;

(b) Vulnerable adults as defined under RCW 43.43.830; and

(c) Developmentally disabled individuals.

(2) A license applicant having direct contact with vulnerable adults shall obtain a Washington state patrol criminal history background disclosure statement and submit it to the department either:

(a) With the initial application for licensure; or

(b) For current licensees, with the first application for renewal of license submitted after September 1, 1993.

(3) A licensee or license applicant shall:

(a) Require a Washington state patrol background inquiry as specified in RCW 43.43.842(1) for each:

(i) Employee, volunteer, contractor, student, and any other person currently associated with the licensed rural health care facility, having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective employee, volunteer, contractor, student, and person applying for association with the licensed facility prior to allowing the person direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each person identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the person to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the person of the background inquiry results within seventy-two hours of receipt; and

(e) Offer to provide a copy of the background inquiry results to the person within ten days of receipt.

(4) A licensee may conditionally employ, contract with, accept as a volunteer or associate, a person having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the person; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the person.

(5) Except as provided in RCW 43.43.842 and in subsection (4) of this section, a licensee shall not hire or retain, directly or by contract, any person having direct contact with vulnerable adults, if that person has been:

(a) Convicted of a crime against persons as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation of a vulnerable adult;

(c) Found in any disciplinary board final decision to have abused a vulnerable adult under RCW 43.43.830; or

(d) The subject in a protective proceeding under chapter 74.34 RCW.

(6) The licensee shall establish and implement procedures ensuring that all disclosure statements and background inquiry responses are:

(a) Maintained in a confidential and secure manner;

(b) Used for employment purposes only;

(c) Not disclosed to any person except:

(i) The person about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor.

(d) Retained and available for department review during and at least two years following termination of employment.

(7) The department shall:

(a) Review records required under this section;

(b) Investigate allegations of noncompliance with RCW 43.43.830 through 43.43.842, when necessary, in consultation with law enforcement personnel; and

(c) Use information collected under this section solely for the purpose of determining eligibility for licensure or relicensure as required under RCW 43.43.842.

(8) The department may require licensees to complete additional disclosure statements or background inquiries for a person associated with the licensed facility having direct contact with vulnerable adults if the department has reason to believe that offenses specified under RCW 43.43.830 have occurred since completion of the previous disclosure statement or background inquiry.

[Statutory Authority: RCW 43.43.842, 43.43.830 through 43.43.842. 93-16-030 (Order 381), § 246-388-072, filed 7/26/93, effective 8/26/93.]

Chapter 246-806 WAC
CHIROPRACTIC, DOCTORS OF—BOARD OF CHIROPRACTIC EXAMINERS

WAC

246-806-075 Adjudicative proceedings—Procedural rules for the board of chiropractic examiners.
246-806-100 Prior approval not required.
246-806-110 License renewal—Affidavit of compliance with continuing education requirements.
246-806-130 Lapsed and inactive licenses—Requirements for reinstating or activating a license.
246-806-140 AIDS prevention and information education requirements.
246-806-150 Repealed.
246-806-160 Temporary permits—Issuance and duration.
246-806-190 Registration of chiropractic x-ray technicians.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-806-150 Temporary permits—Recognized jurisdictions. [Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-150, filed 12/23/91, effective 1/23/92.] Repealed by 93-09-055 (Order 356B), filed 4/19/93, effective 5/20/93. Statutory Authority: RCW 18.25.017 and 18.25.020.

WAC 246-806-075 Adjudicative proceedings—Procedural rules for the board of chiropractic examiners. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.25.017 and 18.25.020. 93-20-061, § 246-806-075, filed 10/1/93, effective 11/1/93.]

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 246-806-090 and the guidelines for symposium approval in WAC 246-806-090, then the application for renewal will be denied.

[Statutory Authority: RCW 18.25.017 and 18.25.020. 93-09-055 (Order 356B), § 246-806-100, filed 4/19/93, effective 5/20/93. 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 246-806-090 then the application for renewal will be subject to denial.

[Statutory Authority: RCW 18.25.017 and 18.25.020. 93-09-055 (Order 356B), § 246-806-110, filed 4/19/93, effective 5/20/93. 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 246-806-130 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 246-806-990.

(b) Updated chronology from date license was placed into inactive status.

(c) Proof of four hours of AIDS education as defined in WAC 246-806-140.

(d) Documentation of any continuing education courses taken during the time his/her license was inactive.

[Statutory Authority: RCW 18.25.017 and 18.25.020. 93-09-055 (Order 356B), § 246-806-130, filed 4/19/93, effective 5/20/93. 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 (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 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 (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 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 and 18.25.020. 93-09-055 (Order 356B), § 246-806-140, filed 4/19/93, effective 5/20/93. 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 Repealed. See Disposition Table at beginning of this chapter.

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 has a license, attesting that the applicant has 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 immediately upon:

(a) The issuance of a license by the board;

(b) Initiation of an investigation of the applicant by the board;

(c) Failure to pass the examinations given by the board; or

(d) Three months, whichever occurs first.

An applicant who has failed the examination, must apply for and take the next examination for which he/she is eligible.

[Statutory Authority: RCW 18.25.017 and 18.25.020. 93-09-055 (Order 356B), § 246-806-160, filed 4/19/93, effective 5/20/93. Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-160, filed 12/23/91, effective 1/23/92.]

WAC 246-806-190 Registration of chiropractic x-ray technicians. (1) Chiropractic doctors shall employ only board registered technicians to operate x-ray equipment.

(2) Application. An x-ray technician may apply for registration by submitting to the board:

(a) Proof of satisfactory completion of a course of classroom instruction of at least forty-eight hours which has been approved by the board in accordance with subsection (4) of this section; and

(b) Verification of passing a proficiency examination in radiologic technology, which is approved by the board. A passing grade shall be seventy-five percent or a standardized score approved by the board. If the applicant fails the initial examination, the applicant may reapply to take the examination one additional time without additional classroom instruction. If the applicant fails a second examination, the applicant shall complete an additional sixteen hours of classroom instruction prior to reapplying for a third examination.

(3) Exceptions.

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 18.25.017 and 18.25.020. 93-09-055 (Order 356B), § 246-806-190, filed 4/19/93, effective 5/20/93. Statutory Authority: RCW 18.26.110. 92-02-022 (Order 229B), § 246-806-190, filed 12/23/91, effective 1/23/92.]

Chapter 246-807 WAC
CHIROPRACTIC, DOCTORS OF—CHIROPRACTIC DISCIPLINARY BOARD

WAC

246-807-280 Full disclosure of cost of services.
246-807-290 Improper billing practices.
246-807-311 Sexual misconduct.
246-807-320 Records and x-rays and withdrawal from practice—Maintenance and retention of patient records.
246-807-395 State and federal agencies.
246-807-396 Professional standards review organizations.
246-807-500 Philosophy governing voluntary substance abuse monitoring programs.
246-807-510 Terms used in WAC 246-807-500 through 246-807-530.
246-807-520 Approval of substance abuse monitoring programs.
246-807-530 Participation in approved substance abuse monitoring program.

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.

(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 shall 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 and chapter 18.26 RCW. 93-24-107, § 246-807-280, filed 12/1/93, effective 1/1/94. 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.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-290, filed 12/1/93, effective 1/1/94. 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 246-807-311 Sexual misconduct. (1) The chiropractor shall never engage in sexual contact or sexual activity with current clients.

(2) The chiropractor shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the chiropractor-client relationship. Factors which the board may consider in evaluating if the chiropractor-client relationship has been abusive include but are not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the chiropractor during the course of treatment suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(3) The chiropractor shall never engage in sexually harassing or demeaning behavior with current or former clients.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-311, filed 12/1/93, effective 1/1/94.]

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 the legal representative of a minor child to release:

(a) Original x-rays and records to other licensed health care providers; or

(b) The chiropractor may provide duplicate films or a copy of the patient records to the health care provider or the patient. The health care provider may bill 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 upon request within sixty days unless other arrangements are made.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-320, filed 12/1/93, effective 1/1/94. 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 246-807-395 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 chiropractor has been judged to have demonstrated incompetency or negligence in the practice of chiropractic, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-395, filed 12/1/93, effective 1/1/94.]

WAC 246-807-396 Professional standards review organizations. Unless prohibited by federal or state law, every professional standards review organization operating within the state of Washington shall report to the board any conviction, determination, or finding that a license holder has committed an act which constitutes unprofessional conduct, or to report information which indicates that the license holder may not be able to practice his or her profession with reasonable skill and safety to consumers as a result of a mental or physical condition.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-396, filed 12/1/93, effective 1/1/94.]

WAC 246-807-500 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 chiropractors whose competency may be impaired due to the abuse of drugs or alcohol. The board intends that such chiropractors 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 chiropractors impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-500, filed 12/1/93, effective 1/1/94.]

WAC 246-807-510 Terms used in WAC 246-807-500 through 246-807-530. (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 WAC 246-807-520 which enters into a contract with chiropractors who have substance abuse problems regarding the required components of the chiropractor's recovery activity and oversees the chiropractor's compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating chiropractors.

(2) "Contract" is a comprehensive, structured agreement between the recovering chiropractor and the approved monitoring program stipulating the chiropractor's consent to comply with the monitoring program and its required components of the chiropractor'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 chiropractor'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 chiropractor and the chiropractor'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 chiropractors 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 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-510, filed 12/1/93, effective 1/1/94.]

WAC 246-807-520 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 chiropractor.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of chiropractic 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 chiropractic work environment; and

(f) The ability of the chiropractor to practice with reasonable skill and safety.

(3) The approved monitoring program will enter into a contract with the chiropractor and the board to oversee the chiropractor'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 recommend, on an individual basis, whether a chiropractor will be prohibited from engaging in the practice of chiropractic for a period of time and restrictions, if any, on the chiropractor'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 chiropractor as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the board any chiropractor who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the board guidelines on treatment, monitoring, and limitations on the practice of chiropractic for those participating in the program.

[Statutory Authority: RCW 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-520, filed 12/1/93, effective 1/1/94.]

WAC 246-807-530 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the chiropractor may accept board referral into the approved substance abuse monitoring program.

(a) The chiropractor 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 chiropractor 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 chiropractor will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The chiropractor 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 chiropractor must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The chiropractor 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 chiropractor will submit to random drug screening as specified by the approved monitoring program.

(vi) The chiropractor will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The chiropractor will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The chiropractor shall sign a waiver allowing the approved monitoring program to release information to the board if the chiropractor does not comply with the requirements of this contract.

(c) The chiropractor is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The chiropractor may be subject to disciplinary action under RCW 18.130.160 if the chiropractor 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 chiropractor 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 chiropractor 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 chiropractor 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 chiropractor will undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The chiropractor 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 chiropractor must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group therapy psychotherapy.

(iv) The chiropractor 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 chiropractor will submit to random drug screening as specified by the approved monitoring program.

(vi) The chiropractor will attend support groups facilitated by a health care professional and/or twelve step group meetings as specified by the contract.

(vii) The chiropractor will comply with specified employment conditions and restrictions as defined by the contract.

(viii) The chiropractor shall sign a waiver allowing the approved monitoring program to release information to the board if the chiropractor does not comply with the requirements of this contract.

(c) The chiropractor 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 18.26.110 and chapter 18.26 RCW. 93-24-107, § 246-807-530, filed 12/1/93, effective 1/1/94.]

Chapter 246-810 WAC
COUNSELORS

WAC

246-810-020 Expiration of registration or certification.
246-810-990 Fees.

WAC 246-810-020 Expiration of registration or certification. A registration or certification shall expire on the registered or certified practitioner's first birthdate following the date of initial issue at which time it will be subject to renewal. Thereafter, the registration or certification will be renewable at one-year intervals, on or before the birthdate of the registered or certified practitioner.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-020, filed 6/24/93, effective 7/25/93. 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 246-810-990 Fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title	Fee
Registered counselor:	
Application and registration	[$] 40.00
Application assessment	2.00
Renewal	37.00
Renewal assessment	1.85
Late renewal penalty	37.00
Duplicate registration	15.00
Certification/verification	[50.00] [15.00]
Registered hypnotherapist:	
Application and registration	85.00
Application assessment	4.25
Renewal	35.00
Renewal assessment	1.75
Late renewal penalty	35.00
Duplicate registration	15.00
Certification/verification	15.00
Certified marriage and family therapist:	
Application	100.00
Application assessment	5.00
Initial certification	125.00
Written examination	250.00
Retake examination—Written	250.00
Renewal	200.00
Renewal assessment	10.75
Late renewal penalty	100.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00
Certified mental health counselor:	
Application	[$] 75.00
Application assessment	3.75
Initial certification	60.00
Examination	90.00
Retake examination	90.00
Renewal	65.00
Renewal assessment	3.25
Late renewal penalty	50.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00
Certified social worker:	
Application	50.00
Application assessment	2.50
Initial certification	50.00
Examination	115.00
Retake examination	115.00
Renewal	65.00
Renewal assessment	3.25
Late renewal penalty	50.00
Duplicate certification	15.00
Certification/verification	15.00
Wall certificate	15.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-810-990, filed 6/24/93, effective 7/25/93. 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.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-815 WAC
DENTAL HYGIENISTS

WAC

246-815-100 Licensure by interstate endorsement of credentials.
246-815-990 Dental hygiene fees.

WAC 246-815-100 Licensure by interstate endorsement of credentials. A license to practice as a dental hygienist in Washington may be issued pursuant to RCW 18.29.045 provided the applicant meets the following requirements:

(1) The applicant has successfully completed a dental hygiene education program which is approved by the secretary of the department of health pursuant to WAC 246-815-030.

(2) The applicant has been issued a valid, current, nonlimited license by successful completion of a dental hygiene examination in another state. The other state's current licensing standards must be substantively equivalent to the licensing standards in the state of Washington. The other state's examination must have included the following portions and minimum level of competency standards. Each portion must be independently graded and successfully completed:

(a) Written tests - the written tests 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. The practical tests include:

(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 has been currently engaged in clinical practice at any time within the previous year as a dental hygienist in another state or in the discharge of official duties in the United States Armed Services, Coast Guard, Public Health Services, Veterans' Bureau, or Bureau of Indian Affairs. 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 18.29.045. 93-06-042A (Order 332), § 246-815-100, filed 2/24/93, effective 3/27/93. 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 246-815-990 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
Temporary license application	115.00
Duplicate license	15.00
Certification	35.00
Education program evaluation	200.00

[Statutory Authority: RCW 43.70.250 and 1993 c 323. 93-16-073, § 246-815-990, filed 8/2/93, effective 9/2/93. Statutory Authority: RCW 43.70.250. 91-13-002 (Order 173), § 246-815-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-04-094 (Order 029), § 308-25-065, filed 2/7/90, effective 3/10/90. Statutory Authority: RCW 43.24.086. 87-10-028 (Order PM 650), § 308-25-065, filed 5/1/87. Statutory Authority: 1983 c 168 § 12. 83-17-031 (Order PL 442), § 308-25-065, filed 8/10/83. Formerly WAC 308-25-060.]

Chapter 246-816 WAC
DENTISTS—DENTAL DISCIPLINARY BOARD

WAC

246-816-225 An act that may be performed by unlicensed persons outside the treatment facility.
246-816-370 General anesthesia (including deep sedation).

WAC 246-816-225 An act that may be performed by unlicensed persons outside the treatment facility. Unlicensed persons may select shade for crowns or fixed prostheses with the use of a technique which does not contact the oral cavity to avoid contamination with blood or saliva. The procedure shall be performed pursuant to the written instructions and order of a licensed dentist.

[Statutory Authority: RCW 18.32.640, 18.32.020 and 18.32.030. 93-19-111 (Order 400B), § 246-816-225, filed 9/20/93, effective 10/21/93.]

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 July 1993.

(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. 93-19-112 (Order 399B), § 246-816-370, filed 9/20/93, effective 10/21/93. 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.]

Chapter 246-818 WAC
DENTISTS—BOARD OF DENTAL EXAMINERS

WAC

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.

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) Hold an active license, registration or certificate to practice dentistry, without restrictions, in another state, obtained 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 practicing clinical 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. 93-07-108 (Order 350B), § 246-818-120, filed 3/23/93, effective 4/23/93; 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, or its designee(s). Completed applications will be acted on at the next scheduled board meeting or at other intervals determined by the board.

(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 2" x 2" photograph signed and dated.

(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 clinical, direct patient care dentistry, in another state, and has been practicing for a minimum of five years within the seven years immediately preceding application, 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 clinical dental practice;

(d) A letter from all malpractice insurance carrier(s) defining years when insured and any claims history;

(e) Federal or state tax numbers;

(f) DEA numbers if any;

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 including any adverse actions or restrictions. Such dental service, including service within the state of Washington, shall be credited toward the dental practice requirement.

Dentists employed by a dental school approved by the board 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 any adverse actions or restrictions. Such dental practice, including practice within the state of Washington, shall be credited toward the dental practice requirement. Dental practice within a residency program shall be credited toward the dental practice requirement.

[Statutory Authority: RCW 18.32.035. 93-12-005 (Order 363B), § 246-818-130, filed 5/19/93, effective 6/19/93; 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 subsection (1) or (2) of this section is met:

(1) The state in which the applicant received a license, following successful completion of an examination, currently administers or subscribes to an examination, which includes all components listed in subsection (2)(a) of this section and at least two of the components listed in subsection (2)(b) of this section.

(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) of this subsection and at least two of the components listed in (b) of this subsection.

(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) Cast gold test on a live patient restoring at least one proximal surface, from a Class II inlay up to and including a full cast crown.

(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 restorative procedures.

(vi) Removable prosthodontics written or clinical test.

