

WAC 245-02-160 Adjudicative proceedings—Notice of hearing. (1) Within thirty days of receipt of an application for adjudicative proceeding or petition, the commission shall notify the applicant of any obvious errors or omissions, request any additional information it requires and is permitted by law to require regarding the application for adjudicative proceeding or petition, and notify the applicant of the name, mailing address, and telephone number that may be contacted regarding the application.

(2) Within sixty days after receipt of the application, the commission shall commence an adjudicative proceeding by serving notice of hearing on the applicant and all other persons required by RCW 34.05.434; 34.05.417 (1)(b), or decide not to conduct an adjudicative proceeding and furnish the applicant with a copy of its decision in writing, with a brief statement of its reasons for doing so and of any administrative review available.

[Statutory Authority: RCW 43.72.310. 95-04-112, § 245-02-160, filed 2/1/95, effective 3/4/95.]

WAC 245-02-165 Presiding officer. The determination of the presiding officer for an adjudicative proceeding before the commission shall be governed by RCW 34.05.425.

[Statutory Authority: RCW 43.72.310. 95-04-112, § 245-02-165, filed 2/1/95, effective 3/4/95.]

WAC 245-02-170 Commission to retain jurisdiction. A grant or denial of authority to engage in proposed conduct shall be deemed a final order of the commission. Where authorization is granted, the commission shall retain jurisdiction over the applicant for purposes of continuing oversight and supervision as required by RCW 43.72.310(6).

[Statutory Authority: RCW 43.72.310. 95-04-112, § 245-02-170, filed 2/1/95, effective 3/4/95.]

WAC 245-02-175 Adjudicative proceedings—Reconsideration. A petition for reconsideration of a final order under RCW 34.05.470 shall be filed with the commission.

[Statutory Authority: RCW 43.72.310. 95-04-112, § 245-02-175, filed 2/1/95, effective 3/4/95.]

WAC 245-02-180 Notice of modification or withdrawal of authorization. If at anytime during its ongoing supervision of authorized conduct pursuant to RCW 43.72.310(6), the commission determines that reason exists to revoke or modify its authorization, the commission shall immediately notify the applicant in writing. An applicant may request an adjudicative proceeding within thirty days of receipt of the notice. If no adjudicative hearing is requested by the applicant within thirty days of receipt of the notice, the commission shall immediately revoke or modify its authorization.

[Statutory Authority: RCW 43.72.310. 95-04-112, § 245-02-180, filed 2/1/95, effective 3/4/95.]

Chapter 245-04 WAC CERTIFIED HEALTH PLANS

WAC

245-04-090 through 245-04-115 Decodified.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

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| 245-04-090 | Policy statement. [Statutory Authority: RCW 49.43.170 (2)(4), 43.72.100 (6)(14) and 43.72.040(20). 94-21-063 and 95-06-048, § 245-04-090, filed 10/17/94 and 2/24/95, effective 7/1/95.] Decodified by 95-12-009, filed 5/26/95, effective 7/1/95. |
| 245-04-100 | Selection and termination of health care providers. [Statutory Authority: RCW 49.43.170 (2)(4), 43.72.100 (6)(14) and 43.72.040(20). 94-21-063 and 95-06-048, § 245-04-100, filed 10/17/94 and 2/24/95, effective 7/1/95.] Decodified by 95-12-009, filed 5/26/95, effective 7/1/95. |
| 245-04-110 | Standards for health care provider selection criteria. [Statutory Authority: RCW 49.43.170 (2)(4), 43.72.100 (6)(14) and 43.72.040(20). 94-21-063 and 95-06-048, § 245-04-110, filed 10/17/94 and 2/24/95, effective 7/1/95.] Decodified by 95-12-009, filed 5/26/95, effective 7/1/95. |
| 245-04-115 | Resolution of provider disputes. [Statutory Authority: RCW 49.43.170 (2)(4), 43.72.100 (6)(14) and 43.72.040(20). 94-21-063 and 95-06-048, § 245-04-115, filed 10/17/94 and 2/24/95, effective 7/1/95.] Decodified by 95-12-009, filed 5/26/95, effective 7/1/95. |

WAC 245-04-090 through 245-04-115 Decodified.
See Disposition Table at beginning of this chapter.

Title 246 WAC DEPARTMENT OF HEALTH

Chapters

- 246-01** Description and organization.
- 246-08** Practice and procedure.
- 246-100** Communicable and certain other diseases.
- 246-130** Human immunodeficiency virus (HIV) infection interventions.
- 246-170** Tuberculosis—Prevention, treatment, and control.
- 246-249** Radioactive waste—Use of the commercial disposal site.
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- 246-273** On-site sewage system additives.
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- 246-325 Adult residential rehabilitation centers and private adult treatment homes.
- 246-326 Alcoholism treatment facilities.
- 246-327 Home health agencies.
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- 246-780 Farmers' market nutrition program.
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- 246-816 Dentists—Dental disciplinary board.
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- 246-843 Nursing home administrators.
- 246-851 Optometrists.
- 246-858 Pharmacists—Internship requirements.
- 246-861 Pharmacists—Professional pharmaceutical education.
- 246-863 Pharmacists—Licensing.
- 246-881 Pharmacy—Prescription drug price advertising.
- 246-887 Pharmacy—Regulations implementing the Uniform Controlled Substances Act.
- 246-891 Pharmacy—Prophylactics.
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Chapter 246-01 WAC

DESCRIPTION AND ORGANIZATION

WAC

246-01-040	Department and professional boards—Relationship.
246-01-080	Organization.

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

- Health professions quality assurance committee.
- Chiropractic quality assurance commission.
- Dental quality assurance commission.
- Dental hygiene examining committee.
- Board of denture technology.
- Dispensing opticians examining committee.
- Board on fitting and dispensing of hearing aids.
- Massage examining board.
- Medical quality assurance commission.
- Mental health quality assurance council.
- Midwifery advisory committee.
- Naturopathic advisory committee.
- Nursing home administrators board.
- Nursing care quality assurance commission.
- Board of occupational therapy.

- Optometry board.
- Board of osteopathic medicine and surgery.
- Board of pharmacy.
- Board of physical therapy.
- Podiatry board.
- Examining board of psychology.
- Sex offender treatment provider advisory committee.
- Veterinary board of governors.

[Statutory Authority: RCW 43.70.040. 95-10-043, § 246-01-040, filed 5/1/95, effective 6/1/95. Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-040, filed 3/24/93, effective 4/24/93.]

WAC 246-01-080 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, policy and planning, legislative and constituent relations, minority affairs, and the communications office.

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

(a) *The assistant secretary for epidemiology and health statistics:*

(i) Collects and analyzes data that provides information about the health of the population, hospital costs, hospital diagnosis and procedures;

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

(iii) Conducts surveillance of communicable and noncommunicable diseases and other health-related events. Investigates disease outbreaks, epidemics, and clusters; provides technical assistance and advice in developing and implementing prevention/control programs; provides expert consultation to local health departments on epidemiologically impacted issues and, when necessary, directs support for responding to emergent public health situations;

(iv) Develops a health services information system that supports the implementation of health reform as envisioned under the Health Services Act of 1993, and monitors the effectiveness of the reformed health care environment;

(v) Monitors the consistency, quality, continuity, and comprehensiveness of the department's health assessment activities, including disease surveillance and program evaluation;

(iv) Provides a scientific basis for health policy and program management decisions within the department and, when requested, to local health departments.