(b) The examination included/includes at least two of the following characteristics or components:

(i) Standardization and calibration of examiners.

(ii) Anonymity between candidates and grading examiners.

(iii) Endodontic test which requires the obturation of at least one canal.

(iv) Other clinical procedures (i.e., composite, gold foil.)

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. 93-07-108 (Order 350B), § 246-818-140, filed 3/23/93, effective 4/23/93; 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.]

Chapter 246-824 WAC
DISPENSING OPTICIANS

WAC

246-824-040 Application for examination.
246-824-071 Licensure by endorsement—Definitions.
246-824-072 Temporary permits.
246-824-073 Retired active license.
246-824-990 Dispensing optician fees.

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 and all documents required in support of the application 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.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-040, filed 6/24/93, effective 7/25/93. 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 246-824-071 Licensure by endorsement—Definitions. (1) For the purpose of licensure by endorsement the following definitions shall apply:

(a) "Credential in another state" means the applicant holds a current valid license to practice as a dispensing optician in another state.

(b) "Substantially equivalent" means the applicant has successfully completed an examination administered by or authorized by either a national professional association or a state other than Washington state. The examination shall cover the same subject matter as the Washington state examination. The licensing law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.34.060.

(2) The department shall issue a license by endorsement unless there is a basis for denial of the license or issuance of a license conditioned on the applicant's compliance with an order entered pursuant to RCW 18.130.160. A person applying for a license by endorsement shall submit to the department:

(a) A completed application on a form provided by the department;

(b) An application fee, and if the application is approved, an original license fee;

(c) Evidence satisfactory to the department that the education and examination requirements of the other state are substantially equivalent to that of Washington;

(d) A completed open-book state law examination provided by the department;

(e) Proof of compliance with the AIDS prevention and information education requirements as listed in WAC 246-824-170.

(3) Written documentation shall be submitted directly from all states in which the applicant is or has been licensed, verifying the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment.

(4) If licensure by endorsement is denied, and the applicant is otherwise qualified for the licensing examination, he or she may apply for licensure by examination in accordance with RCW 18.34.070 and WAC 246-824-040.

(5) Endorsement application fees are nonrefundable, but may be applied towards the examination fee if licensure by endorsement is denied.

(6) A license issued by endorsement is subject to annual renewal, penalty for late renewal as established in RCW 18.34.120 and WAC 246-824-990, and continuing education as provided for in WAC 246-824-075.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-071, filed 6/24/93, effective 7/25/93.]

WAC 246-824-072 Temporary permits. Eligibility requirements for temporary permits are the same for licensure by endorsement (WAC 246-824-071), therefore, no temporary permits will be issued. Individuals inquiring about temporary permits will be given information and an application for licensure by endorsement.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-072, filed 6/24/93, effective 7/25/93.]

WAC 246-824-073 Retired active license. (1) A person holding a current Washington state dispensing optician license who wishes to practice only in emergency or intermittent circumstances may apply for a retired active license if that person:

(a) Practices no more than ninety days each year in Washington state;

(b) Does not wish to practice on an intermittent basis but is available to practice for an extended period of time for the purpose of providing his or her professional services in emergency circumstances such as times of declared war or other states of emergency.

(2) An individual requesting a retired active license status shall submit a letter to the department declaring the intent to practice only on an intermittent or emergency basis, along with the active retired renewal fee specified in WAC 246-824-990. Active retired licenses will not be retroactively issued for prior years.

(3) An active retired license is subject to annual renewal and penalty for late renewal as established in RCW 18.34.120 and WAC 246-824-990. Subsequent to being issued a retired active license, the licensee shall report, with the annual renewal the dates and circumstances under which the licensee practiced during the previous year.

(4) An active retired license is subject to continuing education as established in WAC 246-824-075.

(5) To reinstate the license to an active license status the licensee shall notify the department in writing five days in advance of the change and pay a reinstatement fee as specified in WAC 246-824-990.

(6) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-073, filed 6/24/93, effective 7/25/93.]

WAC 246-824-990 Dispensing optician fees. The following fees shall be charged by the professional licensing [division] [services] of the department of health:

Title of Fee	Fee
Optician:	
Full examination (or reexamination)	$200.00
Reexamination—Practical only	50.00
Reexamination—Written (basic) only	25.00
Reexamination—Written (contact lens) only	25.00
Renewal	125.00
Late renewal penalty	[75.00] [15.00]
Duplicate license	15.00
[Certification	25.00]
Apprentice registration	75.00
Endorsement application	100.00
Inactive license	35.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-824-990, filed 6/24/93, effective 7/25/93. 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.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-828 WAC
HEARING AID FITTERS AND DISPENSERS

WAC

246-828-005	Fitting and dispensing activities requiring license defined.
246-828-340	Surety bonding—Security in lieu of bonding.
246-828-400	Temporary practice permits—Scope and purpose.
246-828-410	Definitions.
246-828-420	Issuance of temporary practice permits.
246-828-430	Duration of temporary practice permits.
246-828-500	Citation and purpose.
246-828-510	Basic requirement—Amount.
246-828-520	Effective date of requirement.
246-828-530	Exceptions.
246-828-540	Qualification of program for continuing education credit.
246-828-550	Programs approved by the council on hearing aids.
246-828-560	Certification of compliance.
246-828-570	Adjudicative proceedings.
246-828-990	Hearing aid fitter/dispenser fees.

WAC 246-828-005 Fitting and dispensing activities requiring license defined. Fitting and dispensing activities requiring licensing include the following:

(1) The sale, lease, or rental or attempted sale, lease, or rental of a hearing aid; and

(2) The selection or adaptation of a hearing aid in connection with the sale, lease, or rental of a hearing aid; and

(3) The taking of an ear mold impression to be used in connection with the sale, lease, or rental of a hearing aid except when taking an ear mold impression for the purpose of replacing a current ear mold with one of the same type.

Activities exempt from the provisions of chapter 18.35 RCW: The sale, lease, or rental of assistive listening devices which are described as personal or group listening systems, telephone listening devices, or altering devices are exempt from provisions of chapter 18.35 RCW. Assistive listening devices are designed to solve specific listening problems and are generally worn on a temporary basis. Hearing aids are designed for a wide range of listening situations and are generally worn on a full time basis.

[Statutory Authority: RCW 18.35.161(1). 93-07-009 (Order 339B), § 246-828-005, filed 3/5/93, effective 4/5/93.]

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.

In addition to the primary establishment, a branch facility requires separate bonding if that facility is open to the public at a permanent location for twenty or more hours a week or one thousand hours a year. Fitter-dispensers who rent or lease office space in a facility whose primary function is other than the fitting and dispensing of hearing aids do not require separate bonding for that facility unless the fitter-dispenser or his/her representative is present at that location twenty or more hours a week.

[Statutory Authority: RCW 18.35.161(1). 93-07-010 (Order 340B), § 246-828-340, filed 3/5/93, effective 4/5/93. 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 246-828-400 Temporary practice permits—Scope and purpose. The temporary practice permit is established to enable safe, qualified, and trained hearing aid fitter dispensers who are currently licensed in another state as defined in WAC 246-828-410 to work in the state of Washington prior to completing the examinations administered by the hearing aid council. All licensing requirements established for obtaining a fitter dispenser license will need to be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-400, filed 3/5/93, effective 4/5/93.]

WAC 246-828-410 Definitions. For the purpose of issuing temporary practice permits the following definitions shall apply:

(1) "Licensed in another state" means the applicant holds a current valid license, registration, or certification to practice the fitting and dispensing of hearing aids in another state and is in good standing.

(2) "Substantially equivalent" means the applicant has successfully completed an examination administered by or authorized by a state other than Washington state. The examination shall measure basic knowledge of the fitting and dispensing of hearing aids and comply with the requirements as listed in RCW 18.35.070 and WAC 246-828-020, as determined by the council.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-410, filed 3/5/93, effective 4/5/93.]

WAC 246-828-420 Issuance of temporary practice permits. The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(1) A completed application requesting a temporary practice permit on a form provided by the department;

(2) Examination fee and temporary practice permit fee, as specified in WAC 246-828-990;

(3) Cause written verification to be sent to the licensing office from all states in which the applicant is or has been licensed. The verification will be completed by the state and will verify the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment and has been practicing for six months or longer; and

(4) An affidavit attesting that the temporary permit applicant has read, understands, and will abide by the Washington state laws regarding the dispensing and fitting or hearing aids on forms provided by the department.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-420, filed 3/5/93, effective 4/5/93.]

WAC 246-828-430 Duration of temporary practice permits. The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

(1) The release of the results of the next scheduled examination for which the applicant would be eligible;

(2) Issuance of a license by the department; or

(3) Nine months.

[Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-430, filed 3/5/93, effective 4/5/93.]

WAC 246-828-500 Citation and purpose. The purpose of these rules is to require licensed hearing aid fitters and dispensers to continue their professional education as a condition of maintaining a license to practice the fitting and dispensing of hearing aids in this state.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-500, filed 3/5/93, effective 4/5/93.]

WAC 246-828-510 Basic requirement—Amount. In the one-year period immediately preceding the annual renewal of the license to practice the fitting and dispensing of hearing aids, the applicant shall complete or accumulate ten hours of acceptable continuing education.

(1) Measurement is in full academic hours only (a fifty-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.

(3) Acceptable courses taken after January 1, 1993, may be included in the first computation of continuing education hours necessary for renewal.

(4) The same course taken more than once during the renewal period shall be counted only once.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-510, filed 3/5/93, effective 4/5/93.]

WAC 246-828-520 Effective date of requirement. (1) The effective date of the continuing education requirement shall be one year after the 1993 renewal date. Therefore, the required number of hours must first be met by the July 1, 1994, license renewal date.

(2) With respect to any individual, the regulation shall become effective on the 1994 renewal or one year after initial licensure in this state, whichever is later.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-520, filed 3/5/93, effective 4/5/93.]

WAC 246-828-530 Exceptions. The following is an exception from the continuing education requirements. Upon a showing of good cause by a licensee to the secretary, the secretary, with advice from the council, may exempt such licensee from any, all, or part of the continuing education requirement. Good cause includes, but is not limited to, severe illness.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-530, filed 3/5/93, effective 4/5/93.]

WAC 246-828-540 Qualification of program for continuing education credit. (1) Generally, formal completion of a program of learning which contributes directly to the professional competence of an individual to practice the fitting and dispensing of hearing aids after he/she has been licensed to do so shall qualify an individual to receive credit for continuing education.

(2) Specifically, of the total ten hours of required education, a maximum of two hours may be in the area of practice management. Practice management includes, but is not limited to, marketing, computer recordkeeping, and personnel issues.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-540, filed 3/5/93, effective 4/5/93.]

WAC 246-828-550 Programs approved by the council on hearing aids. Completion of the following are deemed to qualify an individual for continuing education credit:

(1) Attendance at a continuing education program having a featured speaker(s) or panel which has been approved by an industry-recognized local, state, national, or international organization.

(2) Participation as a speaker or panel member in a continuing education program which has been approved by an industry-recognized local, state, national, or international organization. A maximum of two hours of such participation may be applied towards the total ten hours required.

(3) Completion as a student, of a written, video, or audio continuing education program which has been approved by an industry-recognized local, state, national, or international organization. Only such programs which have accompanying required tests of comprehension upon completion and are independently graded shall be accepted.

[Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-550, filed 3/5/93, effective 4/5/93.]

WAC 246-828-560 Certification of compliance. (1) In conjunction with the application for renewal of licensure at the end of each one-year period as provided for in WAC 246-828-520, each licensee shall submit an affidavit of compliance on a form supplied by the secretary indicating the ten hours of continuing education completed by the licensee in the previous twelve months.

(2) The secretary, with recommendations of the council, reserves the right to require any licensee to submit evidence, e.g., course or program certificate of training, transcript, 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 18.35.161(3). 93-07-007 (Order 342B), § 246-828-560, filed 3/5/93, effective 4/5/93.]

WAC 246-828-570 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of Health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.35.161(3). 93-17-044, § 246-828-570, filed 8/12/93, effective 9/12/93.]

WAC 246-828-990 Hearing aid fitter/dispenser fees. The following fees shall be charged by the professional licensing [division] [services] of the department of health:

Title of Fee	Fee
Trainee:	
Initial application	$200.00
Trainee transfer of sponsor—Within fifteen days	50.00
Trainee transfer of sponsor—Over fifteen days	100.00
Extension of trainee license	100.00
Fitter/dispenser:	
Examination or reexamination (full)	350.00
Partial reexamination	200.00
Initial license	175.00
Renewal	340.00
Late renewal penalty	272.00
Duplicate license	15.00
Certification	15.00
Temporary practice permit	175.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-828-990, filed 6/24/93, effective 7/25/93; 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.]

Reviser's note: RCW 34.05.395 requires the use of underlining and deletion marks to indicate amendments to existing rules, and deems ineffectual changes not filed by the agency in this manner. The bracketed material in the above section does not appear to conform to the statutory requirement.

Chapter 246-830 WAC
MASSAGE PRACTITIONERS

WAC

246-830-990 Massage 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	$ 65.00
Practical examination and reexamination	50.00
Reciprocity	50.00
Initial license	55.00
Renewal	65.00
Late renewal penalty	50.00
Certification	15.00
Duplicate license	15.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-830-990, filed 6/24/93, effective 7/25/93. 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 246-836 WAC
NATUROPATHIC PHYSICIANS

WAC

246-836-990 Naturopathic physician licensing fees.

WAC 246-836-990 Naturopathic physician licensing fees. (1) The following fees are payable to the department of health.

Title of fee	Amount
Application	50.00
Pregraduate basic science examination	175.00
Clinical examinations (initial/retake)	275.00
Basic science examination (initial/retake)	125.00
Add-on examinations (initial/retake)	75.00
State examination (initial/retake)	50.00
Initial license	50.00
License renewal	450.00
Late renewal penalty	225.00
Duplicate license	15.00
Certification	15.00
Application for reciprocity	50.00

(2) Fees submitted to and processed by the department are nonrefundable.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-836-990, filed 6/24/93, effective 7/25/93. 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

246-838-050 Licensing examination.
246-838-090 Licensure of graduates of foreign schools of nursing.
246-838-110 Documents which indicate authorization to practice.
246-838-120 Renewal of licenses.
246-838-121 Responsibility for maintaining mailing address.
246-838-130 Return to active status from inactive or lapsed status.
246-838-270 Criteria for approved refresher course.
246-838-320 Repealed.
246-838-330 Impaired practical nurse program—Content—License surcharge.
246-838-340 Executive secretary qualifications.
246-838-350 Appearance and practice before agency—Standards of ethical conduct.
246-838-360 Adjudicative proceedings procedural rules.
246-838-990 Practical nurse fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-838-320 Executive secretary qualifications. [Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-320, filed 8/10/92, effective 9/10/92.] Repealed by 93-21-006, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.78.050.

WAC 246-838-050 Licensing examination. (1) In order to be licensed in this state, all practical nurse applicants shall take and pass the National Council Licensure Examination (NCLEX) for Practical Nurses.

(2) 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.

(3) The examination shall be administered in accord with the NCSBN security measures and contract. All appeals of examination results shall be managed in accord with policies in the NCSBN contract.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-050, filed 10/7/93, effective 11/7/93; 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 246-838-090 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 standard required in Washington.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-090, filed 10/7/93, effective 11/7/93. 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 246-838-110 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). This license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a practical nurse.

(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. 93-21-006, § 246-838-110, filed 10/7/93, effective 11/7/93. 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 and surcharge fee as stated in WAC 246-838-330 and 246-838-990, shall be issued a license to practice. Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal 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) Licensees who fail to renew their license on or before its expiration date will remit to the department a late penalty fee in addition to the annual renewal fee.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-120, filed 10/7/93, effective 11/7/93. Statutory Authority: RCW 18.130.175 and 18.78.050. 93-04-080 (Order 331B), § 246-838-120, filed 2/1/93, effective 3/4/93. 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 246-838-121 Responsibility for maintaining mailing address. It is the responsibility of each licensee to maintain a current mailing address on file with the board which 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 18.78.050. 93-21-006, § 246-838-121, filed 10/7/93, effective 11/7/93.]

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. The limited educational license is valid only while working under the direct supervision of a preceptor and is not valid for employment as a practical nurse. Upon successful completion of the course, the individual's license shall be returned to active status.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-130, filed 10/7/93, effective 11/7/93; 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 246-838-270 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 apply and be eligible for 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. 93-21-006, § 246-838-270, filed 10/7/93, effective 11/7/93; 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 246-838-320 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-330 Impaired practical nurse program—Content—License surcharge. (1) To implement an impaired practical nurse program as authorized by RCW 18.130.175, the board of practical nursing shall enter into a contract with a voluntary substance abuse monitoring program. The impaired practical nurse program may include any or all of the following:

(a) Contracting with providers of treatment programs;

(b) Receiving and evaluating reports of suspected impairment from any source;

(c) Intervening in cases of verified impairment;

(d) Referring impaired practical nurses to treatment programs;

(e) Monitoring the treatment and rehabilitation of impaired practical nurses including those ordered by the board;

(f) Providing education, prevention of impairment, posttreatment monitoring, and support of rehabilitated impaired practical nurses; and

(g) Performing other related activities as determined by the board.

(2) A contract entered into under subsection (1) of this section shall be financed by a surcharge of up to four dollars on each active license renewal to be collected by the department of health from each practical nurse licensed under chapter 18.78 RCW. These moneys shall be placed in the health professions account to be used solely for the implementation of the impaired practical nurse program.

[Statutory Authority: RCW 18.130.175 and 18.78.050. 93-04-080 (Order 331B), § 246-838-330, filed 2/1/93, effective 3/4/93.]