(b) *The assistant secretary for health systems quality assurance:*

(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
- Denturists
- Dietitians/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
 Veterinary med clerks
 X-ray technicians

(ii) Sets standards, inspects, licenses, or certifies, provides consultation, and reviews and approves construction of new buildings, alterations, additions, and conversions of health and residential care facilities for:

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
 Juvenile rehabilitation facilities
 End stage renal disease centers
 Eye banks
 Ferry systems
 Group care facilities for children
 Home health care agencies
 Home care agencies
 Hospice agencies
 Hospice care facilities

Occupational therapist-independent practice
 Outpatient physical therapy/speech pathology
 Physical therapist-independent practice
 Private adult treatment homes
 Psychiatric hospitals
 Residential treatment facilities for psychiatrically impaired children & youth
 Rural health care facilities
 Rural health care clinics
 Soldiers' home
 State school for the blind
 State school for the deaf
 State hospitals for the mentally ill
 Temporary worker housing
 Transient accommodations
 Veterans' home

(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.

(c) *The assistant secretary for community and family health* is responsible for assessing the health status of Washington state citizens regarding disease, injury, and nutrition; developing policy based on those assessments that will prevent disease, premature death and disability, and will promote health lifestyles and environments; and assuring access to quality services consistent with approved policy in the following areas:

(i) Comprehensive planning for health services for children and adolescents and their families and primary caretakers, including parenting education, nutrition consultation, oral health programs, teen pregnancy prevention and immunizations;

(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 women, lactating and other post-partum women, and infants;

(v) Supplemental foods, nutrition education, and referral for health services for eligible pregnant women, lactating and other post-partum women, and infants and children at risk;

(vi) Programs to control the complications of diabetes and to identify and develop interventions for the prevention of death and disability from intentional and unintentional injury;

(vii) Public education and marketing campaigns on a spectrum of health related topics; programs which develop and supply health and safety educational materials to schools, local health, and community agencies;

(viii) Surveillance 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;

(ix) Surveillance and services that interrupt the transmission of human immunodeficiency virus (HIV) and other sexually transmitted diseases (STD), and reduce associated morbidity and mortality by planning, as well as supporting the individual rights and human dignity of those infected and those considered at risk; and

(x) Surveillance and services that reduce the morbidity and mortality due to tuberculosis and vaccine-preventable disease.

(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 management services* provides administrative, financial, contracting, facility information processing, and human resource services to the department's operating programs.

(3)(a) Each assistant secretary is hereby delegated authority to administer the programs within their respective areas of responsibility, including, without limitation, the authority to sign documents on behalf of the secretary and the department. Each assistant secretary is authorized to further delegate his or her authority to such persons and in such manner as deemed necessary or appropriate in the management of the department's business.

(b) In the absence of the secretary, the following are authorized to act on behalf of the department:

- (i) The deputy secretary;
- (ii) In the absence of the deputy secretary, the state health officer;

(iii) In the absence of the state health officer, the assistant secretary for management services;

(iv) In the absence of all of the foregoing, any assistant secretary.

(c) Any person designated as "acting" in a position described in this section shall have the same authority while so designated as if she or he had been appointed to fill the position on a permanent basis.

[Statutory Authority: RCW 43.70.040. 95-10-043, § 246-01-080, filed 5/1/95, effective 6/1/95. Statutory Authority: RCW 43.70.050. 93-08-004 (Order 346), § 246-01-080, filed 3/24/93, effective 4/24/93.]

Chapter 246-08 WAC PRACTICE AND PROCEDURE

WAC

246-08-400 Searching and duplicating medical records.

WAC 246-08-400 Searching and duplicating medical records. Effective July 1, 1995, through June 30, 1997, the "reasonable fee" defined in RCW 70.02.010(12) for duplicating or searching a record shall not exceed sixty-nine cents per page for the first thirty pages and fifty-three cents for all other pages. In addition, a clerical fee for searching and handling may be charged not to exceed sixteen dollars. However, where editing of records by a health care provider is required by statute and is done by the provider personally, the fee may be the usual and customary charge for a basic office visit.

[Statutory Authority: RCW 43.70.040 and 70.02.101(12). 95-20-080, § 246-08-400, filed 10/4/95, effective 11/4/95.]

Chapter 246-100 WAC COMMUNICABLE AND CERTAIN OTHER DISEASES

WAC

246-100-236 Duties of laboratories—Reporting of laboratory results indicative of certain reportable diseases.

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),

(xvii) Mycobacteriosis.

(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 June 1995, medical laboratories performing CD4+ (T4) tests or sending specimens for CD4 testing out-of-state shall submit to the state HIV/AIDS office monthly or 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, 1995, 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: RCW 70.24.130. 95-13-037, § 246-100-236, filed 6/14/95, effective 7/15/95. 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 246-130 WAC

HUMAN IMMUNODEFICIENCY VIRUS (HIV) INFECTION INTERVENTIONS

WAC

246-130-001	Purpose.
246-130-010	Definitions.
246-130-020	Early intervention services.
246-130-030	Reimbursements.
246-130-040	Financial eligibility.
246-130-050	Repealed.
246-130-060	Medical and financial information.
246-130-070	Participation.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-130-050	Transfer of resources without adequate consideration. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-050, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-050, filed 10/26/87.] Repealed by 95-23-018, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.040 and 43.70.120.
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WAC 246-130-001 Purpose. The department shall administer federal and state funds appropriated to assist eligible persons with HIV infection to access early intervention services.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-001, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-001, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-010, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-010, filed 10/26/87.]

WAC 246-130-010 Definitions. The following words and phrases have the following meaning in chapter 246-130 WAC unless the context clearly indicates otherwise:

"AIDS" means acquired immunodeficiency syndrome.

"APDP" means HIV/AIDS prescription drug program.

"Department" or "DOH" means the Washington state department of health.

"Early intervention services" means personal health services and behavioral risk reduction interventions code-livered with these services that reduce the rate of progression of HIV infection and reduce HIV transmission.

"HIP" means the HIV intervention program.

"HIV" means human immunodeficiency virus.

"Participation" means the amount of cost borne by the eligible client.

"Personal health services" mean clinical interventions and treatments, including but not limited to medications, that

are delivered to individuals and are intended to reduce morbidity and mortality.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-010, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-010, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-015, filed 8/17/90, effective 9/17/90.]

WAC 246-130-020 Early intervention services. To the extent federal or state funds are appropriated for the purpose of providing services through HIP or APDP, the department shall contract with participating pharmacies, other health care providers, or social service providers for the delivery of early intervention services.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-020, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-020, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-020, filed 10/26/87.]

WAC 246-130-030 Reimbursements. The department will make reimbursement to contracted providers to provide early intervention services to eligible persons. The department shall produce a schedule of reimbursement for all services covered on a fee-for-service basis that shall be applicable to all contracted providers.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-030, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-030, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-030, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-030, filed 10/26/87.]

WAC 246-130-040 Financial eligibility. The department shall provide early intervention services for persons with HIV infection, including those persons with disabling AIDS conditions, who meet financial eligibility requirements established by the department and who are not receiving similar services funded by other resources. Prior to their application, the department shall publish and seek public comment upon the process and criteria for establishing medical and financial eligibility for early intervention services. The department shall provide for public involvement in establishing and periodically reviewing these criteria, including seeking input from clients and providers of early intervention services.

The following exemptions shall not be considered in determining financial eligibility for early intervention services:

(1) A home, defined as real property owned by an eligible client as a principal place of residence, together with the property surrounding and contiguous thereto not to exceed five acres;

(2) Commercial property, or property used for the purpose of producing income, except to the extent that its value exceeds the sum of twenty thousand dollars;

(3) Household furnishings;

(4) An automobile;

(5) Savings, property, or other liquid assets, to the extent the value thereof does not exceed the sum of ten thousand dollars;

(6) Proceeds whether lump sum or annuities from a viatical settlement contract; and

(7) Accelerated benefits of a life insurance policy whether in lump sum or annuities.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-040, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.120. 92-02-018 (Order 224), § 246-130-040, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-040, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-040, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-040, filed 10/26/87.]