WAC 246-838-340 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. 93-21-006, § 246-838-340, filed 10/7/93, effective 11/7/93.]

WAC 246-838-350 Appearance and practice before agency—Standards of ethical conduct. All persons appearing in proceedings before the Washington state board of practical nursing 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 board of practical nursing may decline to permit such person to appear in a representative capacity in any proceeding before it.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-350, filed 10/7/93, effective 11/7/93.]

WAC 246-838-360 Adjudicative proceedings procedural rules. The Washington state board of practical nursing adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.78.050. 93-21-006, § 246-838-360, filed 10/7/93, effective 11/7/93.]

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
Impaired practical nurse assessment	4.00

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. 93-07-023 (Order 344), § 246-838-990, filed 3/9/93, effective 4/9/93; 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

246-839-115	Responsibility for maintaining mailing address on file with the board.
246-839-350	Application requirements for ARNP interim permit.
246-839-360	Renewal of ARNP designation.
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.
246-839-745	Adjudicative proceedings.
246-839-990	Registered nurse fees.

WAC 246-839-115 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 18.88.080 and 18.88.086. 93-11-007 (Order 361B), § 246-839-115, filed 5/5/93, effective 6/5/93.]

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. The holder of an ARNP permit shall use the title graduate registered nurse practitioner (GRNP).

(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. 93-22-052, § 246-839-350, filed 10/28/93, effective 11/28/93; 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. The board may perform random audits of licensee's attestations.

(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. 93-22-052, § 246-839-360, filed 10/28/93, effective 11/28/93; 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 246-839-400 ARNP with prescriptive authorization. An advanced registered nurse practitioner licensed under chapter 18.88 RCW when authorized by the board of nursing may prescribe drugs pursuant to applicable state and federal laws. The ARNP when exercising prescriptive authority is accountable for competency in:

(1) Patient selection;

(2) Problem identification through appropriate assessment;

(3) Medication and/or device selection;

(4) Patient education for use of therapeutics;

(5) Knowledge of interactions of therapeutics, if any;

(6) Evaluation of outcome; and

(7) Recognition and management of complications and untoward reactions.

[Statutory Authority: RCW 18.88.080. 93-22-052, § 246-839-400, filed 10/28/93, effective 11/28/93; 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. An advanced registered nurse practitioner 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; or

(j) Neonatal nurse practitioner.

(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. 93-22-052, § 246-839-410, filed 10/28/93, effective 11/28/93; 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.

(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. 93-22-052, § 246-839-420, filed 10/28/93, effective 11/28/93; 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 246-839-745 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.130.050. 93-20-113, § 246-839-745, filed 10/6/93, effective 11/6/93.]

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	35.00
Late renewal penalty	100.00
Inactive license renewal	10.00
Inactive late renewal penalty	5.00
Endorsement	40.00
Duplicate license	20.00
Examination retake	40.00
Verification of licensure/education	25.00
ARNP application	25.00
ARNP renewal	30.00
ARNP late renewal penalty	100.00
ARNP with prescriptive authorization application	45.00
ARNP with prescriptive authorization renewal	50.00
ARNP with prescriptive late renewal penalty	100.00

[Statutory Authority: RCW 18.88.080. 93-12-125 (Order 366), § 246-839-990, filed 6/2/93, effective 7/3/93. 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 246-843 WAC
NURSING HOME ADMINISTRATORS

WAC

246-843-001 Source of authority—Title.
246-843-010 General definitions.
246-843-080 Application for examination.
246-843-090 Preexamination requirements.
246-843-158 Responsibility for maintaining mailing address on file with the board.
246-843-180 Registration of licenses.
246-843-205 Standards of conduct.
246-843-340 Adjudicative proceedings.
246-843-990 Nursing home administrator fees.

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 nursing home administrators of the state of Washington, and are hereby promulgated pursuant to the authority granted to said board pursuant to RCW 18.52.061(1).

[Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-001, filed 6/3/93, effective 7/4/93. 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) "Nursing home administrator-in-training" means an individual registered as such with the board, under and pursuant to these rules and regulations.

(2) "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.

(3) "Secretary" means the secretary of the department of health or the secretary's designee.

(4) "Active administrative charge" is the ongoing direct participation in the operating concerns of a nursing home. Operating concerns shall include, but not be limited to, interaction with staff and residents, liaison with the community, liaison with regulatory agencies, pertinent business and financial responsibilities, planning and other activities as identified in the most current role delineation study of the National Association of Boards of Examiners for Nursing Home Administrators. The role delineation study is available from National Association of Boards of Examiners for Nursing Home Administrators, 808 17th Street NW #200, Washington, DC 20006.

(5) "On-site, full-time administrator" shall be defined as an individual in active administrative charge at the premises of only one nursing home facility, a minimum of four days and an average of forty hours per week, except: "On-site, full-time administrator with small resident populations," or in "rural areas," shall be defined as an individual in active administrative charge at the premises of only one nursing home facility:

(a) A minimum of four days and an average of twenty hours per week at facilities with one to thirty beds; or

(b) A minimum of four days and an average of thirty hours per week at facilities with thirty-one to forty-nine beds.

(6) "Collocated facilities" means that more than one licensed nursing facility is situated on a single contiguous piece of property, intersecting streets or roads allowing pedestrian crossing notwithstanding.

(7) "Nursing homes temporarily without an administrator." Upon the administrator's position becoming vacant, a nursing home may operate up to two continuous weeks under a responsible person authorized to act as administrator designee. Such person shall be qualified by experience to assume delegated duties. The nursing home shall have a written agreement with a licensed administrator who shall be available to consult with such person.

[Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-010, filed 6/3/93, effective 7/4/93. 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 246-843-080 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.

(5) Applicants who submitted an application prior to July 4, 1993, must successfully complete the examination(s) by July 1, 1996, or must meet the current application requirements.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-080, filed 11/10/93, effective 12/11/93. 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 health professions quality assurance, department of health, and shall include all information requested in said application.

(3) All applicants shall submit documentation demonstrating that they meet the minimum requirements set forth in RCW 18.52.071.

(4) Applicants not having completed at least a one thousand hour practical experience requirement in a nursing home, included in a degree program, shall undertake and complete the following:

(a) A one thousand five hundred hour administrator-in-training program in a nursing home for individuals who have no experience in health care;

(b) A one thousand hour administrator-in-training program in a nursing home for individuals with a minimum of two years experience as a department manager in a health care facility with supervisory and budgetary responsibility; or

(c) A five hundred hour administrator-in-training program in a nursing home for individuals with a minimum of two years experience in the last five years with supervisory and budgetary responsibility in one of the following positions or their equivalent:

Hospital administration;

Assistant administrator in a large health care facility;

Director of a hospital based facility;

Director of a subacute or transitional care unit;

Director of the department of nursing;

Health care consultant to the long term care industry;

Director of community-based long term care service;

Those individuals serving in two separate positions for a minimum of one year in each position may also submit an application for consideration. Such a program 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 one thousand five hundred hours, one thousand hours, or five hundred hours;

(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 writing 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.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-090, filed 11/10/93, effective 12/11/93; 93-13-004 (Order 371B), § 246-843-090, filed 6/3/93, effective 7/4/93. 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 246-843-158 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 18.52.061. 93-23-034, § 246-843-158, filed 11/10/93, effective 12/11/93.]

WAC 246-843-180 Registration of licenses. (1) Every person who holds a valid nursing home administrator's license, active or inactive, shall reregister on dates specified by the secretary. Such relicensure shall be granted upon receipt of the annual fee, and upon fulfilling the continuing competency requirements by submitting proof of completing fifty-four hours of continuing education as described in WAC 246-843-150.

(2) Any active or inactive license holder not relicensed will be charged a penalty fee as set forth in WAC 246-843-990 in addition to the annual fee and all delinquent fees that are in arrears. In the event that the license of an individual is not relicensed within two years from the most recent date for relicensure, such license shall lapse and the individual must again apply for licensing and meet all the requirements for a new applicant.

[Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-180, filed 6/3/93, effective 7/4/93. 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 246-843-205 Standards of conduct. Licensed nursing home administrator shall be in active administrative charge of the nursing home in which they have consented to serve as administrator.

[Statutory Authority: RCW 18.52.061. 93-13-004 (Order 371B), § 246-843-205, filed 6/3/93, effective 7/4/93. 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 246-843-340 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.52.061. 93-23-034, § 246-843-340, filed 11/10/93, effective 12/11/93.]

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)	325.00
Reexamination (partial)	125.00
Application—Reciprocity	295.00
Temporary permit	190.00
Renewal	295.00
Inactive license renewal	110.00
Late renewal penalty	145.00
Duplicate license	15.00
Certification	15.00
Administrator-in-training	100.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-843-990, filed 6/24/93, effective 7/25/93; 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 Repealed.
246-845-030 Repealed.
246-845-040 Repealed.
246-845-050 Registration of a nursing pool.
246-845-060 Application.
246-845-070 Registrations.
246-845-080 Insurance requirements.
246-845-090 Quality assurance standards.
246-845-100 Renewal of registration.
246-845-110 Denial, suspension, or revocation of registration.
246-845-990 Nursing pool fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-845-020 Registration of a nursing pool. [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.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-030 Renewal of registration. [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.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

246-845-040 Denial, suspension, or revocation of registration. [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.] Repealed by 93-14-011, filed 6/24/93, effective 7/25/93. Statutory Authority: RCW 43.70.250.

WAC 246-845-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-845-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-845-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-845-050 Registration of a nursing pool. 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.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-050, filed 6/24/93, effective 7/25/93.]

WAC 246-845-060 Application. Applicants for nursing pool registration shall submit to the department of health:

(1) A completed application for registration on forms furnished by the department;

(2) A registration fee as established by the secretary;

(3) Evidence of professional or general liability insurance in accordance with WAC 246-845-080;

(4) A signed quality assurance standards affidavit, and documentation of methods used for compliance with the standards established in WAC 246-845-090;

(5) The Washington state corporation certification number or a copy of the "certificate of authority to do business in Washington" if the nursing pool is owned by a corporation.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-060, filed 6/24/93, effective 7/25/93.]

WAC 246-845-070 Registrations. (1) If the applicant meets the requirements of this chapter and chapter 18.130 RCW, the department shall issue a nursing pool registration. The registration 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 (2) of this section.

(2) If the registered nursing pool is sold or ownership or management is transferred, the new owner or operator shall apply for a new registration.

(3) Each separate location of the business of a nursing pool shall have a separate registration.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-070, filed 6/24/93, effective 7/25/93.]

WAC 246-845-080 Insurance requirements. Each nursing pool shall carry professional and general liability insurance in the amount of one million dollars per occurrence for each person who delivers patient care services. The policy must show coverage using one of the following methods:

(1) The nursing pool maintains insurance coverage in the amount indicated for the nursing pool itself and its employees or agents; or

(2) The nursing pool maintains professional and general liability insurance for its own liability in the amount indicated and only refers self-employed, independent contractors who must maintain their own professional and general liability insurance in the amount indicated. Written evidence of such insurance coverage shall be maintained by the nursing pool in the independent contractor's personnel file for a minimum of three years.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-080, filed 6/24/93, effective 7/25/93.]

WAC 246-845-090 Quality assurance standards. Nursing pools shall comply with the quality assurance standards contained in this section. Evidence of compliance with these standards shall be retained by the nursing pool and be available for inspection by the department for a minimum of three years. These standards are as follows:

(1) Establishment of a prehire/precontract screening procedure which includes the following:

(a) Written or verbal verification of two references relevant to the work the applicant proposes to do for the nursing pool. References must include dates of employment/contracting;

(b) Written verification of applicant's current, unrestricted professional license, certificate, or registration issued by the department;

(c) Written verification of any certification by a private or public entity in clinical areas relevant to the applicant's proposed work;

(d) Written verification of current cardiopulmonary resuscitation certification;

(e) Written health screening plan that assures that each applicant is free of tuberculosis, physically able to perform the job duties required for the position, and compliance with OSHA regulations regarding the HBV virus;

(f) Compliance with RCW 43.43.830 regarding criminal history disclosure and background inquiries;

(g) Establishment of a post-hire/post-contract procedure which includes the following:

(i) Written procedure for orientation of all new hires/contractors to the nursing pool's policies and procedures prior to beginning work;

(ii) Written performance evaluation plan to include written evaluations from facilities regarding performance of persons who have delivered patient care services;

(iii) Written continuing education program for personnel/contractors that at a minimum provides educational programs on a variety of related topics relevant to the work performed to include: HIV/HBV information, fire and safety, universal precautions, infection control, and information concerning Washington state abuse reporting requirements;

(2) Compliance with state and federal wage and labor laws, and federal immigration laws.

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-090, filed 6/24/93, effective 7/25/93.]

WAC 246-845-100 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 43.70.250. 93-14-011, § 246-845-100, filed 6/24/93, effective 7/25/93.]

WAC 246-845-110 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 43.70.250. 93-14-011, § 246-845-110, filed 6/24/93, effective 7/25/93.]

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	$175.00
Registration renewal	185.00
Late renewal penalty	185.00
Duplicate registration	25.00
Registration certification	25.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-845-990, filed 6/24/93, effective 7/25/93; 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

246-847-055 Initial application for individuals who have not practiced within the past four years.
246-847-068 Renewal of expired license.
246-847-070 Inactive status.
246-847-080 Examinations.
246-847-115 Limited permits.
246-847-125 Applicants currently licensed in other states or territories.
246-847-130 Definition of "commonly accepted standards for the profession."

246-847-200 Application for licensure.

WAC 246-847-055 Initial application for individuals who have not practiced within the past four years. (1) Any initial applicant who has not been actively engaged in the practice of occupational therapy within the past four years shall provide, in addition to the requirements for licensure as specified in RCW 18.59.050 and WAC 246-847-200:

(a) Evidence of having successfully completed an approved occupational therapy or occupational therapy assistant program within the past four years and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two year-period; or

(c) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for re-entry into the field of occupational therapy.

(2) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-055, filed 9/1/93, effective 10/2/93.]

WAC 246-847-068 Renewal of expired license. (1) The license of any occupational therapist or occupational therapy assistant who has not placed his or her license on inactive status as described in WAC 246-847-070 and fails to renew the license by the date set by the secretary for renewal shall automatically expire. The licensee may, within four years from the date of expiration, request the license be renewed upon payment of the renewal and late renewal fees determined by the secretary and completion of continued competency requirements as specified in WAC 246-847-065.

(2) If a license has expired for four years or more, the license may be renewed under the following conditions:

(a) Submission of a written application to the board on forms provided by the secretary together with:

(b) Renewal and late fees; and

(c) Evidence of having passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(d) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-068, filed 9/1/93, effective 10/2/93.]

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 246-847-065. 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. 93-18-093 (Order 394B), § 246-847-070, filed 9/1/93, effective 10/2/93; 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.

(3) The examination for licensure as an occupational therapy assistant shall be conducted twice a year.

(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. 93-18-093 (Order 394B), § 246-847-080, filed 9/1/93, effective 10/2/93; 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 246-847-115 Limited permits. (1) An applicant is eligible for a limited permit under RCW 18.59.040(7), provided the applicant takes the first examination for which he or she is eligible.

(2) 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. 93-18-093 (Order 394B), § 246-847-115, filed 9/1/93, effective 10/2/93; 91-23-047 (Order 213B), § 246-847-115, filed 11/14/91, effective 12/15/91.]

WAC 246-847-125 Applicants currently licensed in other states or territories. (1) Before licensure may be extended to any individual currently licensed to practice as an occupational therapist or occupational therapy assistant in another state, the District of Columbia, or a territory of the United States as provided in RCW 18.59.070(2), the following conditions must be met:

(a) Evidence of having met the requirements for licensure as provided in RCW 18.59.050; and

(b) Verification of current licensure from any state, the District of Columbia, or a territory of the United States on forms provided by the secretary; and

(c) Verification of having passed the examination as defined in WAC 246-847-080; and

(d) Evidence of having been actively engaged in the practice of occupational therapy within the preceding four-year period.

(2) If the applicant has not been actively engaged in the practice of occupational therapy within the past four years, the following conditions must be met:

(a) Evidence of having taken and passed the examination as defined in WAC 246-847-080 within the previous two-year period and documentation of thirty hours of continued competency as described in WAC 246-847-065 for the previous two-year period; or

(b) Evidence of having successfully completed a board approved educational program specifically designed for occupational therapists or occupational therapy assistants preparing for reentry into the field of occupational therapy.

(3) The applicant may be required to appear before the board for oral interview.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-125, filed 9/1/93, effective 10/2/93.]

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 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 of moral turpitude or a felony which relates to the profession of occupational therapy.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-130, filed 9/1/93, effective 10/2/93; 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 246-847-200 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 246-847-190.

(2) Those persons submitting application in 1989 who are unable to comply with WAC 246-847-190 may upon written application be granted an extension to December 31, 1989.

[Statutory Authority: RCW 18.59.130. 93-18-093 (Order 394B), § 246-847-200, filed 9/1/93, effective 10/2/93; 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.]

Chapter 246-849 WAC
OCULARISTS

WAC

246-849-200 Apprenticeship training—Definitions.
246-849-210 Registration of apprentices.
246-849-220 Application for examination.
246-849-230 Temporary practice permits—Scope and purpose.
246-849-240 Definitions.
246-849-250 Issuance and duration of temporary practice permits.
246-849-260 Active retired license.
246-849-270 Service disclosure.
246-849-990 Ocularist fees.

WAC 246-849-200 Apprenticeship training—Definitions. (1) For the purpose of administering and recording apprenticeship training and out-of-state work experience, the maximum number of hours that can be accumulated in one year shall be two thousand.

(2) "Direct supervision" means that the supervising ocularist inspect all of the apprentice's work and be physically present on the premises where the apprentice is working at all times.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-200, filed 4/22/93, effective 5/23/93.]

WAC 246-849-210 Registration of apprentices. (1) An applicant for apprenticeship may request registration as an apprentice by submitting to the department:

(a) An application on a form provided by the secretary;

(b) A registration fee as specified in WAC 246-849-990.

(2) Training received from more than one supervisor shall require separate applications.

(3) Only the apprenticeship training received subsequent to the date that the apprentice was formally registered with the secretary will be considered towards the required ten thousand hours necessary to sit for the examination.

(4) A registered apprentice shall notify the department in writing whenever the apprenticeship training is terminated, unless such termination is concluded by reason of the apprentice becoming licensed as an ocularist in this state.

(5) A registered apprentice shall notify the secretary in writing within thirty days of any name or address change.

(6) In order to facilitate comments on the apprentice's performance, the apprentice registration card along with the name, business address, and business telephone number of the apprentice's supervisor shall be posted in public view on the premises where the apprentice works.

(7) An apprentice registration shall be valid for one year from the date of registration. Each registration shall be renewed annually.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-210, filed 4/22/93, effective 5/23/93.]

WAC 246-849-220 Application for examination. (1) An individual shall make application for examination, in accordance with RCW 18.55.040, on an application form prepared by 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 department in writing at least seven days prior to the scheduled examination date, the applicant will be rescheduled at no additional charge. A written request received less than seven days before the test shall be reviewed by the department to determine if the test may be rescheduled or the fee forfeited.

(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 and all documents required in support of the application 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.

(6) Apprenticeship training shall be completed prior to the application deadline.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-220, filed 4/22/93, effective 5/23/93.]

WAC 246-849-230 Temporary practice permits—Scope and purpose. The temporary practice permit is established to enable safe, qualified, and trained ocularists who are currently licensed in another state as defined in WAC 246-849-250 to work in the state of Washington prior to completing the licensing examination in this state. All licensing requirements established for the purpose of obtaining an ocularist license will need to be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-230, filed 4/22/93, effective 5/23/93.]

WAC 246-849-240 Definitions. For the purpose of issuing temporary practice permits the following definitions shall apply:

(1) "Licensed in another state" shall mean the applicant holds a current valid license to practice as an ocularist in another state and is in good standing;

(2) "Substantially equivalent" shall mean the applicant has successfully completed an examination administered by or authorized by a state other than Washington state. The examination shall cover the same subject matters as the Washington state approved examination. The law under which the applicant is licensed shall, at a minimum, include the duties described in RCW 18.55.075.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-240, filed 4/22/93, effective 5/23/93.]

WAC 246-849-250 Issuance and duration of temporary practice permits. (1) The department shall issue a temporary practice permit unless there is a basis for denial of the license or issuance of a conditional license. In addition to general application requirements, a person applying for a temporary practice permit shall submit to the department as a condition of temporary permit issuance:

(a) A completed application requesting a temporary practice permit on a form provided by the department;

(b) Temporary practice permit fee, as specified in WAC 246-849-990;

(c) Request all states in which the applicant is or has been licensed to send written licensure verification directly to the licensing office. The verification must be completed by the state and must verify that the applicant has not had any disciplinary action taken against himself/herself and that the applicant is in good standing and not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) An affidavit on forms provided by the department, attesting that the temporary permit applicant has read, understands, and shall abide by the Washington state laws regarding the practice of an ocularist.

(2) The temporary permit shall be issued only once to any applicant. The temporary practice permit is nonrenewable and shall expire upon any one of the following conditions whichever comes first:

(a) The release of the results of the next scheduled examination for which the applicant would be eligible;

(b) Issuance of a license by the department; or

(c) Six months.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-250, filed 4/22/93, effective 5/23/93.]

WAC 246-849-260 Active retired license. (1) A person holding a current Washington state ocularist license who wishes to practice only in emergency or intermittent circumstances may apply for a retired active license if that person:

(a) Resides in another state and practices no more than sixty days each year in Washington state;

(b) Resides in this state but practices no more than sixty days each year;

(c) Does not wish to practice on an intermittent basis but is available to practice for an extended period of time for the purposes of providing his or her professional services in emergency circumstances such as times of declared war or other states of emergency.

(2) An individual requesting a retired active license status shall submit a letter notifying the department of his or her intent to practice only on an intermittent or emergency basis. Active retired licenses will not be retroactively issued for prior years.

(3) An active retired license is subject to annual renewal and penalty for late renewal as established in RCW 18.55.050 and WAC 246-849-980. Subsequent to being issued a retired active license, the licensee shall report, with the annual renewal, the dates and circumstances under which the licensee practiced during the previous year.

(4) To reinstate the license to an active license status the licensee shall notify the department in writing five days in advance of the change and pay a reinstatement fee as specified in WAC 246-849-990.

(5) Individuals on a retired active license status are subject to chapter 18.130 RCW to the same extent as individuals holding an active license.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-260, filed 4/22/93, effective 5/23/93.]

WAC 246-849-270 Service disclosure. The ocularist shall provide a written explanation of services to customers or patients. This explanation shall include at a minimum the type of prosthesis or service they are receiving or purchasing. This explanation shall be signed by the customer or patient and maintained in the customer or patient records for a minimum of three years. This documentation shall be available and furnished to the department upon request.

[Statutory Authority: RCW 18.55.095. 93-10-008 (Order 355), § 246-849-270, filed 4/22/93, effective 5/23/93.]

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	$250.00
Renewal	500.00
Late renewal penalty	175.00
Duplicate license	25.00
Certification	25.00
Apprentice registration	25.00
Apprentice renewal	25.00
Temporary practice permit	25.00
Active retired license	100.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-849-990, filed 6/24/93, effective 7/25/93; 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

246-851-110 Courses presumed to qualify for credit.
246-851-360 Required identification on prescriptions.
246-851-530 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-851-530 Determination of contact lens specifications by dispensing opticians. [Statutory Authority: RCW 18.54.070. 92-20-048 (Order 308B), § 246-851-530, filed 9/30/92, effective 10/31/92.] Repealed by 93-18-092 (Order 393B), filed 9/1/93, effective 10/2/93. Statutory Authority: RCW 18.54.070.

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 Association of Optometric Physicians.

(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 in Vision 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. 93-18-092 (Order 393B), § 246-851-110, filed 9/1/93, effective 10/2/93; 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 246-851-360 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 for all optical prescriptions; not more than two years for contact lenses.

[Statutory Authority: RCW 18.54.070. 93-18-092 (Order 393B), § 246-851-360, filed 9/1/93, effective 10/2/93; 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 246-851-530 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-853 WAC
OSTEOPATHIC PHYSICIANS AND SURGEONS

WAC

246-853-020 Osteopathic medicine and surgery examination.
246-853-190 State and federal agencies.
246-853-275 Change of mailing address and notice of official documents.

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 or after December 1993 satisfactorily pass the United States Medical Licensing Examination (USMLE) with a minimum score as established by the coordinating agencies, Federation of State Medical Boards of the United States and the National Board of Medical Examiners; 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. 93-24-028, § 246-853-020, filed 11/22/93, effective 12/23/93. 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 246-853-190 State and federal agencies. The board requires the assistance of executive officers of any state and requests the assistance of executive officers of any 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 demonstrated his/her incompetency or negligence in the practice of osteopathic medicine, or has otherwise committed unprofessional conduct, or is a mentally or physically impaired practitioner.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-190, filed 11/22/93, effective 12/23/93; 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 246-853-275 Change of mailing address and notice of official documents. (1) It shall be the responsibility of the licensee to notify the department of health of any change of mailing address. Any change of mailing address shall be furnished to the department within thirty days of the change.

(2) The board and department may rely upon the last mailing address of record for the purposes of service or delivery of all official notices or documents, including the service of adjudicative proceeding documents. Notice shall be considered to be validly given when mailed to the last address given by the licensee.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-853-275, filed 11/22/93, effective 12/23/93.]

Chapter 246-854 WAC
OSTEOPATHIC PHYSICIANS' ASSISTANTS

WAC

246-854-020 Osteopathic physician assistant program.
246-854-030 Osteopathic physician assistant prescriptions.
246-854-040 Osteopathic physician assistant use of drugs or autotransfusion to enhance athletic ability.
246-854-050 AIDS education and training.
246-854-060 Application for licensure.
246-854-080 Osteopathic physician assistant licensure.
246-854-090 Osteopathic physician assistant practice plan.
246-854-100 Repealed.
246-854-110 Osteopathic physician assistant continuing education required.
246-854-115 Categories of creditable continuing professional education activities.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-854-100 Osteopathic physicians' assistants reregistration. [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.] Repealed by 93-24-028, filed 11/22/93, effective 12/23/93. Statutory Authority: RCW 18.57.005.

WAC 246-854-020 Osteopathic physician assistant program. (1) Program approval required. No osteopathic physician assistant shall be entitled to licensure 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 physician 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. All program applications shall be submitted at least thirty days prior to the meeting of the board in which consideration is desired. 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 health professions quality assurance 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 educa-

tion 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 licensed 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. 93-24-028, § 246-854-020, filed 11/22/93, effective 12/23/93; 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 assistant prescriptions. An osteopathic physician 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 assistant may issue prescriptions for a patient who is under the care of the physician responsible for the supervision of the physician 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 assistant shall sign such a prescription by signing his or her own name followed by the letters "P.A." and the physician assistant license 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 license 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 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 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 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 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 certificate 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. 93-24-028, § 246-854-030, filed 11/22/93, effective 12/23/93; 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 assistant use of drugs or autotransfusion to enhance athletic ability. (1) An osteopathic physician 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 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. 93-24-028, § 246-854-040, filed 11/22/93, effective 12/23/93; 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 license 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. 93-24-028, § 246-854-050, filed 11/22/93, effective 12/23/93; 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 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 WAC 246-854-050.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-060, filed 11/22/93, effective 12/23/93; 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 physician assistant licensure. (1) Applications. All applications shall be made to the board on forms supplied by the board.

(2) The application shall detail the education, training, and experience of the physician assistant and provide such other information as may be required. The application shall be accompanied by a fee determined by the secretary as provided in RCW 43.70.250. Each applicant shall furnish proof satisfactory to the board of the following:

(a) That the applicant has completed an accredited physician assistant program approved by the board and is eligible to take the National Commission on Certification of Physician Assistants examination;

(b) That the applicant has not committed unprofessional conduct as defined in RCW 18.130.180; and

(c) That the applicant is physically and mentally capable of practicing as an osteopathic physician assistant with reasonable skill and safety.

(3) The license shall be renewed on a periodic basis as determined by the secretary of the department of health under RCW 43.70.280. The renewal shall include a completed renewal application and payment of a fee, in addition to any late penalty fee, determined by the secretary as provided in RCW 43.70.250.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-080, filed 11/22/93, effective 12/23/93; 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 physician assistant practice plan. (1) A licensed physician assistant shall not practice except pursuant to a board approved practice arrangement plan jointly submitted by the osteopathic physician assistant and osteopathic physician or physician group under whose supervision the osteopathic physician assistant will practice. A fee as determined by the secretary of the department of health sufficient to recover the cost of administering the plan review shall accompany the practice plan.

(2) When a physician group is proposed to supervise the osteopathic physician assistant, one of the osteopathic physicians from that group shall be designated as primary responsible for the supervision of the osteopathic physician assistant and the plan shall specify how supervising responsibility is to be assigned among the remaining members of the group.

(3) Limitations, number. No osteopathic physician shall supervise more than one osteopathic physician 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.

(4) Authorization by board, powers. In granting authorizations for the practice plan, the board may limit the authority for utilizing an osteopathic physician assistant to a specific task or tasks, or may grant specific approval in conformity with the program approved pursuant to WAC 246-854-020 and on file with the board.

(5) Limitations—Geographic limitations. No osteopathic physician assistant shall be utilized in a place other than that designated in the practice plan.

(6) Limitations—Remote practice. A practice plan proposing utilization of an osteopathic physician assistant at a place remote from the physician's regular place for meeting patients may be approved only if:

(a) There is a demonstrated need for such utilization; and

(b) Adequate provision for immediate communication between the physician and his physician assistant exists; and

(c) A mechanism has been developed and specified in the practice plan to provide for the establishment of a direct patient-physician relationship between the supervising osteopathic physician and patients with ongoing medical needs who may be seen initially by the osteopathic physician assistant; and

(d) The responsible physician spends at least one-half day per week seeing patients in the remote office site; and

(e) The remote office site reflects the osteopathic physician assistant and osteopathic physician relationship by specifying such relationship on office signs, office stationery, advertisements, billing forms, and other communication with patients or the public.

(7) Limitations, hospital functions. An osteopathic physician assistant working in or for a hospital, clinic or other health organization shall be licensed in the same manner as any other osteopathic physician assistant. His/her responsibilities, if any, to other physicians must be defined in the board approved practice plan.

(8) 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.

(9) Supervising osteopathic physician, responsibility. It shall be the responsibility of the supervising osteopathic physician to see to it that:

(a) Any osteopathic physician assistant 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 assistant;

(b) No osteopathic physician assistant 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 assistant 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 osteopathic physician assistant shall be reviewed, countersigned and dated within one week by the supervising osteopathic physician or in the case of a physician group, the designated supervising physician as outlined in the practice plan;

(f) All telephone advice given by the supervising osteopathic physician, alternate supervising physician, or member of a supervising physician group through the physician assistant shall be documented, reviewed, countersigned, and dated by the advising physician within one week;

(g) The supervising osteopathic physician shall advise the board of the termination date of the working relationship. The notification shall include a written report providing the reasons for termination and an evaluation of the osteopathic physician assistant's performance.

(10) 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 licensed, 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 or practice, the board may authorize a physician licensed under chapter 18.71 RCW or physician group to act as the alternate physician supervisor specified on the board approved practice plan.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-090, filed 11/22/93, effective 12/23/93; 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 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-854-110 Osteopathic physician assistant continuing education required. (1) The board requires fifty credit hours of continuing education every year.

(a) In conjunction with the application for renewal of licensure, a licensee shall submit an affidavit of compliance with the fifty hour continuing education requirement on a form supplied by the board. The continuing education requirement shall be completed prior to issuance of the renewal license.

(b) The board reserves the right to require a licensee to submit evidence, in addition to the affidavit, to demonstrate compliance with the fifty hour continuing education requirement. Accordingly, it is the responsibility of a licensee to maintain evidence of such compliance.

(c) Certification of compliance with the requirement for continuing education of the American Osteopathic Association, Washington State Osteopathic Association, National Commission on Certification of Physician Assistants, Washington Academy of Physician Assistants, American Academy of Physician's Assistants, and the American Medical Association, or a recognition award or a current certification of continuing education from medical practice academies shall be deemed sufficient to satisfy the requirements of these regulations.

(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 licensure, provided an affidavit is received indicating that the osteopathic physician assistant is not providing osteopathic medical services 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.

(3) Prior approval not required.

(a) The Washington state board of osteopathic medicine and surgery does not approve credits for continuing education. The board will accept any continuing education that reasonably falls within these regulations and relies upon each individual osteopathic physician assistant's integrity in complying with this requirement.

(b) Continuing education program sponsors need not apply for nor expect to receive prior board approval for continuing education programs. The continuing education category will depend solely upon the determination of the accrediting 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.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-110, filed 11/22/93, effective 12/23/93.]

WAC 246-854-115 Categories of creditable continuing professional education activities. The following are categories of creditable continuing education activities approved by the board. The credits must be earned in the twelve-month period preceding application for renewal of licensure. One clock hour shall equal one credit hour for the purpose of satisfying the fifty hour continuing education requirement.

Category 1 - A minimum of thirty credit hours are mandatory under this category.

1-A Formal educational program sponsored by nationally recognized organizations or institutions which have been approved by the American Osteopathic Association, Washington State Osteopathic Association, Washington Academy of Physician Assistants, National Commission on Certification of Physician Assistants, American Medical Association, and the American Academy of Physician's Assistants.

1-B Preparation in publishable form of an original scientific paper.

a. A maximum of five credit hours for initial presentation or publication of a paper in a professional journal.

1-C Serving as a teacher, lecturer, preceptor or a moderator-participant in a formal educational program or preparation and scientific presentation at a formal educational program sponsored by one of the organizations or institutions specified in Category 1-A. One hour credit per each hour of instruction may be claimed.

a. A maximum of five credit hours per year.

Category 2 - Home study.

2-A A maximum of twenty credit hours per year may be granted.

a. Reading - Medical journals and quizzes.

1) One-half credit hour per issue

2) One-half credit hour per quiz

b. Listening - audio tape programs.

1) One-half credit hour per tape program

2) One-half credit hour per tape program quiz

c. Other - subject - oriented and refresher home study courses.

1) Credit hours indicated by sponsor will be accepted

2-B Preparation and presentation of a scientific exhibit at professional meetings.

a. Maximum of five credit hours per exhibit per year.

2-C Observation at medical centers; programs dealing with experimental and investigative areas of medical practice and programs conducted by nonrecognized sponsors.

a. Maximum of five credit hours per year.

[Statutory Authority: RCW 18.57.005. 93-24-028, § 246-854-115, filed 11/22/93, effective 12/23/93.]