WAC 246-130-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-130-060 Medical and financial information. An individual seeking early intervention services shall provide medical and financial information upon request of the department including:

(1) Sources and amounts of resources to verify financial eligibility;

(2) Evidence that all other available resources or entitlements for which a person is eligible were accessed before a person could receive early intervention services through HIP or APDP; and

(3) Other medical or financial information as required by the department.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-060, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-060, filed 8/17/90, effective 9/17/90. Statutory Authority: RCW 43.20A.550. 87-22-012 (Order 2549), § 248-168-060, filed 10/26/87.]

WAC 246-130-070 Participation. Eligible clients may be responsible for paying part of the cost of early intervention services received according to participation standards established by the department.

[Statutory Authority: RCW 43.70.040 and 43.70.120. 95-23-018, § 246-130-070, filed 11/7/95, effective 12/8/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-130-070, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.120. 90-17-087 (Order 071), § 248-168-070, filed 8/17/90, effective 9/17/90.]

Chapter 246-170 WAC

TUBERCULOSIS—PREVENTION, TREATMENT, AND CONTROL

WAC

246-170-001	Repealed.
246-170-002	Findings and purpose.
246-170-010	Repealed.
246-170-011	Definitions.
246-170-020	Repealed.
246-170-021	Responsibility of local health officers.
246-170-030	Repealed.
246-170-031	Local health department responsibilities.
246-170-040	Repealed.

246-170-041	Inpatient services requirements.
246-170-050	Repealed.
246-170-051	Procedures for involuntary testing, treatment, and detention.
246-170-055	Due process proceedings.
246-170-060	Repealed.
246-170-061	Initiation of testing or treatment.
246-170-065	Persons already detained, confined, or committed.
246-170-070	Repealed.
246-170-080	Repealed.
246-170-090	Repealed.

246-170-090	by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-090	Program review. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-090, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-100, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.

WAC 246-170-001 Repealed. See Disposition Table at beginning of this chapter.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-170-001	Purpose. [Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-001, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-001, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-010, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-010	Definitions. [Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-010, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-010, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-020, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-020	Responsibility of local health officers. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-020, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-030, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-030	Local health department responsibilities. [Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-030, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-030, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-040, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-040	Inpatient services. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-040, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-050, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-050	Infection control. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-050, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-060, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-060	Clinical services. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-060, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-070, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-070	Home treatment. [Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-070, filed 12/27/90, effective 1/31/91; Order 848, § 248-99-080, filed 8/23/73.] Repealed by 95-04-035, filed 1/24/95, effective 1/24/95. Statutory Authority: ESB 6158 and chapter 70.28 RCW.
246-170-080	Case monitoring. [Statutory Authority: RCW 70.33.020, 92-02-018 (Order 224), § 246-170-080, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040, 91-02-049 (Order 121), recodified as § 246-170-080, filed 12/27/90, effective 1/31/91; Order 138, § 248-99-090, filed 2/7/77; Order 848, § 248-99-090, filed 8/23/73.] Repealed

WAC 246-170-002 Findings and purpose. (1) The board of health finds that:

(a) Pulmonary tuberculosis is a life-threatening airborne disease that can be casually transmitted without significant interaction with an infectious person. Tuberculosis has reemerged as an epidemic disease nationally, and though Washington state is not in an epidemic yet, the increasing number of cases in Washington state each year clearly demonstrate that absent timely and effective public health intervention in individual cases, the residents of the state of Washington are at risk of being infected by tuberculosis.

(b) In order to limit the spread of tuberculosis, it is essential that individuals who have the disease are diagnosed and treated before they infect others. Diagnosis requires a variety of methodologies including skin tests, x-rays, and laboratory analysis of sputum samples.

(c) A person with infectious tuberculosis who does not voluntarily submit to appropriate testing, treatment, or infection control methods poses an unreasonable risk of spreading the disease to those who come into the infectious person's proximity.

(d) Although the recommended course of treatment for tuberculosis varies somewhat from one individual to another, at a minimum, effective treatment requires a long-term regimen of multiple drug therapy. Some drugs are effective with some individuals but not others. The development of the appropriate course of treatment for any one individual may require trying different combinations of drugs and repeated drug susceptibility testing. The course of treatment may require as long as several years to complete.

(e) A person who begins a course of treatment for tuberculosis and fails to follow the recommended course through to completion is highly likely to relapse at some point into infectious tuberculosis. The person will most likely then be infected with what is known as multiple drug resistant tuberculosis, which is more virulent, more difficult to treat, and more likely to result in fatality. A person who is infectious with multiple drug resistant tuberculosis poses a significant risk of transmitting multiple drug resistant tuberculosis to other persons, unless appropriate treatment and infection control methods are followed.

(f) Multiple drug resistant tuberculosis is a significant element in the epidemic that is being encountered nationwide, and effective public health interventions are necessary to prevent that epidemic from developing in or spreading to Washington state.

(2) The following rules are adopted for the purpose of establishing standards necessary to protect the public health by:

(a) Assuring the diagnosis, treatment, and prevention of tuberculosis; and

(b) Assuring that the highest priority is given to providing appropriate individualized preventive and curative treatment in the least restrictive setting.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-002, filed 1/24/95, effective 1/24/95.]

WAC 246-170-010 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-011 Definitions. Unless the context clearly requires otherwise, the definitions in this section apply throughout this chapter.

"Case management" means a comprehensive, ongoing identification of needs, including the need for any medical, social, educational, or other support services; the development and implementation of a detailed plan of services and related activities; use of community linkages; and advocacy for the client performed in a prescribed, accountable manner.

"Confirmed" or "confirmed case" means an individual who has a positive bacteriologic culture for *Mycobacterium tuberculosis* complex or a suspected case that shows response to an appropriate course of treatment.

"Department" means the department of health.

"Detention" or "detain" means the act of restricting an individual's movement by confining the person.

"Directly observed therapy (DOT)" and "directly observed preventive therapy (DOPT)" mean providing oral medications to patients and observing ingestion of medications by patients.

"Infected" means an individual who has tubercle bacilli as identified by a positive tuberculin skin test, but is not capable of transmitting the organism to another person.

"Infectious" means the stage of disease in which an individual transmits viable tuberculosis organisms into the air.

"Inpatient" means health care furnished to an individual who has been admitted to a hospital.

"Outpatient" means health care furnished to an individual who is not an inpatient.

"Personal protective equipment" means respirators and other equipment as required by the department of labor and industries.

"Prevention" means the interventions that interrupt the spread of tuberculosis, either within an individual, within the population, or both.

"Preventive therapy" means either treatment to prevent infection in an uninfected person or treatment to prevent disease in an infected person.

"Primary health care provider" means the person who assumes the day-to-day medical care of a tuberculosis patient.

"Suspected case" means an individual with signs or symptoms suggestive of tuberculosis disease prior to confirmation.

"Treatment" means a course of long-term multiple drug or other appropriate therapy prescribed for an individual with suspected or confirmed disease in accordance with accepted medical practice and current applicable national and state guidelines, and may include preventive therapy.

"Tuberculin skin test" means the introduction of purified protein derivative (PPD) by the Mantoux method.

"Tuberculosis community health worker" means an unlicensed person trained to perform tuberculin skin testing, directly observed therapy, and directly observed preventive therapy and working pursuant to chapter 70.28 RCW as part of a program established by a state or local health officer to control tuberculosis.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-011, filed 1/24/95, effective 1/24/95.]