Chapter 246-857 WAC
PHARMACISTS—PRACTICE AND PROCEDURE

WAC

246-838-020 through 246-838-340 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-857-020 Practice and procedure—Adoption by reference. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-030 Appearance and practice before board—Who may appear. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-040 Appearance and practice before board—Standards of ethical conduct. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-050 Appearance and practice before board—Appearance by former employee of board or former member of attorney general's staff. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-060 Appearance and practice before board—Former employee as expert witness. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-070 Depositions and interrogatories in contested cases—Right to take. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-080 Depositions and interrogatories in contested cases—Scope. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-090 Depositions and interrogatories in contested cases—Officer before whom taken. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-100 Depositions and interrogatories in contested cases—Authorization. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-110 Depositions and interrogatories in contested cases—Protection of parties and deponents. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-120 Depositions and interrogatories in contested cases—Oral examination and cross-examination. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-130 Depositions and interrogatories in contested cases—Recordation. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-140 Depositions and interrogatories in contested cases—Signing attestation and return. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-150 Depositions and interrogatories in contested cases—Use and effect. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-160 Depositions and interrogatories in contested cases—Fees of officers and deponents.[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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-170 Depositions upon interrogatories—Submission of 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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-180 Depositions upon interrogatories—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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-190 Depositions upon interrogatories—Attestation and return.[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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-200 Depositions upon interrogatories—Provisions of 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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-210 Official notice—Matters of law. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-220 Official notice—Material facts. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-230 Presumptions. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-240 Stipulations and admissions of record. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-250 Definition of issues before hearing. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-260 Rules of evidence—Admissibility criteria. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-270 Rules of evidence—Tentative admission—Exclusion—Discontinuance—Objections. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-280 Petitions for rule making, amendment or repeal—Who may petition. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-290 Petitions for rule making, amendment or repeal—Requisites. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-300 Petitions for rule making, amendment or repeal—Agency must consider. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-310 Petitions for rule making, amendment or repeal—Notice of disposition.[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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-320 Declaratory rulings. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-330 Forms. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

246-857-340 SEPA exemption. [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.] Repealed by 93-04-017 (Order 330B), filed 1/25/93, effective 2/25/93. Statutory Authority: RCW 18.64.005.

WAC 246-857-020 through 246-857-340 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-863 WAC
PHARMACISTS—LICENSING

WAC

246-863-050 Licensed pharmacists change of address.

WAC 246-863-050 Licensed pharmacists change of address. It is the responsibility of the licensed pharmacist to maintain a current mailing address with the board. 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 for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents. If after a good faith but unsuccessful attempt to determine the actual residence of a licensee, 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, the board may proceed against the licensee by default under RCW 34.05.440.

[Statutory Authority: RCW 18.64.005. 93-10-007 (Order 357B), § 246-863-050, filed 4/22/93, effective 5/23/93. 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.]

Chapter 246-883 WAC
PHARMACEUTICAL—SALES REQUIRING PRESCRIPTIONS

WAC

246-883-030 Ephedrine prescription restrictions.

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 exempt from subsection (1) of this section:

	TRADE NAME	EPHEDRINE CONTENT
1.	AMESAC capsule (Russ)	25 mg. ephedrine HCL
2.	AZMA AID tablet (Various, eg Purepac)	24 mg. ephedrine HCL
3.	BRONC-EASE PLUS (Natur-Pharma)	25 mg. ephedrine HCL
4.	BRONITIN tablet (Whitehall)	24 mg. ephedrine HCL
5.	BRONKAID tablet (Breon)	24 mg. ephedrine sulfate
6.	BRONKOLIXER (Sterling Winthrop)	12 mg. ephedrine
7.	BRONKOTABS tablet (Breon)	24 mg. ephedrine sulfate
8.	EFEDRON nasal jelly (Hyrex)	0.6% ephedrine HCL in 20 g.
9.	MINI THINS asthma relief (BDI Pharmaceuticals)	25 mg. ephedrine
10.	PAZO HEMORRHOID suppository (Bristol-Meyers)	3.86 mg. ephedrine sulfate
11.	PAZO HEMORRHOID ointment (Bristol-Meyers)	0.2% ephedrine sulfate

12.	PRIMATENE tablet (Whitehall)	24 mg. ephedrine HCL
13.	PRIMATENE M tablet (Whitehall)	24 mg. ephedrine HCL
14.	PRIMATENE P tablet (Whitehall)	24 mg. ephedrine HCL
15.	QUELIDRINE (Abbott)	5 mg. ephedrine HCL
16.	TEDRAL tablet (Parke-Davis)	24 mg. ephedrine HCL
17.	THEODRINE tablet (Rugby)	25 mg. ephedrine HCL
18.	VATRONOL nose drops (Vicks Health Care)	0.5% ephedrine sulfate

Any reformulation of listed products which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or 25 mg. per 5 ml. of liquid forms shall negate the exemption. The manufacturers of listed products shall notify the board of any reformulation which increases the ephedrine content to more than 25 mg. of ephedrine per solid dosage unit or 25 mg. per 5 ml. of liquid forms prior to distributing that product in the state of Washington.

(3) Manufacturers of products containing 25 mg. or less of ephedrine in combination with other ingredients in therapeutic amounts for solid dosage unit or 25 mg. or less per 5 ml. of liquid forms may gain exemption from subsection (1) of this section if, prior to the distributing of any such product in the state of Washington, the manufacturer:

(a) Provides the board with the formulation of any such product;

(b) Provides the board samples of all dosage forms in which the product is to be marketed in the packaging in which the product is to be marketed; and

(c) Receives the board's approval to market such product.

[Statutory Authority: RCW 18.64.005. 93-05-046 (Order 333B), § 246-883-030, filed 2/17/93, effective 3/20/93. 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.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

246-887-132 Adding Aminorex to Schedule I.
246-887-160 Schedule III.

WAC 246-887-132 Adding Aminorex to Schedule I. The Washington state board of pharmacy finds that Aminorex (also called aminoxaphen, 2-amino-5-phenyl-2-oxazoline or 4.5-dihydro-5-phenyl-2-oxazolamine) 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. 93-14-037 (Order 375B), § 246-887-132, filed 6/29/93, effective 7/30/93.]

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] diazepin 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) Formebulone;
(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 prescribed, dispensed, or distributed an anabolic steroid within the meaning of this paragraph.

The following are implants or pellets which are exempt:

Ingredients	Trade Name	Company
Testosterone Propionate, Oestradiol Benzoate	F-TO	Animal Health Div. Upjohn International Kalamazoo, MI
Trenbolone Acetate	Finaplix-H	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Trehbolone Acetate	Finaplix-S	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Anchor Division Boehringer Ingelheim St. Joseph, MO
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Bio-Ceutic Division Boehringer Ingelheim St. Joseph, MO
Testosterone Propionate, Estradiol Benzoate	Heifer-oid	Ivy Laboratories, Inc. Overland Park, KS
Trenbolone Acetate, Estradiol	Revalor-s	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Testosterone Propionate, Estradiol Benzoate	Synovex H	Syntex Laboratories Palo Alto, CA

(f) The following anabolic steroid products containing compounds, mixtures, or preparations are exempt from the recordkeeping, refill restrictions, and other Controlled Substances Act requirements:

Ingredients	Trade Name	Company
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Androgyn L.A.	Forest Pharmaceuticals St. Louis, Mo
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Andro-Estro 90-4	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depANDROGYN	Forest Pharmaceuticals St. Louis, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DEPO-T.E.	Quality Research Laboratories Carmel, IN
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	depTESTROGEN	Martica Pharmaceuticals Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Duomone	Wintec Pharmaceutical Pacific, MO
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	DURATESTRIN	W.E. Hauck Alpharetta, GA
Testosterone cypionate 50 mg/ml Esterified cypionate 2 mg/ml	DUO-SPAN II	Primedics laboratories Gardena, CA
Esterified estrogens 1.25 mg. Methyltestosterone 2.5 mg.	Estratest	Solvay Pharmaceuticals Marietta, GA

Esterified estrogens 0.525 mg. Methyltestosterone 1.25 mg.	Estratest HS	Solvay Pharmaceuticals Marietta, GA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	PAN ESTRA TEST	Pan American Labs Covington, LA
Conjugated estrogens 1.25 mg. Methyltestosterone 10 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Conjugated estrogens 0.625 mg. Methyltestosterone 5 mg.	Premarin with Methyltestosterone	Ayerst Labs, Inc. New York, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	TEST-ESTRO Cypionates	Rugby Laboratories Rockville Centre, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cyp 50 Estradiol Cyp 2	I.D.E.-Interstate Amityville, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Best Generics No. Miami, Beach FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypionate-Estradiol Cypionate Injection	Steris Labs, Inc. Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanthate-Estradiol Valerate Injection	Steris Labs, Inc. Phoenix, AZ

(g) 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. 93-14-038 (Order 376B), § 246-887-160, filed 6/29/93, effective 7/30/93; 93-06-093 (Order 343B), § 246-887-160, filed 3/3/93, effective 4/3/93; 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.

Chapter 246-901 WAC
PHARMACY ASSISTANTS

WAC

246-901-060 Level A certification.
246-901-065 Reinstatement or reactivation of certificate.

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 indicating whether he or she has at any time been found guilty by any court of competent jurisdiction of any violation of any laws relating to drugs or the practice of pharmacy.

It is the responsibility of the pharmacy assistant to maintain a current mailing address with the board. Pharmacy assistants 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 for purposes of service or delivery of any official board documents, including the service of adjudicative proceeding documents. If, after a good faith but unsuccessful attempt to determine the actual address of a certificate holder, charges against the pharmacy assistant 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, the board may proceed against the assistant by default under RCW 34.05.440.

[Statutory Authority: RCW 18.64.005. 93-17-097 (Order 387B), § 246-901-060, filed 8/17/93, effective 9/17/93. 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 246-901-065 Reinstatement or reactivation of certificate. A pharmacy assistant who desires to reinstate or reactivate his or her certificate shall meet the following requirements, as applicable, in addition to paying the fee required in WAC 246-907-030:

(1) If the pharmacy assistant has allowed his or her certificate to lapse for less than five years, the pharmacy assistant shall pay the renewal fee for the present year and the penalty fee equal to the current original certification fee.

(2) If the pharmacy assistant has allowed his or her certificate to lapse for five years or more, the pharmacy assistant shall, within one year of application to the board for certification, complete the current certification requirements and pay the original certification fee.

(3) If the pharmacy assistant has been working in a position in another state with duties that are substantially equivalent to a Level A pharmacy assistant in Washington state, his or her certificate may be reinstated according to subsection (1) of this section upon presenting evidence from his or her employer verifying their duties.

[Statutory Authority: RCW 18.64.005. 93-17-097 (Order 387B), § 246-901-065, filed 8/17/93, effective 9/17/93.]

Chapter 246-903 WAC
NUCLEAR PHARMACIES AND PHARMACISTS

WAC

246-903-010 Definitions.
246-903-020 Nuclear pharmacies.

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 which contain trace quantities of naturally occurring radionuclides.

(5) "Radiopharmaceutical quality assurance" means, but is not limited to, the performance of appropriate chemical, biological and physical tests on radiopharmaceuticals and the interpretation of the resulting data to determine their suitability for use in humans and animals, including internal test assessment authentication of product history and the keeping of proper records.

(6) "Internal test assessment" means, but is not limited to, conducting those tests of quality assurance necessary to insure the integrity of the test.

(7) "Authentication of product history" means, but is not limited to, identifying the purchasing source, the ultimate fate, and intermediate handling of any component of a radiopharmaceutical.

(8) "Authorized practitioner" means a practitioner duly authorized by law to possess, use, and administer radiopharmaceuticals.

(9) "Accepted professional standards" are those set forth in the *Nuclear Pharmacy Practice Standards* published by the American Pharmaceutical Association, Board of Pharmaceutical Specialties, adopted on March 18, 1986.

[Statutory Authority: RCW 18.64.005. 93-04-016 (Order 329B), § 246-903-010, filed 1/25/93, effective 2/25/93; 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 compound and dispense radiopharmaceuticals in accordance with accepted professional standards.

(4) The board recognizes that the preparation of nuclear pharmaceuticals involves the compounding skills of the nuclear pharmacist to assure that the final drug product meets accepted professional standards.

(5) 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.

(6) For nuclear pharmacies handling radiopharmaceuticals exclusively, the state board of pharmacy may waive regulations pertaining to the pharmacy permits for nonradiopharmaceuticals for requirements that do not pertain to the practice of nuclear pharmacy.

(7) 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.

(8) 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.

(9) 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: (a) Standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the radiopharmaceutical; (d) the amount of radioactive material contained, in millicuries or microcuries; (e) if a liquid, the volume in milliliters; (f) the requested calibration time for the amount of radioactivity contained; (g) expiration data, if applicable; and (h) specific concentration of radioactivity.

(10) The immediate container shall be labeled with: (a) The standard radiation symbol; (b) the words "caution-radioactive material"; (c) the name of the nuclear pharmacy; (d) the prescription number; (e) the name of the radiopharmaceutical; (f) the date; and (g) the amount of radioactive material contained in millicuries or microcuries.

(11) The amount of radioactivity shall be determined by radiometric methods for each individual preparation immediately prior to dispensing.

(12) Nuclear pharmacies may redistribute NDA approved radiopharmaceuticals if the pharmacy does not process the radiopharmaceuticals in any manner or violate the product packaging.

(13) The nuclear pharmacy shall have the current revisions of state laws and regulations of the state board of pharmacy and state radiation control agency.

(14) 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. 93-04-016 (Order 329B), § 246-903-020, filed 1/25/93, effective 2/25/93. 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.]

Chapter 246-907 WAC
PHARMACEUTICAL LICENSING PERIODS AND FEES

WAC

246-907-030 Fees.

WAC 246-907-030 Fees. The following fees shall be charged by the professional licensing division of the department of health:

(a)	PHARMACY LOCATION	
	Original pharmacy fee	$275.00
	Original pharmacy assistant utilization fee	50.00
	Renewal pharmacy fee	200.00
	Renewal pharmacy assistant utilization fee	60.00
	Penalty pharmacy fee	275.00
(b)	VENDOR	
	Original fee	60.00
	Renewal fee	60.00
	Penalty fee	60.00
(c)	PHARMACIST	
	Exam fee (full exam)	200.00
	Reexamination fee (jurisprudence portion)	40.00
	Original license fee	100.00
	Renewal fee, active and inactive license	105.00
	Renewal fee, retired license	20.00
	Penalty fee	105.00
	Reciprocity fee	250.00
	Certification of license status to other states	20.00
	Retired license	20.00
	Temporary permit	50.00
(d)	SHOPKEEPER	
	Original fee	25.00
	Renewal fee	25.00
	Penalty fee	12.50
	SHOPKEEPER - with differential hours	
	Original fee	25.00
	Renewal fee	25.00
	Penalty fee	10.00
(e)	DRUG MANUFACTURER	
	Original fee	450.00
	Renewal fee	450.00
	Penalty fee	450.00

(f) DRUG WHOLESALER - full line	
Original fee	450.00
Renewal fee	450.00
Penalty fee	450.00
(g) DRUG WHOLESALER - OTC only	
Original fee	250.00
Renewal fee	250.00
Penalty fee	250.00
(h) DRUG WHOLESALER - export	
Original fee	450.00
Renewal fee	450.00
Penalty	450.00
(i) PHARMACY ASSISTANT - Level "A"	
Original fee	40.00
Renewal fee	30.00
Penalty fee	40.00
(j) PHARMACY INTERN	
Original registration fee	15.00
Renewal registration fee	15.00
(k) CONTROLLED SUBSTANCES ACT (CSA) REGISTRATIONS	
Dispensing registration fee (i.e. pharmacies)	65.00
Dispensing renewal fee (i.e. pharmacies)	50.00
Distributors registration fee (i.e. wholesalers)	90.00
Distributors renewal fee (i.e. wholesalers)	90.00
Manufacturers registration fee	90.00
Manufacturers renewal fee	90.00
Physician assistant registration fee	15.00
Physician assistant renewal fee	10.00
ARNP with prescriptive authorization registration fee	20.00
ARNP with prescriptive authorization renewal fee	20.00
Sodium pentobarbital for animal euthanization registration fee	30.00
Sodium pentobarbital for animal euthanization renewal fee	30.00
Other CSA registrations	30.00
(l) LEGEND DRUG SAMPLE - distributor registration fees	
Original fee	275.00
Renewal fee	200.00
Penalty fee	200.00
(m) POISON MANUFACTURER/SELLER - license fees	
Original fee	30.00
Renewal fee	30.00
(n) Facility inspection fee	150.00
(o) PRECURSOR CONTROL PERMIT	
Original fee	50.00
Renewal fee	50.00
(p) LICENSE REISSUE	
Reissue fee	15.00

[Statutory Authority: RCW 18.64.005. 93-18-015, § 246-907-030, filed 8/24/93, effective 9/24/93; 93-05-045 (Order 334), § 246-907-030, filed 2/17/93, effective 3/20/93. 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.]

Chapter 246-915 WAC
PHYSICAL THERAPISTS

WAC

246-915-020 Examinations—When held.
246-915-080 Renewal of license.
246-915-120 Applicants from unapproved schools.

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.

(3) Applicants who do not pass the examination after two attempts shall demonstrate evidence satisfactory to the board of having successfully completed clinical training and/or coursework as determined by the board before being permitted two additional attempts.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-020, filed 2/1/93, effective 3/4/93; 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 246-915-080 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 shall, in addition to the annual renewal fee, submit all required information on forms provided by the department.

(3) Licensees are responsible for annual renewal of a license whether or not they receive notification from the department.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-080, filed 2/1/93, effective 3/4/93; 91-05-094 (Order 144B), § 246-915-080, filed 2/20/91, effective 3/23/91; 91-02-011 (Order 103B), recodified as § 246-915-080, filed 12/21/90, effective 1/31/91. Statutory Authority: RCW 18.74.023(3). 89-21-008, § 308-42-120, filed 10/6/89, effective 11/6/89; 88-23-014 (Order PM 789), § 308-42-120, filed 11/7/88. Statutory Authority: RCW 18.74.023. 84-03-055 (Order PL 455), § 308-42-120, filed 1/18/84. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-42-120, filed 3/24/80.]

WAC 246-915-120 Applicants from unapproved schools. Applicants who have not graduated from a physical therapy program approved by the board must have a valid, unencumbered license or be licensed or authorized to practice in the country in which the physical therapy education was obtained and 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;

(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); and

(4) Verification of a valid, unencumbered license from the country in which the physical therapy education was obtained.

[Statutory Authority: RCW 18.74.023. 93-04-081 (Order 328B), § 246-915-120, filed 2/1/93, effective 3/4/93; 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.]

Chapter 246-917 WAC

PHYSICIANS AND SURGEONS—BOARD OF MEDICAL EXAMINERS

WAC

246-917-100 Examination scores.
246-917-110 FLEX examination standards.
246-917-120 Examinations accepted for reciprocity or waiver.
246-917-121 Special purpose examination.
246-917-220 Adjudicative proceedings.
246-917-990 Physician and surgeon fees.

WAC 246-917-100 Examination scores. Examinations given by the Washington state board of medical examiners:

(1) The board adopts the United States Medical Licensing Examination (USMLE) as the examination accepted by the board.

(2) The minimal passing scores for each component of any approved examination combination shall be seventy-five percent.

(3) 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 Step 3 of the USMLE examination after three sittings within seven years after passing the first examination, either Step 1 or Step 2, 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 an additional year of postgraduate training or satisfying any other conditions specified by the board.

(4) Only those FLEX candidates who have been approved prior to the December 1993 FLEX examination and who have passed FLEX Component 2, but not FLEX Component 1, are eligible to take the 1994 special administration of FLEX Component 1.

(5) To be eligible for NBME Part III or USMLE Step 3, the applicant must:

(a) Have obtained the MD degree;

(b) Have completed successfully both Parts I and II or Steps 1 and 2 or Part I and Step 2 or Step 1 and Part II;

(c) Be certified by the education council of foreign medical graduates (ECFMG) if a graduate of a foreign medical school, or have successfully completed a fifth pathway program; and

(d) Have completed, or be near completion, of at least one post-graduate training year in a program of graduate medical education accredited by the Accreditation Council for Graduate Medical Education.

(6) Examination combinations acceptable. Any applicant who has successfully completed Part I (NBME) or Step 1 (USMLE) plus Part II or Step 2 plus Part III or Step 3; or FLEX Component 1 plus Step 3; or Part I or Step 1, plus Part II or Step 2, plus FLEX Component 2 shall be deemed to have successfully completed a medical licensure examination as required by RCW 18.71.070. (For clarification see Table 1.)

[Statutory Authority: RCW 18.71.060 and 18.71.070. 93-21-017, § 246-917-100, filed 10/11/93, effective 11/11/93. 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 weighted 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. The board will accept the FLEX weighted average of 75 reported from the federation of state medical boards. 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 18.71.060 and 18.71.070. 93-21-017, § 246-917-110, filed 10/11/93, effective 11/11/93. 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.

(3) Examination combination acceptable. Any applicant who has successfully completed Part I (NBME) or Step 1 (USMLE) plus Part II or Step 2 plus Part III or Step 3; or FLEX Component 1 plus Step 3; or Part I or Step 1, plus Part II or Step 2, plus FLEX Component 2 shall be deemed to have successfully completed a medical licensure examination as required by RCW 18.71.070.

Examination Combinations Acceptable for Licensure
Table 1

Examination sequence	Acceptable combinations
Part I plus Part II plus Part III	Part I or Step I plus Part II or Step II plus Part III or Step 3
FLEX Component 1 plus FLEX Component 2	FLEX Component 1 plus Step 3 or Part I or Step 1 plus Part II or Step 2 plus FLEX Component 2 plus Step 3

[Statutory Authority: RCW 18.71.060 and 18.71.070. 93-21-017, § 246-917-120, filed 10/11/93, effective 11/11/93. 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 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 18.130.250. 93-11-008 (Order 360B), § 246-917-121, filed 5/5/93, effective 6/5/93. Statutory Authority: RCW 18.71.017. 91-20-170 (Order 203B), § 246-917-121, filed 10/2/91, effective 11/2/91.]

WAC 246-917-220 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.71.060 and 18.71.070. 93-21-017, § 246-917-220, filed 10/11/93, effective 11/11/93.]

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
Retired active physician license renewal	125.00
Renewal	100.00
Late renewal penalty	50.00
Disciplinary assessment	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	100.00
Duplicate license	15.00
Disciplinary assessment	100.00
Surcharge-impaired physician	25.00

[Statutory Authority: RCW 43.70.250. 93-16-102, § 246-917-990, filed 8/4/93, effective 9/4/93; 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

246-918-005 Definitions.
246-918-009 Adjudicative proceedings.
246-918-250 Basic physician assistant-surgical assistant duties.
246-918-260 Physician assistant-surgical assistant—Utilization and supervision.

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 and was licensed prior to July 1, 1989; or

(c) Graduated from a foreign medical school and was licensed prior to July 1, 1989.

(3) "Physician assistant-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, physician assistant, or physician assistant-surgical 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 18.71A.020 and 18.71.060. 93-21-016, § 246-918-005, filed 10/11/93, effective 11/11/93. Statutory Authority: RCW 18.71.017. 92-12-089 (Order 278B), § 246-918-005, filed 6/3/92, effective 7/4/92.]

WAC 246-918-009 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.71A.020 and 18.71.060. 93-21-016, § 246-918-009, filed 10/11/93, effective 11/11/93.]

WAC 246-918-250 Basic physician assistant-surgical assistant duties. The physician assistant-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 18.71A.020 and 18.71.060. 93-21-016, § 246-918-250, filed 10/11/93, effective 11/11/93. 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 Physician assistant-surgical assistant—Utilization and supervision. (1) Utilization plan. The transfer or dual application for licensure as a physician assistant-surgical assistant must include a detailed plan describing the manner in which the physician assistant-surgical assistant will be utilized. Such utilization plan shall specify which physician assistant-surgical assistant tasks set forth in WAC 246-918-250 will be performed by the physician assistant-surgical assistant.

(2) Limitations, geographic. No physician assistant-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 physician assistant-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 physician assistant-surgical assistant. Such supervision and review shall include remaining in the surgical suite until the surgical procedure is complete;

(b) The physician assistant-surgical assistant shall wear a badge identifying him or her as a "physician assistant-surgical assistant" or "P.A.S.A." In all written documents and other communication modalities pertaining to his or her professional activities as a physician assistant-surgical assistant, the physician assistant-surgical assistant shall clearly denominate his or her profession as a "physician assistant-surgical assistant" or "P.A.S.A.";

(c) The physician assistant-surgical assistant is not presented in any manner which would tend to mislead the public as to his or her title.

(4) Responsibility of physician assistant-surgical assistant. The physician assistant-surgical assistant is responsible for performing only those tasks authorized by the supervising physician(s) and within the scope of physician assistant-surgical assistant practice described in WAC 246-918-250. The physician assistant-surgical assistant is responsible for ensuring his or her compliance with the rules regulating physician assistant-surgical assistant practice and failure to comply may constitute grounds for disciplinary action.

[Statutory Authority: RCW 18.130.250. 93-11-008 (Order 360B), § 246-918-260, filed 5/5/93, effective 6/5/93. 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.]

Chapter 246-922 WAC
PODIATRIC PHYSICIANS AND SURGEONS

WAC

246-922-035 Temporary practice permit.
246-922-235 Prohibited publicity and advertising.
246-922-275 Address notification.

WAC 246-922-035 Temporary practice permit. A temporary permit to practice podiatric 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 the following:

(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 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; and

(d) Verification from the federation of state podiatric 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 be issued for sixty days at which time it will become invalid.

(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 or refund.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-035, filed 8/26/93, effective 9/26/93.]

WAC 246-922-235 Prohibited publicity and advertising. A podiatric physician and surgeon 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 a podiatric physician which is false, fraudulent, deceptive, or misleading or which contains any implication or statement likely to mislead or deceive because in context it makes only a partial disclosure of relevant facts.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-235, filed 8/26/93, effective 9/26/93.]

WAC 246-922-275 Address notification. A licensee shall furnish the board with a current mailing address. 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. The licensee shall notify the department within thirty days of a change in the licensee's mailing address.

[Statutory Authority: RCW 18.22.015. 93-18-036, § 246-922-275, filed 8/26/93, effective 9/26/93.]

Chapter 246-924 WAC
PSYCHOLOGISTS

WAC

246-924-040 Psychologists—Education prerequisite to licensing.
246-924-050 Psychologists—Education prerequisites to licensing for applicants enrolled in a doctoral program between December 28, 1978 to October 19, 1987.
246-924-055 Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978.
246-924-060 Psychologists—Experience prerequisite to licensing.
246-924-065 Psychologists—Experience requirement prerequisite to licensing for experience prior to March 5, 1985.
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246-924-365 Assessment procedures.
246-924-366 Fraud, misrepresentation, or deception.
246-924-367 Aiding illegal practice.
246-924-370 Repealed.
246-924-380 Repealed.
246-924-390 Repealed.
246-924-400 Repealed.
246-924-410 Repealed.
246-924-420 Repealed.
246-924-430 Repealed.

246-924-440 Repealed.
246-924-450 Repealed.
246-924-475 Model procedural rules.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-924-350 Code of ethics—General considerations. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-360 Responsibility. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-370 Competence. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-380 Moral and legal standards. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-390 Public statements. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-400 Confidentiality. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-410 Welfare of the consumer. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-420 Professional relationships. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-430 Assessment techniques. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-440 Research with human participants. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

246-924-450 Care and use of animals. [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.] Repealed by 93-07-036 (Order 337B), filed 3/10/93, effective 4/10/93. Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW.

WAC 246-924-040 Psychologists—Education prerequisite to licensing. This rule shall apply for applicants enrolled after October 19, 1987, in a program leading to a doctoral degree. 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(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-040, filed 3/3/93, effective 4/3/93. 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 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(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-050, filed 3/3/93, effective 4/3/93. 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 246-924-055 Psychologists—Educational prerequisites to licensing for applicants enrolled in a doctoral program prior to December 28, 1978. This section shall apply to applicants enrolled in a program leading to a doctoral degree prior to December 28, 1978. To meet the education requirement imposed by the statute, the 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.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-055, filed 3/3/93, effective 4/3/93.]

WAC 246-924-060 Psychologists—Experience prerequisite to licensing. This section shall apply to applicants whose post-doctoral experience was commenced after March 5, 1985. (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(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-060, filed 3/3/93, effective 4/3/93. 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 246-924-065 Psychologists—Experience requirement prerequisite to licensing for experience prior to March 5, 1985. This section shall apply to applicants whose post-doctoral experience was commenced prior to March 5, 1985.

(1) The applicant shall have at least one year experience practicing psychology under qualified supervision after completion of all requirements for a doctoral degree. Such supervision shall be appropriate to the area of professional activity in which the applicant intended or intends to function. To be considered qualifying experience, the applicant must have worked under the direct supervision of a licensed psychologist or other professional deemed appropriate by the board. Supervision includes an ongoing awareness of all aspects of the activities of the person being supervised within the operational setting. The amount and intensity of supervision must be appropriate to the applicant's level of training and experience. A year of experience consists of a minimum of 1500 supervised clock hours. Functioning as an autonomous provider of psychological services and independent individual or group practice will not ordinarily be considered as meeting the experience requirement.

(2) In addition, the following considerations apply for experience commenced after December 27, 1978.

(a) In clinical and counseling areas, supervision should include selection of cases, assessment, treatment plan, ongoing treatment, and termination.

(b) With respect to teaching, supervision should include discussion of course outline(s), discussion of teaching and evaluation methods, and direct observation and/or review of taped class lectures and discussions.

(c) Regarding school psychology, supervision should include application of appropriate rules and regulations as promulgated by the office of the superintendent of public instruction, assessment procedures, psychological reporting, consultation, and follow through.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-06-092 (Order 335B), § 246-924-065, filed 3/3/93, effective 4/3/93.]

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 70% of the raw score, or the national mean of all first time doctorates, whichever is the lowest.

[Statutory Authority: RCW 18.83.050. 93-07-078 (Order 349B), § 246-924-070, filed 3/18/93, effective 4/18/93; 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 246-924-100 Qualifications for granting of license by endorsement. (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 18.83.070 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(5). 93-21-024, § 246-924-100, filed 10/13/93, effective 11/13/93. 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 246-924-350 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-351 Rules of ethical conduct. (1) Scope. The psychologist shall be governed by these rules of conduct whenever practicing as a psychologist.

(2) Responsibility for own actions. The psychologist shall be fully responsible for his/her own professional decisions and professional actions.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-351, filed 3/10/93, effective 4/10/93.]

WAC 246-924-352 Definitions. (1) "Client" means a recipient of psychological services or that person's legal guardian. A corporate entity or other organization can be a client when the professional contract is to provide services of primary benefit to the organization rather than to individuals.

(2) "Confidential client information" means information revealed by the client or otherwise obtained by a psychologist, where there is reasonable expectation, because of the relationship between the client and the psychologist, or the circumstances under which the information was revealed or obtained, that the information was private.

(3) "Supervisee" means any person who functions under the extended authority of the psychologist to provide psychological services or any person who is in training and provides psychological services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-352, filed 3/10/93, effective 4/10/93.]

WAC 246-924-353 Competence. (1) Limits on practice. The psychologist shall limit practice to the areas in which he/she is competent. Competency at a minimum must be based upon appropriate education, training, or experience.

(2) Referral. The psychologist shall refer to other health care resources, legal authorities, or social service agencies when such referral is in the best interest of the client.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-353, filed 3/10/93, effective 4/10/93.]

WAC 246-924-354 Maintenance and retention of records. (1) The psychologist rendering professional services to a client or clients or rendering services billed to a third party payor, shall document services except as provided in (g) of this subsection. That documentation shall include:

(a) The presenting problem(s), purpose or diagnosis;

(b) The fee arrangement;

(c) The date and service provided;

(d) A copy of all tests and evaluative reports prepared;

(e) Notation and results of formal consults including information obtained from other persons or agencies through a release of information;

(f) Progress notes reflecting on-going treatment and current status;

(g) If a client requests that no treatment records be kept and the psychologist agrees to the request, the request must be in writing and only the following must be retained:

(i) Identity of the recipient of services;

(ii) Service dates and fees;

(iii) Description of services;

(iv) Written request that no records be kept.

(2) The psychologist shall not agree to the request if maintaining records is required by other state or federal law.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-354, filed 3/10/93, effective 4/10/93.]

WAC 246-924-355 Continuity of care. The psychologist shall make arrangements to deal with emergency needs of her/his clients during periods of anticipated absences from the psychologist's routine professional availability.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-355, filed 3/10/93, effective 4/10/93.]

WAC 246-924-356 Impaired objectivity. The psychologist shall not undertake or continue a professional relationship with a client when the competency of the psychologist is impaired due to mental, emotional, physical, pharmacological, or substance abuse conditions. If such a condition develops after a professional relationship has been initiated, the psychologist shall terminate the relationship in an appropriate manner, and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-356, filed 3/10/93, effective 4/10/93.]

WAC 246-924-357 Multiple relationships. The psychologist shall not undertake or continue a professional relationship with a client when the objectivity or competency

of the psychologist is impaired because of the psychologist's present or previous familial, social, sexual, emotional, financial, supervisory, political, administrative, or legal relationship with the client or a person associated with or related to the client. When such relationship impairs objectivity, the psychologist shall terminate the professional relationship with adequate notice and in an appropriate manner; and shall assist the client in obtaining services from another professional.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-357, filed 3/10/93, effective 4/10/93.]

WAC 246-924-358 Sexual misconduct. (1) The psychologist shall never engage in sexual contact or sexual activity with current clients.

(2) Sexual contact or sexual activity is prohibited with a former client for two years after cessation or termination of professional services.

(3) The psychologist shall never engage in sexual contact or sexual activity with former clients if such contact or activity involves the abuse of the psychologist-client relationship. Factors which the board may consider in evaluating if the psychologist-client relationship has been abusive includes but is not limited to:

(a) The amount of time that has passed since therapy terminated;

(b) The nature and duration of the therapy;

(c) The circumstances of cessation or termination;

(d) The former client's personal history;

(e) The former client's current mental status;

(f) The likelihood of adverse impact on the former client and others; and

(g) Any statements or actions made by the therapist during the course of therapy suggesting or inviting the possibility of a post termination sexual or romantic relationship with the former client.

(4) The psychologist shall never engage in sexually harassing or demeaning behavior with current or former clients.

(5) Psychologists do not accept as therapy patients or clients, persons with whom they have engaged in sexual contact or activity.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-358, filed 3/10/93, effective 4/10/93.]

WAC 246-924-359 Client welfare. (1) Providing explanation of procedures. The psychologist shall upon request give a truthful, understandable, and reasonably complete account of the client's condition to the client or to those responsible for the care of the client. The psychologist shall keep the client fully informed as to the purpose and nature of any evaluation, treatment, or other procedures, and of the client's right to freedom of choice regarding services provided subject to the exceptions contained in the Uniform Health Care Information Act, chapter 70.02 RCW.

(2) Termination of services. Whenever professional services are terminated, the psychologist shall offer to help locate alternative sources of professional services or assistance if necessary. Psychologists shall terminate a professional relationship when it would become clear to a reasonable, prudent psychologist that the client no longer needs the service, is not benefitting, or is being harmed by continued service.