WAC 246-170-020 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-021 Responsibility of local health officers. Each county, city-county and district health officer is responsible for the control of tuberculosis within a jurisdiction. Each health officer shall act as or shall designate a physician to act as tuberculosis control officer. This individual shall coordinate all aspects of the prevention, treatment, and control program.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-021, filed 1/24/95, effective 1/24/95.]

WAC 246-170-030 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-031 Local health department responsibilities. (1) Each local health department shall assure the provision of a comprehensive program for the prevention, treatment, and control of tuberculosis. Services shall include:

(a) Prevention and screening, with emphasis on screening of high risk populations;

(b) Diagnosis and monitoring, including laboratory and radiology;

(c) Individualized treatment planning consistent with American Thoracic Society/Centers for Disease Control and Prevention statements based on the least restrictive measures necessary to assure appropriate treatment; and

(d) Case management.

(2) In the absence of third party reimbursement, the local health department shall assure the provision of inpatient or outpatient care, including DOT/DOPT and case management.

(3) Each local health department shall maintain a register of all diagnosed or suspected cases of tuberculosis. In addition, each local health department shall also maintain a register of individuals to whom that health department is providing preventive therapy. Quarterly status reports on suspected and diagnosed cases shall be furnished to the department of health tuberculosis control program.

(4) A physician knowledgeable in the diagnosis and treatment of tuberculosis approved by the department shall be available to provide review of diagnoses, plans of management and, if appropriate, discharge from inpatient facilities.

(5) Sufficient nursing, clerical, and other appropriate personnel shall be provided to furnish supervision of preventive and outpatient treatment, surveillance, suspect evaluation, epidemiologic investigation, and contact workup.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-031, filed 1/24/95, effective 1/24/95.]

WAC 246-170-040 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-041 Inpatient services requirements.

(1) Inpatient services to infectious or suspected cases shall be provided in hospitals or hospital units of correctional facilities. These facilities shall meet infection control program requirements pursuant to WAC 246-318-035, and shall provide:

(a) A single-patient room consistent with the guidelines set forth in the *1994 CDC Guidelines For Preventing the Transmission of Tuberculosis in Health Care Facilities*, or as hereafter amended. Copies of these guidelines are available from the Washington state department of health, TB control program;

(b) Medical, nursing, laboratory, radiology, pharmacy, patient education, and social services;

(c) Discharge conferences involving at least the current primary provider, a local health department representative, and transferring and receiving facility representatives.

(2) Suspected and infectious cases may be housed and treated in other settings not meeting the requirements of this section only as approved by the local health officer.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-041, filed 1/24/95, effective 1/24/95.]

WAC 246-170-050 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-051 Procedures for involuntary testing, treatment, and detention. (1) A local health officer shall make reasonable efforts to obtain voluntary compliance with requests for examination, testing, and treatment prior to initiating the procedures for involuntary detention.

(2) If the local health officer has reason to believe that:

(a) A person is a suspected case, and that the person has failed to comply with a documented request from a health care practitioner or the local health officer to submit to examination and testing;

(b) A person with confirmed tuberculosis is failing to comply with an individual treatment plan approved by the local health officer;

(c) A person who is either a suspected or confirmed case and is failing to comply with infection control directives issued by the local health officer; or

(d) A person is a suspected or confirmed case of tuberculosis based upon generally accepted standards of medical and public health science. A local health officer shall investigate and evaluate the factual basis supporting his or her "reason to believe";

then the health officer may detain the person, cause the person to be detained by written order, or petition the superior court *ex parte* for an order to take the person into emergency detention for testing or treatment, or both. The period of detention shall not exceed seventy-two hours, excluding weekends and holidays.

(3) At the time of detention the person detained shall be given the following written notice:

NOTICE: You have the right to a superior court hearing within seventy-two hours of detention, excluding holidays and weekends. You have the right to legal counsel. If you are unable to afford legal counsel, then counsel will be appointed for you at government expense and you should request the appointment of counsel at this time. If you currently have legal counsel, then you have an opportunity to contact that counsel for assistance.

You have a right to contest the facts alleged against you, to cross-examine witnesses, and to present evidence and witnesses on your behalf.

You have a right to appeal any decision made by the court.

You may be given appropriate TB medications only on your informed consent, or pursuant to a court order.

(4) If a person is involuntarily detained under this section, within one judicial day of initial detention, the local health officer shall file with the superior court in the county of detention a petition for detention. A petition filed under this section shall specify:

(a) The basis for the local health officer's belief that the respondent is either a suspected or confirmed case; including the name, address and phone numbers of whom the health officer expects to testify in support of the petition for detention and identification of any and all medical tests and records relied upon by the local health officer;

(b) The specific actions taken by the local health officer to obtain voluntary compliance by the respondent with recommended examination and testing or treatment, as the case may be;

(c) The nature and duration of further detention or other court-ordered action that the local health officer believes is necessary in order to assure that the respondent is appropriately tested or treated;

(d) The basis for believing that further detention or other court-ordered action is necessary to protect the public health; and

(e) Other information the local health officer believes is pertinent to the proper resolution of the petition.

(5) Service on respondent. The health officer shall serve a copy of the petition on the individual named therein at the time of the detention. If the person informs the health officer that he or she is represented by legal counsel, service on such counsel shall be made by delivering a copy of the petition to the attorney's office no later than the time of filing the petition with the superior court.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-051, filed 1/24/95, effective 1/24/95.]

WAC 246-170-055 Due process proceedings. (1) A hearing on the petition for detention filed under WAC 246-170-051 shall be conducted in superior court within seventy-two hours after initial detention, excluding weekends and holidays. The local health officer shall have the burden of proving the allegations set forth in the petition by a preponderance of the evidence. The person named in the petition shall have the right to cross-examine witnesses, present evidence, and be represented by an attorney at any hearing held on the petition. If the person is indigent and requests

appointment of legal counsel, legal counsel shall be appointed at public expense at least twenty-four hours prior to the superior court hearing.

(2) At the conclusion of the hearing, the court shall consider the evidence, the action taken by the health officer to secure voluntary compliance by the patient, and the purpose and intent of the public health laws, including this chapter, and may take one of the following actions:

(a) If the court finds that the respondent is a suspected case, the court may enter an order requiring that the person be subjected to further examination, testing, and treatment as specified in the court's order. If the court finds that further detention of the respondent is necessary in order to assure that the examination, testing, and treatment occurs, or to protect the public health the court may order that the respondent be detained for an additional period not to exceed forty-five days. The results of testing conducted under this chapter shall be provided to the court and the person detained or his or her legal counsel as soon as they are available to the local health officer. The court may then conduct an additional hearing to determine whether the person is a confirmed case and, if so, whether further measures are necessary to protect the public health pursuant to (b) or (c) of this subsection.

(b) If the court finds that the person is a confirmed case, that further measures less restrictive than detention of the respondent are necessary to assure that appropriate treatment is implemented and that imposition of less restrictive measures will be sufficient to protect the public health, the court may enter an order setting forth such measures and ordering the respondent to comply with the measures.

(c) If the court finds that the person is a confirmed case, that further detention of the respondent is necessary to protect the public health, and that imposition of less restrictive measures will not be sufficient to protect the public health, the court may order that the respondent be detained and treated for an additional period not to exceed forty-five days.

(d) If the court finds that there is insufficient evidence to support the petition for detention, then the court shall immediately release the person detained.

(3) A person detained under this chapter may be released prior to the expiration of the court-ordered detention if the health officer or the court finds that less restrictive measures are sufficient to protect the public health. The court may impose such conditions on the release of the person as the court finds are necessary to protect the public health. A person detained under this chapter may also petition the court for release based upon new evidence or a change in circumstances.

(4) The court may extend a period of court-ordered detention for additional periods not to exceed one hundred eighty days each following a hearing as described in WAC 246-170-051 and this section, if the court finds that the requirements of subsection (2)(a), (b), or (c) of this section have been met and if the court finds that further detention is necessary to assure that appropriate treatment is implemented, and that imposition of less restrictive measures are not sufficient to protect the public health. As an alternative to extending the period of detention, if the court finds after hearing that further measures less restrictive than detention

are necessary to assure that appropriate treatment is continued, and that imposition of less restrictive measures will be sufficient to protect the public health, the court may enter an order setting forth the measures and ordering the respondent to comply.

(5) In the event that a person has been released from detention prior to completion of the prescribed course of treatment and fails to comply with the prescribed course of treatment, the health officer where that individual is found may detain that person, and any court having jurisdiction of the person may order the person detained for an additional period or periods, not to exceed one hundred eighty days each, as the court finds necessary to protect the public health.

(6) If a person has been detained in a county other than the county in which the court that originally ordered the detention is located, venue of the proceedings may remain in the original county, or may be transferred to the county of detention. Change in venue may be sought either by the local health officer in the original county or in the county of detention, or by the person detained. Except as otherwise agreed between the original health officer and the health officer in the county of detention, the original health officer retains jurisdiction over the detained person, including financial responsibility for costs incurred in implementing and continuing the detention.

(7) Court orders entered under this chapter shall be entered only after a hearing at which the respondent is accorded the same rights as at the initial hearing on the petition for detention.

(8)(a) When a court order for detention is issued, the transporting law enforcement agency and the receiving facility shall be informed of the infectious TB status of the person for disease control and the protection of the health of the staff, other offenders and the public. Such information shall be made available prior to the transport.

(b) Whenever disclosure is made pursuant to this subsection, it shall be accompanied by a statement in writing which includes the following or substantially similar language: "This information has been disclosed to you from records whose confidentiality is protected by state law. State law prohibits you from making any further disclosure of it except as authorized by state law."

(c) Transporting agencies and/or receiving facilities shall establish and implement policies and procedures that maintain confidentiality related to the detained person's medical information as defined in this subsection and state law.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-055, filed 1/24/95, effective 1/24/95.]

WAC 246-170-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-061 Initiation of testing or treatment. If a person has been detained under WAC 246-170-051 or 246-170-055, the health officer may begin testing or treatment, with informed consent, or pursuant to a court order as appropriate, pending the hearing required under WAC 246-170-055.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-061, filed 1/24/95, effective 1/24/95.]

WAC 246-170-065 Persons already detained, confined, or committed. (1) The provisions of WAC 246-170-051 through 246-170-061 do not apply to persons who have been lawfully detained, confined, or committed to the custody of a penal institution, a mental health facility, or another public or private institution. The person in charge of such facility or his or her designee shall report to the local health officer the names of persons in custody who are either a suspected or confirmed case. The report shall include information indicating the date upon which the person is to be released from the facility, if known, and if no specific release date has been determined, the earliest date upon which release is likely to occur. A person in custody may be ordered to undergo examination and testing or treatment, as appropriate, by the person in charge of the facility or designee, subject to such constitutional or other requirements as may be applicable.

(2) The person in charge of a custodial facility shall notify the local health officer and the department of the release of a person who is at the time of release reasonably believed to be either a suspected or confirmed case. The notice shall be given to the local health officer where the facility is located and to the local health officer having jurisdiction over the place to which the person is being released, if known. The notice shall be given as early as is practical, but in no event later than the time of the actual release.

[Statutory Authority: ESB 6158 and chapter 70.28 RCW. 95-04-035, § 246-170-065, filed 1/24/95, effective 1/24/95.]

WAC 246-170-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-170-090 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-249 WAC RADIOACTIVE WASTE—USE OF THE COMMERCIAL DISPOSAL SITE

WAC

246-249-020	Site use permit.
246-249-080	Naturally occurring and accelerator produced radioactive material (NARM), excluding source material.

WAC 246-249-020 Site use permit. (1) Each generator and each broker of radioactive waste shall possess a valid and unencumbered site use permit prior to the shipment of such waste to, or the disposal of such waste at any commercial disposal facility in the state of Washington and shall have complied with the permit requirements of the department of ecology.

(2) Suspension or revocation of permit.

(a) The failure of one or more packages in a shipment of waste to be in compliance with one or more of the

requirements of the license issued to the commercial low-level radioactive waste disposal site operator, Title 246 WAC, the United States Nuclear Regulatory Commission, the United States Department of Transportation, or conditions of the disposal site operator's radioactive materials license may cause the suspension of the site use permit of the responsible generator and/or broker.

(b) The site use permit of a generator and/or broker may be suspended or revoked if any other licensed commercial low-level radioactive waste disposal site in the United States has refused to accept waste from that generator or broker.

(c) A suspended site use permit may be reinstated provided:

(i) The generator and/or broker submits a quality assurance procedure designed to correct previous problems and to achieve and maintain compliance with all applicable requirements; and

(ii) A point-of-origin inspection by the state of Washington, of the generator's and/or broker's waste management activities, indicates compliance with all applicable requirements and regulations.

(3) Brokered shipments.

(a) It is the broker's responsibility to assure that a generator of waste has a valid unencumbered site use permit prior to shipment of waste for disposal.

(b) A broker, as consignor, assumes coresponsibility with a generator for all aspects of that generator's waste until it can be documented to the department's satisfaction that the broker's sphere of responsibility was limited.

[Statutory Authority: Chapter 70.98 RCW. 95-13-094, § 246-249-020, filed 6/21/95, effective 7/22/95. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-020, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-020, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-030, filed 12/11/86.]

WAC 246-249-080 Naturally occurring and accelerator produced radioactive material (NARM), excluding source material. (1) In addition to requirements for a disposal site use permit contained in WAC 246-249-020, single generators of radioactive wastes shall obtain the specific approval of the department prior to offering naturally occurring or accelerator produced radioactive material, wastes for disposal.

(2) Applications for specific departmental approval shall describe:

(a) The chemical processes which produce or have produced the waste;

(b) The volume of waste to be disposed; and

(c) The radionuclides in the waste.

(3) A request for specific approval may be approved if the department finds the material to be:

(a) In conformance with conditions of all licenses and permits issued to the disposal site operator; and

(b) Consistent with protection of the public health, safety and environment.

(4) Naturally occurring and accelerator produced radioactive material, excluding source material, shall be limited to a total site volume of no more than eight thousand six hundred cubic feet per calendar year, and individual generators shall be limited to an annual total volume of one

thousand cubic feet per calendar year, provided that there shall be no annual site limit or individual generator volume limit for:

(a) Accelerator produced radioactive material excluding decommissioning waste; and

(b) Discrete sealed sources. For purposes of this section, sealed sources means any device containing naturally occurring radioactive material or accelerator produced 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.

(5) Emergency provision. If the annual total site volume limit or an individual generator's annual total volume limit has been met, and an emergency situation occurs, single generators of NARM may seek emergency approval from the secretary to dispose of NARM excluding source materials in excess of volume limitations. The secretary may approve emergency disposal if he or she finds that an emergency exists based upon the circumstances described by the applicant, the real or potential impact on the public health and safety as determined by the department and that approval of such additional disposal is consistent with protecting the public health and safety of the citizens of the state of Washington.

(6) The department shall review subsection (4)(a) and (b) of this section, every five years, beginning five years from the effective date of this regulation, to determine if volume limits should be set.