(3) Stereotyping. In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, socioeconomic status, or any basis proscribed by law.

(4) Solicitation of business by clients. The psychologist shall not request or induce any client, who is not an organization, to solicit business on behalf of the psychologist.

(5) Referrals on request. When making referrals the psychologist shall do so in the best interest of the client. The referral shall not be motivated primarily by financial gain.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-359, filed 3/10/93, effective 4/10/93.]

WAC 246-924-360 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-361 Exploiting supervisees and research subjects. (1) Psychologists shall not exploit persons over whom they have supervisory, evaluative, or other authority such as students, supervisees, employees, research participants, clients, or patients.

(2) Psychologist shall not engage in sexual relationships with students or supervisees in training over whom the psychologist has evaluative or direct authority.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-361, filed 3/10/93, effective 4/10/93.]

WAC 246-924-363 Protecting confidentiality of clients. (1) In general. The psychologist shall safeguard the confidential information obtained in the course of practice, teaching, research, or other professional duties. With the exceptions set forth below, the psychologist shall disclose confidential information to others only with the informed written consent of the client.

When a corporation or other organization is the client, rules of confidentiality apply to information pertaining to the organization, including personal information about individuals when obtained in the proper course of that contract. Such information about individuals is subject to confidential control of the organization, not of the individual, and can be made available to the organization, unless the information was obtained in a separate professional relationship with that individual.

(2) Disclosure without informed written consent. The psychologist may disclose confidential information without the informed written consent of the client only in compliance with the Uniform Health Care Information Act, chapter 70.02 RCW.

(3) Services involving more than one interested party. In a situation in which more than one party has a legally recognized interest in the professional services rendered by the psychologist to a recipient, the psychologist shall, to the extent possible, clarify to all parties, in writing, prior to rendering the services the dimensions of confidentiality and professional responsibility that shall pertain in the rendering of services. Such clarification is specifically indicated,

among other circumstances, when the client is an organization.

(4) Legally dependent clients. At the beginning of a professional relationship, to the extent that the client can understand, the psychologist shall inform a client who is under the age of thirteen or who has a legal guardian of the limit the law imposes on the right of confidentiality with respect to his/her communications with the psychologist. For clients between the age of thirteen and eighteen, the psychologist shall clarify any limits to confidentiality between the minor and legal guardians at the outset of services. The psychologist will act in the minor's best interests in deciding whether to disclose confidential information to the legal guardians without the minor's consent.

(5) Limited access to client records. The psychologist shall limit access to client records and shall ensure that all persons working under his/her authority are familiar with the requirements for confidentiality of client material.

(6) When rendering psychological services as part of a team which includes nonhealth care professionals, if the psychologist shares confidential information about the client when so authorized by the client, the psychologist shall advise all persons receiving the information from the psychologist that the information should be maintained in a confidential manner.

(7) Reporting of abuse of children and vulnerable adults. The psychologist shall comply with chapter 26.44 RCW.

(8) Observation and electronic recording. The psychologist shall obtain documented informed consent of the client, guardian or agent for observed or electronically recorded sessions.

(9) Disguising confidential information. When case reports or other confidential information are used as the basis of teaching, research, or other published reports, the psychologist shall exercise reasonable care to insure that the reported material is appropriately disguised to prevent client identification.

(10) Confidentiality if client is deceased. The psychologist shall comply with the Uniform Health Care Information Act, chapter 70.02 RCW.

(11) Confidentiality after termination of professional relationship. The psychologist shall continue to treat information regarding a client as confidential after the professional relationship between the psychologist and the client has ceased.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-363, filed 3/10/93, effective 4/10/93.]

WAC 246-924-364 Fees. (1) Disclosure of cost of services. The psychologist shall not mislead or withhold from the client, a prospective client, or third party payor, information about the cost of his/her professional services. A psychologist may participate in bartering only if:

(a) It is not clinically contraindicated; and

(b) The bartering relationship is not exploitive.

(2) Reasonableness of fee. The psychologist shall not exploit the client or responsible payor by charging a fee that is excessive for the services performed or by entering into an exploitive bartering arrangement in lieu of a fee.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-364, filed 3/10/93, effective 4/10/93.]

WAC 246-924-365 Assessment procedures. (1) Communication of results. The psychologist shall accompany communication of assessment procedures and test results, including automated test results, with appropriate interpretive aids and explanations. Psychologists shall not rely exclusively on automated test results in performing assessments.

(2) Limitations regarding assessment results. When reporting of the results of an assessment procedure, the psychologist shall include any relevant reservations, qualifications or limitations which affect the validity, reliability, or other interpretation of results.

(3) Protection of integrity of assessment procedures. In publications, lectures, or public presentations, psychologists shall not reproduce or describe psychological tests or other devices in ways which might invalidate them.

(4) Psychologists shall maintain the integrity and security of tests and other assessment techniques consistent with contractual obligations and the law, including the Uniform Health Care Information Act, chapter 70.02 RCW.

(5) Advertising newly developed procedures. Information for professional users. The psychologist advertising for sale a newly developed assessment procedure or automated interpretation service to other professionals shall provide or make available a manual or other printed material which fully describes the development of the assessment procedure or service, the rationale, evidence of validity and reliability, and characteristics of the normative population. The psychologist shall explicitly state the purpose and application for which the procedure is recommended and identify special qualifications required to administer and interpret it properly. The psychologist shall ensure that the advertisements for the assessment procedure or interpretive service are factual and descriptive.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-365, filed 3/10/93, effective 4/10/93.]

WAC 246-924-366 Fraud, misrepresentation, or deception. The psychologist shall not use fraud, misrepresentation, or deception in obtaining a psychology license, in passing a psychology licensing examination, in assisting another to obtain a psychology license, or to pass a psychology licensing examination, in billing clients or third party payors, in providing psychological service, in reporting the results of psychological evaluations or services, or in conducting any other activity related to the practice of psychology.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-366, filed 3/10/93, effective 4/10/93.]

WAC 246-924-367 Aiding illegal practice. Delegating professional responsibility. The psychologist shall not delegate professional responsibilities to a person not qualified and/or not appropriately credentialed to provide such services.

[Statutory Authority: RCW 18.83.050(5) and chapter 18.83 RCW. 93-07-036 (Order 337B), § 246-924-367, filed 3/10/93, effective 4/10/93.]

WAC 246-924-370 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-380 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-390 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-400 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-410 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-420 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-430 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-440 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-450 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-924-475 Model procedural rules. The examining board of psychology hereby adopts the model procedural rules for boards as filed by the department of health as chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.83.050(5). 93-16-027 (Order 382), § 246-924-475, filed 7/26/93, effective 8/26/93.]

Chapter 246-930 WAC
SEX OFFENDER TREATMENT PROVIDER

WAC

246-930-499 Temporary and provisional certificate during initial implementation of certification program.

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, 1994. 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, 1994. 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, 1994, 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. 93-14-095, § 246-930-499, filed 7/1/93, effective 8/1/93; 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.]

Chapter 246-933 WAC
VETERINARIANS—VETERINARY BOARD

WAC

246-933-010 Definitions.
246-933-180 Responsibility for maintaining mailing address on file with the board.
246-933-190 Adjudicative proceedings.
246-933-980 Licensing/renewal/late penalty.
246-933-990 Fees.

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 document prepared pursuant to law and which attests to the fact that an animal is in a certain state of health.

(7) "Patient" means any animal under the care and treatment of a veterinarian.

(8) "Secretary" means the secretary of the department of health.

(9) "Veterinary board of governors" is that board appointed by the governor pursuant to chapter 18.92 RCW.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-010, filed 3/30/93, effective 4/30/93; 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 246-933-180 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 18.92.030. 93-08-029 (Order 353B), § 246-933-180, filed 3/30/93, effective 4/30/93.]

WAC 246-933-190 Adjudicative proceedings. The board adopts the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-11 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.92.030. 93-21-007, § 246-933-190, filed 10/7/93, effective 11/7/93.]

WAC 246-933-980 Licensing/renewal/late penalty. (1) An initial license shall expire on the licensees next birth anniversary date. The secretary may prorate the licensure fee based upon 1/12th of the annual renewal fee for each full calendar month between the initial issue date and the next anniversary of the applicant's birthdate.

(2) A veterinarian's license shall be renewed annually on the veterinarian's birth anniversary date. Any renewal that is postmarked or presented to the department after midnight on the expiration date is late and subject to a late renewal penalty fee.

(3) Failure to timely renew a license shall invalidate the license and all privileges granted by the license. Any licensee subject to the Uniform Disciplinary Act who submits a late renewal which is postmarked or presented to the department more than thirty days after the license expiration date, will be subject to investigation for unprofessional conduct in accordance with RCW 18.130.180(7) for unlicensed practice.

(4) 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.

(5) 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 years to pass the licensing examination to practice veterinary medicine.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-933-980, filed 3/30/93, effective 4/30/93. 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. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-933-980, filed 12/27/90, effective 1/31/91; Order PL 262, § 308-152-020, filed 1/13/77.]

WAC 246-933-990 Fees. The following fees shall be charged by the professional licensing services division of the department of health:

Title of Fee	Fee
VETERINARIAN:	
National board examination (NBE) (initial/retake)	$130.00
Clinical competency test (CCT) (initial/retake)	130.00
State examination	125.00
Initial state license	95.00
State examination (retake)	125.00
Specialty licensure	95.00
Impaired veterinarian assessment	10.00
Temporary permit	95.00
State or specialty license renewal	95.00
Retired active and renewal	45.00
Late renewal penalty (state and specialty license)	31.00
Late renewal penalty (retired active license)	15.00
Duplicate license	15.00
Certification	15.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-933-990, filed 6/24/93, effective 7/25/93; 93-08-028 (Order 351), § 246-933-990, filed 3/30/93, effective 4/30/93; 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

246-935-060 Eligibility for examination as animal technician.
246-935-070 Examination for registration as animal technician.
246-935-080 Repealed.
246-935-125 Registration/renewal/late penalty.
246-935-990 Fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-935-080 Grading of examinations. [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.] Repealed by 93-08-029 (Order 353B), filed 3/30/93, effective 4/30/93. Statutory Authority: RCW 18.92.030

WAC 246-935-060 Eligibility for examination as animal technician. Applicants must meet one of the following criteria to be eligible for the examination.

(1) Completion of a post high school course for animal or veterinary technology approved by the Committee on Veterinary Technician Education and Activities (CVTEA) of the American Veterinary Medical Association (AVMA). The board approves all those institutions accredited by, and in good standing with, the AVMA. Other institutions which may apply for the board's approval and which meet the accreditation standards of the CVTEA to the board's satisfaction may be approved, but it is the responsibility of an institution to apply for approval and of a student to ascertain whether or not a school has been approved by the board. The examination may not be taken prior to two months preceding graduation from the course of instruction.

(2) Graduation from a two-year curriculum in animal health or veterinary technology which is not accredited by the CVTEA plus a minimum of thirty-six months of full-time experience under the supervision of a licensed veterinarian(s) who shall attest to the completion of that experience.

(3) Award of a D.V.M. or V.M.D. degree or equivalent from an American Veterinary Medical Association accredited or listed college of veterinary medicine.

(4) Applicant is registered, certified, or licensed as an animal health or veterinary technician in one or more states and has obtained thirty-six months of full-time experience under the supervision of a licensed veterinarian(s).

(5) Completion of a course in veterinary technician education as a member of the United States military and completion of a tour of active duty as a veterinary animal technician or specialist.

(6) Five years full-time animal technician experience under the supervision of a licensed veterinarian(s) who shall attest to the completion of that experience.

[Statutory Authority: RCW 18.92.030. 93-12-126 (Order 368B), § 246-935-060, filed 6/2/93, effective 7/3/93; 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 the veterinary technician national examination and the Washington state veterinary technician examination

(a) The national examination shall consist of questions on the following areas: Basic sciences, animal care and management/husbandry (including farm, pet, and research animals) and clinical sciences (including small and large animal patient care). The examination is designed to measure essential job-related knowledge at the entry level.

(b) The Washington state examination shall consist of questions pertaining to laws regulating animal technicians and to laws regulating animal health care in the state.

(2) In order to pass examination for registration as an animal technician, the applicant shall attain a minimum grade of:

(a) 1.5 standard deviation below the national mean of the criterion population on the national examination.

(b) Ninety percent on the Washington state examination.

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-070, filed 3/30/93, effective 4/30/93; 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 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-935-125 Registration/renewal/late penalty. (1) A registration certificate shall be renewed annually. The date of renewal shall be the registrant's birth anniversary date. An initial registration shall expire on the registrant's next birthdate. The secretary may prorate the registration fee based upon 1/12th of the annual renewal fee for each full calendar month between the initial issue date and the next anniversary of the registrant's birthdate.

(2) Any renewal that is postmarked or presented to the department after midnight on the expiration date is late, and subject to a late renewal penalty fee. Failure to timely renew a registration shall invalidate the registration and all privileges granted by the registration. Any registrant who submits a late renewal which is postmarked or presented to the department more than thirty days after the registration's expiration date, will be subject to investigation for unprofessional conduct in accordance with RCW 18.130.180(7).

[Statutory Authority: RCW 18.92.030. 93-08-029 (Order 353B), § 246-935-125, filed 3/30/93, effective 4/30/93. 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 246-935-990 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)	$80.00
State examination (initial/retake)	80.00
Initial registration	60.00
Renewal	51.00
Late renewal penalty	17.00
Duplicate registration	15.00
Certification	15.00

[Statutory Authority: RCW 43.70.250. 93-14-011, § 246-935-990, filed 6/24/93, effective 7/25/93; 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

WAC

246-976-470 Trauma care facilities—Designation process.
246-976-510 Designation standards for level I trauma care hospitals—Basic resources and capabilities.
246-976-520 Designation standards for level I trauma care hospitals—Outreach, training, and public education.
246-976-560 Designation standards for level II trauma care hospitals—Basic resources and capabilities.
246-976-600 Designation standards for level III trauma care hospitals—Administration and organization.
246-976-610 Designation standards for level III trauma care hospitals—Basic resources and capabilities.
246-976-650 Designation standards for level IV trauma care facilities—Resources and capabilities.
246-976-680 Designation standards for level V trauma care facilities—Administration and organization.
246-976-720 Designation standards for level I pediatric trauma care hospitals—Administration and organization.
246-976-730 Designation standards for level I pediatric trauma care hospitals—Resources and capabilities.
246-976-770 Designation standards for level II pediatric trauma care hospitals—Administration and organization.
246-976-780 Designation standards for level II pediatric trauma care hospitals—Resources and capabilities.
246-976-790 Designation standards for level II pediatric trauma care hospitals—Education and training programs.
246-976-810 Designation standards for level III pediatric trauma care hospitals—Administration and organization.
246-976-820 Designation standards for level III pediatric trauma care hospitals—Resources and capabilities.
246-976-830 Designation standards for level I trauma rehabilitation services.
246-976-840 Designation standards for level II trauma rehabilitation service.
246-976-850 Designation standards for level III trauma rehabilitation service.
246-976-860 Designation standards for level I pediatric trauma rehabilitation service.
246-976-990 Fees and fines.

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:

(a) Submit a completed proposal packet to the department according to a published schedule;

(b) Have no less than ninety days to complete a proposal in response to the department's RFP; and

(c) Submit fees as required by WAC 246-976-990, no later than thirty days prior to the scheduled on-site review.

(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: Chapter 70.168 RCW. 93-20-063, § 246-976-470, filed 10/1/93, effective 11/1/93. 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 246-976-510 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, surgery or medicine or other relevant specialty; or with documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeons;

(ii) ATLS trained; and

(iii) ACLS trained;

(b) Emergency physicians who are:

(i) Board certified or eligible in emergency medicine, or in a specialty practicing emergency medicine as their primary practice with special competency in care of trauma patients; (this requirement may be met by a surgical resident post graduate year two who is ATLS, ACLS, and PALS or approved equivalent trained, working under the direct supervision of the physician director of the emergency department, until the arrival of the attending surgeon. The attending surgeon shall be in-house and available upon the patients arrival in the ED, assuming five minute notification);

(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) Backboard;

(xx) 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) Temperature controlled heating units, with/without open crib;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) 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; or

(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 attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training.

(c) All trauma surgeons trained 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 approved 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, in-house and 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, in-house and 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.
(14) A level I 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: Chapter 70.168 RCW. 93-20-063, § 246-976-510, filed 10/1/93, effective 11/1/93. 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, with a commitment 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: Chapter 70.168 RCW. 93-20-063, § 246-976-520, filed 10/1/93, effective 11/1/93. 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 246-976-560 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 in a specialty 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) Backboard;
(xx) 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) Temperature controlled heating units with/without open crib;
(H) Heating/cooling blankets;
(I) Heat lamp;
(J) Hypothermia thermometers;
(K) Expanded scale electronic thermometers;
(L) Device for assuring maintenance of infant warmth during transport;
(M) Nasogastric/feeding tubes;
(N) Noninvasive BP monitor; and
(O) 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; or

(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 attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons; and

(d) All trauma surgeons trained in ACLs and PALS or approved equivalent.

(3) A level II trauma care hospital shall have an operating suite with:

(a) An operating room adequately staffed with one operating room nurse or other member of the operating room staff who is in-house and available within five minutes and is qualified to open a room, dispense necessary drugs, and is otherwise qualified to prepare the operating suite for immediate patient care. The remainder of the staff shall be in-house or on-call and available within twenty minutes;

(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 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, on-call and available twenty-four hours a day;

(b) All nurses ACLS trained;

(c) 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.