(7) Denial by the department of a request for specific approval shall not be interpreted as an approval to dispose of naturally occurring or accelerator produced radioactive material without regard to its radioactivity.

[Statutory Authority: Chapter 70.98 RCW. 95-13-094, § 246-249-080, filed 6/21/95, effective 7/22/95. Statutory Authority: RCW 70.98.050 and 70.98.080. 91-16-109 (Order 187), § 246-249-080, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-249-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.98.080. 87-01-031 (Order 2450), § 402-62-090, filed 12/11/86.]

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-five 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) Ninety dollars for the first tube; and

(ii) Forty dollars for each additional tube.

(b) For hospitals and medical or chiropractic facilities, add:

(i) Two hundred fifty dollars for the first tube; and

(ii) One hundred fifteen dollars for each additional tube.

(c) For industrial, research, and other uses, add:

(i) One hundred forty dollars for the first tube; and

(ii) Forty dollars for each additional tube.

(2) The department shall charge a maximum total fee of five thousand five hundred 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) A penalty fee of eighty-five dollars shall be charged for late registration or late reregistration.

(4) A fee of eighty-five dollars shall be charged for review of medical x-ray shielding calculations and floor plans submitted under WAC 246-225-030. This fee shall be added to the registration fee described above.

(5) A penalty fee of eighty-five dollars shall be charged to a facility where submittal of medical x-ray shielding calculations and floor plans is not made before x-ray machine installation as required under WAC 246-225-030. This penalty fee shall be added to the registration fee described above.

(6) Facilities electing to consolidate x-ray machine registrations into a single registration shall be able to demonstrate and document that their businesses are under one business license.

(7) No additional tube fee shall be charged for electron microscopes, mammographic x-ray machines or airport baggage cabinet x-ray systems. Only the base registration fee described above is applicable.

[Statutory Authority: RCW 43.70.110, [43.70.]250 and chapter 70.98 RCW. 95-12-004, § 246-254-053, filed 5/25/95, effective 6/25/95; 94-11-010, § 246-254-053, filed 5/5/94, effective 6/5/94; 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) Four thousand two hundred forty dollars for operation of a single nuclear pharmacy.

(b) Seven thousand two hundred seventy dollars for operation of a single nuclear laundry.

(c) Seven thousand two hundred seventy 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 five hundred fifty 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 sixty-five dollars for a license authorizing the receipt and redistribution from a single facility of manufactured products or devices containing radioactive material.

(f) Four thousand eight hundred fifty dollars for a license authorizing decontamination services operating from a single facility.

(g) Two thousand three hundred dollars for a license authorizing waste brokerage including the possession, temporary storage at a single facility, and over-packing only of radioactive waste.

(h) One thousand 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 nine hundred forty dollars for a license authorizing health physics services, leak testing, or calibration services.

(j) One thousand two hundred ten dollars for a civil defense license.

(k) Three hundred sixty-five dollars for a license authorizing possession of special nuclear material as pace-makers 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) Fourteen thousand five hundred forty-five 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 six hundred sixty-five 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) Five thousand four hundred fifty 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 ninety 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. 95-12-004, § 246-254-070, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-070, filed 5/5/94, effective 6/5/94; 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 six hundred ten dollars for operation of a mobile nuclear medicine program from a single base of operation.

(b) Two thousand six hundred seventy 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 three hundred five dollars for a license authorizing groups IV and V of WAC 246-235-120 for medical therapy at a single facility.

(d) Three thousand six hundred thirty 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 nine hundred forty dollars for a license authorizing group VI of WAC 246-235-120 for brachytherapy at a single facility.

(f) One thousand two hundred five dollars for a license authorizing brachytherapy or gamma stereotactic therapy or teletherapy at a single facility.

(g) One thousand eight hundred twenty 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 four hundred fifty-five 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) One thousand eighty-five 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) Nine hundred sixty 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) Six hundred ten 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. 95-12-004, § 246-254-080, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-080, filed 5/5/94, effective 6/5/94; 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 two hundred ninety-five 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 seven hundred five 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 seven hundred ninety dollars for a license authorizing well-logging activities including the use of radioactive tracers operating from a single storage facility.

(d) Six hundred ten 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 sixty-five dollars for a license authorizing possession of any nonportable sealed source, including special nuclear material and excluding radioactive material used in a gas chromatograph at a single facility.

(f) Four hundred twenty dollars for a license authorizing possession of gas chromatograph units containing radioactive material at a single facility.

(g) One thousand one hundred fifty dollars for a license authorizing possession of any self-shielded or pool type irradiator with sealed source total quantity greater than one hundred curies at a single facility.

(h) Six thousand ninety dollars for a license authorizing possession of sealed sources for a walk-in type irradiator at a single facility.

(i) Five thousand three hundred forty 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 six hundred ninety 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 eighty 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 sixty dollars to the department.

[Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW. 95-12-004, § 246-254-090, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-090, filed 5/5/94, effective 6/5/94; 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 nine hundred fifteen 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 four hundred fifty 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 two hundred five 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) Four hundred twenty 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 fifty-five 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 microcurie 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 sixty dollars to the department.

[Statutory Authority: RCW 43.70.110, 43.70.250 and chapter 70.98 RCW. 95-12-004, § 246-254-100, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-100, filed 5/5/94, effective 6/5/94; 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 ninety dollars per hour of direct staff time associated with the follow-up inspection, not to exceed nine hundred dollars per follow-up inspection. Hours are calculated in half-hour increments.

(b) For each environmental cleanup monitoring visit, a fee of ninety dollars per hour of direct staff time associated with the environmental cleanup monitoring visit, not to exceed two thousand two hundred fifty 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 ninety dollars per hour of direct staff time associated with each sealed source and device evaluation, not to exceed two thousand seven 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 ninety 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 ninety 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. 95-12-004, § 246-254-120, filed 5/25/95, effective 6/25/95; 94-11-011, § 246-254-120, filed 5/5/94, effective 6/5/94; 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 246-272 WAC ON-SITE SEWAGE SYSTEMS

WAC

246-272-25001 Waiver of state regulations.

WAC 246-272-25001 Waiver of state regulations.

(1) For individual, site-by-site waiver requests, if concurrence is granted by the department, the local health officer may grant a waiver from specific requirements in this chapter for OSS under three thousand five hundred gallons per day only after the following procedure has been completed:

(a) The applicant submits a waiver application to the local health officer, including justification describing how the requested waiver is consistent with purpose and objectives to meet the public health intent of this chapter;

(b) If the local health officer determines that the waiver is consistent with the standards in and the intent of this chapter;

(c) On a quarterly basis, the local health officer will forward to the department any approved or denied waivers for their records.

(2) The department may grant a waiver from specific requirements in this chapter for a LOSS if a person submits a completed departmental waiver application and required fee to the department, including justification showing the requested waiver is consistent with the LOSS standards in this chapter, and is consistent with the purpose and objectives of this chapter to assure public health protection.

(3) If an applicant desires to modify and resubmit a previously denied waiver request, the process described above in subsection (1) of this section for OSS under three thousand five hundred gallons per day, or subsection (2) of this section for a LOSS shall be followed again.

[Statutory Authority: RCW 43.20.050. 95-09-018, § 246-272-25001, filed 4/11/95, effective 5/12/95; 94-09-025, § 246-272-25001, filed 4/15/94, effective 1/1/95.]

Chapter 246-273 WAC ON-SITE SEWAGE SYSTEM ADDITIVES

WAC

246-273-001	Purpose and authority.
246-273-010	Definitions.
246-273-020	Applicability.
246-273-030	Additive review and approval application—Process and requirements.
246-273-040	Review criteria and decision-making procedures.
246-273-050	Ingredients—Prohibitions and conditions.
246-273-060	Unfair practices.
246-273-065	Reregistration.
246-273-070	Confidentiality.
246-273-080	Enforcement.
246-273-990	Fees.

WAC 246-273-001 Purpose and authority. (1) This chapter establishes the review, criteria and decision-making procedures for evaluating on-site sewage disposal system additives to determine whether individual additives have an adverse effect on public health or water quality.

(2) The Washington state department of health administers this chapter under the authority and requirements of chapter 70.118 RCW.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-001, filed 12/1/95, effective 1/1/96.]

WAC 246-273-010 Definitions. "Additive" means a commercial product intended to affect the performance or aesthetics of an on-site sewage disposal system.

"Additive manufacturer" means any person who manufactures, formulates, blends, packages, or repackages an additive product for sale, use, or distribution within Washington state.

"Approved" means a written statement of acceptability, in terms of the requirements of this chapter, issued by the Washington state department of health.

"Chemical additive" means those additives containing acids, bases, or other chemicals deemed unsafe by the department for use in an on-site sewage disposal system. Chemicals identified as unsafe are specified in WAC 246-273-050.

"Department" means the Washington State Department of Health, P.O. Box 47826, Olympia, Washington 98504-7826.

"Failure" means:

- Effluent has been discharged on the surface of the ground prior to approved treatment; or
- Effluent has percolated to the surface of the ground; or
- Effluent has contaminated or threatens to contaminate a ground water supply.

"On-site sewage disposal system" means any system of piping, treatment devices, or other facilities that convey, store, treat, or dispose of sewage on the property where it originates or on nearby property under the control of the user where the system is not connected to a public sewer system. For purposes of this chapter, an on-site sewage disposal system does not include indoor plumbing and associated fixtures.

"Person" means any individual, corporation, company, association, society, firm, partnership, joint stock company, or any governmental agency, or the authorized agents of any such entities.

"Sewage" means any urine, feces, and the water carrying human wastes, including kitchen, bath, and laundry wastes from residences, buildings, industrial establishments or other places.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-010, filed 12/1/95, effective 1/1/96.]

WAC 246-273-020 Applicability. (1) After July 1, 1994, no person shall use, sell, or distribute an on-site sewage disposal system chemical additive in Washington state.

(2) After January 1, 1996, no person shall use, sell or distribute an on-site sewage disposal system additive whose ingredients have not been approved by the department in accordance with requirements of chapter 70.118 RCW and this chapter.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-020, filed 12/1/95, effective 1/1/96.]

WAC 246-273-030 Additive review and approval application—Process and requirements. (1) Manufacturers desiring to sell, advertise, or distribute an on-site sewage disposal system additive for use in Washington state must request and obtain departmental review and approval of their product(s) by submitting a complete application, including:

- (a) Comprehensive, yet concise, response to the questionnaire (see subsection (3) of this section);
- (b) A product sample in the labeled container intended for sale or distribution;
- (c) The on-site sewage disposal system additive evaluation fee described in WAC 246-273-990.

(2) All submitted material (written responses and other materials) must be legible, typed or printed. Hand-written responses to the application questions or hand-written notes or other submitted documentation may, at the discretion of the department, result in rejection of the application.

(3) The questionnaire for review and approval of an on-site sewage disposal system additive consists of four parts: Applicant information, product information, product literature, and certification. All applicants must provide complete written responses to the following questions:

Applicant information (AI)

- (AI-1) Applicant name, mailing address, street address, city/town, state, zip code, telephone and FAX, with area code, time zone. The applicant must be vested with the authority to represent the manufacturer in this capacity.
- (AI-2) Contact individual (if different from person in Item 1) name, mailing address, street address, city/town, state, zip code, telephone and FAX, with area code, time zone.
- (AI-3) Manufacturing facility location/address, mailing address, street address, city/town, state, zip code.
- (AI-4) Name of on-site sewage disposal system additive product. (One product per application. If identical formulations of product are marketed under different product names or distributor labels, list them here. If product formulations vary, submit separate applications for each product.)
- (AI-5) List of firms, companies, or persons distributing the on-site sewage disposal system additive product in Washington state. Do not list product retailers. Provide the following information for each: Contact person name, mailing address, street address, city/town, state, zip code, telephone and FAX, with area code, time zone.

Product information (PI)

- (PI-1) List all physical, chemical, biological, or other agents which make up the additive and provide toxicity information for each component (provide material safety data sheet, if possible). Provide trade and scientific name and formula of chemical agents. Specify trade and scientific name(s) of bacteria and enzymes, and characterization (origin, native occurrence, pathogenicity, etc.). Report formulation in "% by weight," including inert and

active ingredients, and trace amounts, if any, of prohibited ingredients (WAC 246-273-050).

- (PI-2) Describe the anticipated use of the additive in the on-site sewage system. Include in the description where and how the product is to be applied, the frequency of application, who will perform the application, and the amount and/or concentration of the product per application. For additives with chemical constituents, indicate the amount and/or concentration of each chemical constituent applied and resulting from application of the product.
- (PI-3) Describe the function of the additive within the on-site sewage disposal system and explain in detail how the additive achieves this function.
- (PI-4) List all known reactions and by-products produced by the use of the additive including:
 - The product's effect on bacteria normally found in a septic tank or aerobic treatment device and the soil surrounding a subsurface drainfield, and in the treatment media of a sand filter or sand mound system; and
 - pH range adjustment in all parts of an on-site sewage disposal system.
- (PI-5) Provide any known or projected limitation on the use of the on-site sewage disposal system additive.
- (PI-6) Provide reports of any available studies on the use of the on-site sewage disposal system additive to support the responses to questions PI-1 through PI-5 and to demonstrate the product's safety (lack of harm) to the public health, water quality, on-site sewage system components and function. Include monitoring reports and data from actual field or laboratory-based on-site sewage system studies.
- (PI-7) Attach any formal approvals or other acceptances from other jurisdictions (private sector, state, or federal) for use of the on-site sewage disposal system additive.

Product literature (PL)

- (PL-1) Attach single copies of sewage system additive product marketing, sales, distribution, advertising literature/materials intended for use in Washington state, not otherwise submitted as part of the complete application.

Certification (C)

- (C-1) The following statement must be included as part of a complete application:

"I certify that I represent (INSERT MANUFACTURING COMPANY NAME), that I am authorized to prepare, or direct the preparation of, this application, and that the product presented for review and approval contains no prohibited ingredients (WAC 246-273-050). I attest, under penalty of law, that this document and all attachments, to the best of my knowledge and belief, are true, accurate, and complete."

- (C-2) Lines or space must be provided for the applicant's signature, printed name of preparer (if different than the applicant), preparer's signature (if needed) and date.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-030, filed 12/1/95, effective 1/1/96.]

WAC 246-273-040 Review criteria and decision-making procedures. The department shall:

- (1) Upon receipt of an application for review and approval of an on-site sewage disposal system additive:

- (a) Determine if the application is complete. The department may return incomplete applications, suspending further review until a completed application is submitted. Processing time period begins anew with resubmittal.

- (b) Notify the applicant, in writing, that the completed application has been received, and inform the applicant of the anticipated time period for review. A decision of either approval or denial shall be made within forty-five calendar days of receiving a complete application.

- (2) Upon review of a complete application, grant or deny approval of the on-site sewage disposal system additive for use, sale, or distribution in Washington state, informing the applicant, in writing, of either approval or denial of the application. Notice of denial shall include explanation of the reason(s) for denial.