(14) A level II 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: Chapter 70.168 RCW. 93-20-063, § 246-976-560, filed 10/1/93, effective 11/1/93. 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 246-976-600 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 attending surgeon shall be on-call and available within thirty 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 thirty 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 it's 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: Chapter 70.168 RCW. 93-20-063, § 246-976-600, filed 10/1/93, effective 11/1/93. 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 approved 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 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;

(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) Backboard;

(xix) 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) Temperature-controlled heating units with/without open crib available within five minutes;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) Pulse oximetry.

(2) A level III trauma care hospital shall have an operating suite adequately staffed with one operating room nurse or operating-room-qualified designee who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within thirty 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 training, on-call and 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.

(12) A level III trauma care hospital shall have a heliport or landing zone located near enough to permit the facility to receive or transport patients by air.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-610, filed 10/1/93, effective 11/1/93. 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 246-976-650 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) Cardiac monitor;

(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 training, and is on-call and available within thirty minutes;

(b) An operating suite with one RN or qualified designee who is in-house and available to the operating suite within five minutes and the remainder of the staff on-call and available within thirty 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 clinical laboratory services 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: Chapter 70.168 RCW. 93-20-063, § 246-976-650, filed 10/1/93, effective 11/1/93. 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) Participate in the state trauma registry as required in WAC 246-976-430 with 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: Chapter 70.168 RCW. 93-20-063, § 246-976-680, filed 10/1/93, effective 11/1/93. 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 246-976-720 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 board certified neurosurgeon or surgeon who has been judged competent by the neurosurgical 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 approved 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 approved 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) Gastroenterology;
(iii) Hematology/pathology;
(iv) Infectious diseases;
(v) Nephrology;
(vi) Neuro-radiology;
(vii) Pediatric cardiology;
(viii) Pediatric hematology/oncology;
(ix) Pediatric pulmonology;
(x) Psychiatry; and
(xi) A radiologist.

(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 it's 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: Chapter 70.168 RCW. 93-20-063, § 246-976-720, filed 10/1/93, effective 11/1/93. 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, surgery or medicine or other relevant specialty; or with documented experience as director of an emergency department which has been previously recognized as a level I trauma center either by a regional entity or as verified by the Committee on Trauma of the American College of Surgeon;

(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; (this requirement may be met by a surgical resident post graduate year two who is ATLS, ACLS, and PALS or approved equivalent trained, working under the direct supervision of the physician director of the emergency department, until the arrival of the attending surgeon. The attending surgeon shall be in-house and available upon the patient's arrival in the ED, assuming five minute notification);

(ii) In-house and available within five minutes of the patient's arrival in the ED;

(iii) ATLS trained except that this requirement shall not apply to board certified emergency physicians;

(iv) ACLS trained;

(v) PALS or approved 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;

(F) Pediatric dosages/dilutions of medications; and

(G) IV fluid/blood warmer.

(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) Backboard;

(xv) 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) Temperature controlled heating units with/without open crib;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport;

(M) Nasogastric/feeding tubes;

(N) Noninvasive BP monitor; and

(O) 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; or

(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 attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and PALS or approved equivalent training;

(c) All trauma surgeons trained in ATLS except that this requirement shall not apply to board certified surgeons.

(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, in-house and 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, in-house and available twenty-four hours a day;

(b) All nurses ACLS trained;

(c) All nurses PALS or approved 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 approved 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) Otoscope/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;

(xxxi) High/low alarms for heart rate, respiratory rate, and all pressures;

(xxxii) Provision for life support and cardiopulmonary monitoring; and

(xxxiii) 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: Chapter 70.168 RCW. 93-20-063, § 246-976-730, filed 10/1/93, effective 11/1/93. 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 246-976-770 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 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 an attending 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 approved equivalent trained; and

(ii) Is on-call and available within twenty minutes;

(b) The following specialty services on-call and available within thirty minutes:

(i) Cardiology;

(ii) Pulmonology;
(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 approved equivalent trained; and
(ix) A radiologist.

(5) A level II pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on it's 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: Chapter 70.168 RCW. 93-20-063, § 246-976-770, filed 10/1/93, effective 11/1/93. 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;
(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 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 approved 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/defibrillator;
(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) Backboard;
(xv) 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) Temperature controlled heating units with/without open crib;
(H) Heating/cooling blankets;
(I) Heat lamp;
(J) Hypothermia thermometers;
(K) Expanded scale electronic thermometers;
(L) Device for assuring maintenance of infant warmth during evaluation and transport;
(M) Nasogastric/feeding tubes;
(N) Noninvasive blood pressure monitor; and
(O) 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; or

(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 attending surgeon shall be available within twenty minutes upon notification. The resident shall have ATLS and 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 or approved equivalent.

(3) A level II pediatric trauma care hospital shall have an operating suite adequately staffed with one operating room nurse or operating-room-qualified designee 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, on-call and 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) Otoscope/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 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) 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 designated 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: Chapter 70.168 RCW. 93-20-063, § 246-976-780, filed 10/1/93, effective 11/1/93. 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.

(3) Make the facility available for initial and maintenance training of invasive manipulative skills for prehospital personnel.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-790, filed 10/1/93, effective 11/1/93. 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 thirty 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 thirty minutes; and

(a) Has general surgery privileges;

(b) Has PALS or approved 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 approved equivalent trained, and who is on-call and available within thirty minutes.

(5) A level III pediatric trauma care hospital shall have an approved policy to divert patients to other designated facilities, based on it's 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: Chapter 70.168 RCW. 93-20-063, § 246-976-810, filed 10/1/93, effective 11/1/93. 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 approved equivalent trained; and

(vii) Designated members of the trauma team;

(c) ED registered nurses who are:

(i) ACLS trained;

(ii) Trained in a trauma life support course;

(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) Backboard;

(xii) 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) Temperature controlled heating units with/without open crib;

(H) Heating/cooling blankets;

(I) Heat lamp;

(J) Hypothermia thermometers;

(K) Expanded scale electronic thermometers;

(L) Device for assuring maintenance of infant warmth during evaluation and transport; and

(M) 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:

(a) In accordance with standards as delineated in WAC 246-976-780(5), except the medical director or co-director may be board certified or eligible in pediatric intensive care or another relevant specialty with documented experience in pediatric critical care; or

(b) Have a written transfer agreement to a designated level I or II pediatric trauma care facility.

(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;

(e) Blood gases and pH determination; and

(f) Micro-technique.

(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: Chapter 70.168 RCW. 93-20-063, § 246-976-820, filed 10/1/93, effective 11/1/93. 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 246-976-830 Designation standards for level I trauma rehabilitation services. (1) Level I trauma rehabilitation services shall:

(a) Treat inpatients and outpatients, regardless of level of severity or complexity, who are over fifteen years of age;

(b) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;

(i) Abeyance or deferral status from CARF do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;

(c) House patients on a designated rehabilitation nursing unit;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day a week, twenty-four hour basis;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on its ability to manage that patient at that time;

(g) In addition to the CARF consultative service requirements, have the following services in-house or on-call on a seven day a week, twenty-four hour basis:

(i) Anesthesia;

(ii) Pulmonary medicine; and

(iii) A radiologist;

(h) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis, with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when trauma patients are present;

(iii) Adequate staffing to provide a minimum of six clinical nursing care hours per patient day for trauma patients;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide the following allied health personnel and services on a seven day a week, twenty-four hour basis:

(i) Access to pharmaceuticals, with a pharmacist in house;

(ii) Personnel trained in intermittent catheterization; and

(iii) Respiratory therapy;

(j) Provide the following rehabilitation services with staff who are licensed, registered, or certified, and in house or on call for daily treatment when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(m) Serve as a regional referral center for patients in their geographical area needing only level II or III rehabilitation care;

(n) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(o) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(p) Conduct and disseminate research in rehabilitation of trauma patients.

(2) A level I rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-830, filed 10/1/93, effective 11/1/93.]

WAC 246-976-840 Designation standards for level II trauma rehabilitation service. (1) Level II rehabilitation services shall:

(a) Treat inpatients and outpatients based on delineated admission criteria that are based on diagnosis and severity of impairment, who are over fifteen years of age;

(b) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;

(c) House patients on a designated rehabilitation nursing unit;

(d) Provide a peer group for persons with similar disabilities;

(e) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day week, twenty-four hour basis;

(f) Have a diversion or transfer policy with protocols on an individual patient basis, based on the ability to manage that patient at that time;

(g) In addition to the CARF consultative service requirements, provide the following services in-house or on-call on a seven day a week, twenty-four hour basis:

(i) Anesthesia;

(ii) Pulmonary medicine; and

(iii) A radiologist;

(h) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day when trauma patients are present;

(iii) Adequate staffing to provide a minimum of six clinical nursing care hours per patient day for trauma patients;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(i) Provide appropriate access to pharmaceuticals on a seven day a week, twenty-four hour basis, with a pharmacist on call and available within thirty minutes;

(j) Provide the following rehabilitation services with staff who are licensed, registered, or certified, and who are in-house or on-call for daily treatment when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling;

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(k) Provide the following services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Driver evaluation and training;

(iii) Orthotics;

(iv) Prosthetics;

(v) Rehabilitation engineering for device development and adaptations;

(vi) Therapeutic recreation; and

(vii) Vocational rehabilitation;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(ii) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography; and

(C) Evoked potentials;

(iii) Laboratory services;

(iv) Urodynamic testing;

(m) Have an outreach program regarding trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(n) Have a formal program of continuing trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals.

(2) A level II rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-840, filed 10/1/93, effective 11/1/93.]

WAC 246-976-850 Designation standards for level III trauma rehabilitation service. (1) Level III rehabilitation services shall:

(a) Provide a community based program of coordinated and integrated outpatient trauma rehabilitation services, evaluation, and treatment to those persons with trauma-related functional limitations that require services available in, but not limited to, the following settings:

(i) Freestanding outpatient rehabilitation centers;

(ii) Organized outpatient rehabilitation programs in acute hospital settings;

(iii) Day hospital programs; and

(iv) Other community settings;

(b) Treat patients according to admission criteria based on diagnosis and severity;

(c) Be directed by a physiatrist, or a physician with training and/or experience in rehabilitation, who participates in the quality assurance program;

(d) Provide patient care under the direction of a physiatrist or a physician with appropriate training and experience in physical medicine;

(e) Provide the following rehabilitation services by staff who are licensed, registered, or certified:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Social services;

(iv) Speech/language pathology;

(f) Provide or assist the patient to obtain the following as appropriate to the rehabilitation plan:

(i) Audiology;

(ii) Chaplaincy;

(iii) Dentistry;

(iv) Dietetics;

(v) Driver evaluation and training;

(vi) Education;

(vii) Nursing;

(viii) Orthotics;

(ix) Prosthetics;

(x) Psychology;

(xi) Rehabilitation engineering for device development and adaptations;

(xii) Respiratory therapy;

(xiii) Substance abuse counseling;

(xiv) Therapeutic recreation;

(xv) Vocational rehabilitation;

(g) Have an organized trauma rehabilitation quality assurance program with:

(i) A special audit process for rehabilitation trauma patients to identify the rehabilitation standards and indicators which monitor this program;

(ii) A multidisciplinary team, to include the physician identified as responsible for coordination of rehabilitation trauma activities.

(2) This section shall not restrict the authority of a rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-850, filed 10/1/93, effective 11/1/93.]

WAC 246-976-860 Designation standards for level I pediatric trauma rehabilitation service. (1) Level I pediatric rehabilitation services shall:

(a) Treat inpatients and outpatients, regardless of level of severity or complexity, who are fifteen years old or less;

(b) Treat inpatients and outpatients older than fifteen for whom educational goals or premorbid learning or developmental disability dictates treatment in a pediatric setting;

(c) Have and retain one-year or three-year accreditation by the commission on accreditation of rehabilitation facilities (CARF) for hospital-based comprehensive inpatient rehabilitation;

(i) Abeyance or deferral status do not qualify an applicant for designation;

(ii) If the applicant holds one-year accreditation, its application shall include a copy of the CARF survey report and recommendations;

(d) House patients in a designated pediatric rehabilitation area, providing a pediatric milieu;

(e) Provide a peer group for persons with similar disabilities;

(f) Be directed by a physiatrist who is in-house or on-call and responsible for rehabilitation concerns on a seven day a week, twenty-four hour basis;

(g) Have a diversion or transfer policy with protocols on an individual patient basis, based on its ability to manage that patient at that time;

(h) In addition to the CARF consultative service requirements, have the following services in-house on a seven day a week, twenty-four hour basis:

(i) Anesthesia;

(ii) Pediatrics;

(iii) Pulmonary medicine;

(iv) A radiologist;

(i) Provide rehabilitation nursing personnel on a seven day a week, twenty-four hour basis with:

(i) Management by a registered nurse;

(ii) At least one certified rehabilitation registered nurse (CRRN) on duty each day and evening shift when trauma patients are present;

(iii) All nursing personnel trained and/or experienced in pediatric rehabilitation;

(iv) The initial care plan and weekly update reviewed and approved by a CRRN; and

(v) An orientation and training program for all levels of rehabilitation nursing personnel;

(j) Provide the following allied health personnel and services on a seven day week, twenty-four hour basis:

(i) Access to pharmaceuticals, with pharmacist in house;

(ii) Personnel trained in intermittent catheterization; and

(iii) Respiratory therapy;

(k) Provide the following rehabilitation services with staff who are licensed, registered, or certified, who are trained and/or experienced in pediatric rehabilitation, and who are in-house or on-call for daily treatment when indicated in the rehabilitation plan:

(i) Occupational therapy;

(ii) Physical therapy;

(iii) Psychology, including:

(A) Neuropsychological services;

(B) Clinical psychological services, including testing and counseling; and

(C) Substance abuse counseling;

(iv) Social services;

(v) Speech/language pathology;

(l) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Communication augmentation;

(ii) Educational component of the program appropriate to the disability and developmental level of the child, to include educational screening, instruction, and discharge planning coordinated with the receiving school district;

(iii) Orthotics;

(iv) Appropriate play space, with supervision by a pediatric therapeutic recreation specialist or child life specialist, to provide assessment and play activities;

(v) Prosthetics;

(vi) Rehabilitation engineering for device development and adaptations;

(vii) Therapeutic recreation;

(m) Provide the following diagnostic services in-house or through affiliation or consultative arrangements with staff who are licensed, registered, certified, or degreed:

(i) Electrophysiologic testing, to include:

(A) Electroencephalography;

(B) Electromyography;

(C) Evoked potentials;

(ii) Diagnostic imaging, including computerized tomography, magnetic resonance imaging, nuclear medicine, and radiology;

(iii) Laboratory services; and

(iv) Urodynamic testing;

(n) Have an outreach program regarding pediatric trauma rehabilitation care, consisting of telephone and on-site consultations with physicians and other health care professionals in the community and outlying areas;

(o) Have a formal program of continuing pediatric trauma rehabilitation care education, both in-house and outreach, provided for nurses and allied health care professionals;

(p) Conduct and disseminate research in rehabilitation of pediatric trauma patients.

(2) A level I pediatric rehabilitation service shall have a quality assurance program in accordance with WAC 246-976-880.

(3) This section shall not restrict the authority of a pediatric rehabilitation service to provide services which it has been authorized to provide by state law, except as addressed by chapter 70.168 RCW.

[Statutory Authority: Chapter 70.168 RCW. 93-20-063, § 246-976-860, filed 10/1/93, effective 11/1/93.]

WAC 246-976-990 Fees and fines. (1) The department shall assess individual health care facilities submitting a proposal to be designated as a level I general trauma care facility a fee, not to exceed seven thousand dollars, to help defray the costs to the department of inspections and review of applications.

(2) The department shall assess individual health care facilities submitting a proposal to be designated as a level II general trauma care facility a fee, not to exceed six thousand dollars, to help defray the costs to the department of inspections and review of applications.

(3) The department shall assess individual health care facilities submitting a proposal to be designated as a level III general trauma care facility a fee, not to exceed one thousand nine hundred fifty dollars, to help defray the costs to the department of inspections and review of applications.

(4) The department shall assess individual health care facilities submitting a proposal to be designated as a level I pediatric trauma care facility a fee, not to exceed nine thousand two hundred dollars, to help defray the costs to the department of inspections and review of applications.

(5) The department shall assess individual health care facilities submitting a proposal to be designated as a level II pediatric trauma care facility a fee, not to exceed eight thousand dollars, to help defray the costs to the department of inspections and review of applications.

(6) The department shall assess individual health care facilities submitting a proposal to be designated as a level III pediatric trauma care facility a fee, not to exceed two thousand dollars, to help defray the costs to the department of inspections and review of applications.

(7) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level I general or pediatric trauma care facility a fee, of at least seven thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed fourteen thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(8) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level II general or pediatric trauma care facility a fee, of at least six thousand dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed twelve thousand five hundred dollars to help defray the costs to the department of inspections and review of applications.

(9) The department shall assess health care facilities submitting a joint proposal to be jointly designated as a level III general or pediatric trauma care facility a fee, of at least one thousand nine hundred fifty dollars, and based upon a determined hourly rate and per diem expense per inspection team member, not to exceed three thousand one hundred dollars to help defray the costs to the department of inspections and review of applications.

(10) The department shall assess health care facilities submitting a proposal to be designated at multiple levels to provide adult and pediatric care a fee, not to exceed nine thousand two hundred dollars to help defray the costs to the department of inspections and review of applications.

(11) The department shall not assess such fees to health care facilities applying to provide level IV and V trauma care services.

(12) 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: Chapter 70.168 RCW. 93-20-063, § 246-976-990, filed 10/1/93, effective 11/1/93. 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.]