- (3) Evaluate the request for approval of an on-site sewage disposal system additive according to the following criteria:

- (a) Does the additive contain any ingredients deemed unsafe by the department? If yes, the application for approval shall be denied.

- (b) Does the additive contain acids or bases that raise or lower the pH of the contents of a septic tank, or wastewater in any other portion of an on-site sewage disposal system, outside of a pH range between 6.0 - 8.0? If yes, the application for approval shall be denied.

- (c) Would use of the additive (when applied according to the manufacturer's product-use instructions) adversely affect public health or water quality (surface water or ground water) by either the nature of the ingredients or the effect of the additive on the function of the on-site sewage system? If yes, the application for approval shall be denied.

- (d) If the review according to the criteria listed above determines that none of these questions are answered "yes," the on-site sewage disposal system additive shall be approved.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-040, filed 12/1/95, effective 1/1/96.]

WAC 246-273-050 Ingredients—Prohibitions and conditions.

(1) The following substances and compounds shall not be ingredients of approved on-site sewage disposal system additives. Trace amounts of these substances and compounds may exist in approved on-site sewage disposal system additives if deemed safe by the department for use in an on-site sewage disposal system.

- (a) Any substance or compound listed as an EPA toxic pollutant in Title 40 Code of Federal Regulations (CFR 40) 1994, Part 122, Tables II, III, and V of Appendix D:

Table II-Organic Toxic Pollutants In Each Of Four Fractions In Analysis By Gas Chromatography/Mass Spectroscopy (GS/MS)

Volatiles			
IV	acrolein	20B	1,2-dichlorobenzene
2V	acrylonitrile	21B	1,3-dichlorobenzene
3V	benzene	22B	1,4-dichlorobenzene
5V	bromoform	23B	3,3'-dichlorobenzidine
6V	carbon tetrachloride	24B	diethyl phthalate
7V	chlorobenzene	25B	dimethyl phthalate
8V	chlorodibromomethane	26B	di-n-butyl phthalate
9V	chloroethane	27B	2,4-dinitrotoluene
10V	2-chloroethylvinyl ether	28B	2,6-dinitrotoluene
11V	chloroform	29B	di-n-octyl phthalate
12V	dichlorobromomethane	30B	1,2-diphenylhydrazine
14V	1.1-dichloroethane		(as azobenzene)
15V	1.2-dichloroethane	31B	fluoranthene
16V	1.1-dichloroethylene	32B	fluorene
17V	1.2-dichloropropane	33B	hexachlorobenzene
18V	1.3-dichloropropylene	34B	hexachlorobutadiene
19V	ethylbenzene	35B	hexachlorocyclopentadiene
20V	methyl bromide	36B	hexachloroethane
21V	methyl chloride	37B	indeno(1,2,3-cd)pyrene
22V	methylene chloride	38B	isophorone
23V	1,1,2,2-tetrachloroethane	39B	naphthalene
24V	tetrachloroethylene	40B	nitrobenzene
25V	toluene	41B	N-nitrosodimethylamine
26V	1,2-trans-dichloroethylene	42B	N-nitrosodi-n-propylamine
27V	1,1,1-trichloroethane	43B	N-nitrosodiphenylamine
28V	1,1,2-trichloroethane	44B	phenanthrene
29V	trichloroethylene	45B	pyrene
31V	vinyl chloride	46B	1,2,4-trichlorobenzene
Acid Compounds		Pesticides	
1A	2-chlorophenol	1P	aldrin
2A	2,4-dichlorophenol	2P	alpha-BHC
3A	2,4-dimethylphenol	3P	beta-BHC
4A	4,6-dinitro-o-cresol	4P	gamma-BHC
5A	2,4-dinitrophenol	5P	delta-BHC
6A	2-nitrophenol	6P	chlordane
7A	4-nitrophenol	7P	4,4'-DDT
8A	p-chloro-m-cresol	8P	4,4'-DDE
9A	pentachlorophenol	9P	4,4'-DDD
10A	phenol	10P	dieldrin
11A	2,4,6-trichlorophenol	11P	alpha-endosulfan
		12P	beta-endosulfan
		13P	endosulfan sulfate
Base/Neutral		14P	endrin
1B	acenaphthene	15P	endrin aldehyde
2B	acenaphthylene	16P	heptachlor
3B	anthracene	17P	heptachlor epoxide
4B	benzidine	18P	PCB-1242
5B	benzo(a)anthracene	19P	PCB-1254
6B	benzo(a)pyrene	20P	PCB-1221
7B	3,4-benzofluoranthene	21P	PCB-1232
8B	benzo(ghi)perylene	22P	PCB-1248
9B	benzo(k)fluoranthene	23P	PCB-1260
10B	bis(2-chloroethoxy)methane	24P	PCB-1016
11B	bis(2-chloroethyl)ether	25P	toxaphene
12B	bis(2-chloroisopropyl)ether		
13B	bis(2-ethylhexyl)phthalate		
14B	4-bromophenyl phenyl ether		
15B	butylbenzyl phthalate		

Table III-Other Toxic Pollutants (Metals and Cyanide) and Total Phenols

Antimony, Total
 Arsenic, Total
 Beryllium, Total
 Cadmium, Total
 Chromium, Total
 Copper, Total
 Lead, Total
 Mercury, Total
 Nickel, Total
 Selenium, Total
 Silver, Total
 Thallium, Total
 Zinc, Total
 Cyanide, Total
 Phenols, Total

Table IV-Toxic Pollutants and Hazardous Substances Required To Be Identified By Existing Dischargers If Expected To Be Present*Toxic Pollutants*

Asbestos

Hazardous Substances

Acetaldehyde
 Allyl alcohol
 Allyl chloride
 Amyl acetate
 Aniline
 Benzonitrile
 Benzyl chloride
 Butyl acetate
 Butylamine
 Captan
 Carbaryl
 Carbofuran
 Carbon disulfide
 Chlorpyrifos
 Coumaphos
 Cresol
 Crotonaldehyde
 Cyclohexane
 2,4-D(2,4-Dichlorophenoxy acetic acid)
 Diazinon
 Dicamba
 Dichlobenil
 Dichlone
 2,2-Dichloropropionic acid
 Dichlorvos
 Diethyl amine
 Dimethyl amine
 Dinitrobenzene
 Diquat
 Disulfoton
 Diuron
 Epichlorohydrin
 Ethion
 Ethylene diamine
 Ethylene dibromide
 Formaldehyde
 Furfural

Guthion
 Isoprene
 Isopropanolamine
 Dodecylbenzenesulfonate
 Kelthane
 Kepone
 Malathion
 Mercaptodimethur
 Methoxychlor
 Methyl mercaptan
 Methyl methacrylate
 Methyl parathion
 Mevinphos
 Mexacarbate
 Monoethyl amine
 Monomethyl amine
 Naled
 Napthenic acid
 Nitrotoluene
 Parathion
 Phenolsulfonate
 Phosgene
 Propargite
 Propylene oxide
 Pyrethrins
 Quinoline
 Resorcinol
 Strontium
 Strychnine
 Styrene
 2,4,5-T (2,4,5-Trichlorophenoxy acetic acid)
 TDE (Tetrachlorodiphenylethane)
 2,4,5-TP (2-(2,4,5-Trichlorophenoxy
 propanoic acid)
 Trichlorofan
 Triethanolamine
 Dodecylbenzenesulfonate
 Triethylamine
 Trimethylamine
 Uranium
 Vanadium
 Vinyl acetate
 Xylene
 Xylenol
 Zirconium

(b) Other chemicals deemed by the department to be detrimental to on-site sewage disposal system function, public health, or water quality.

(2) The department may prohibit (not approve on-site sewage system additives containing) acids and bases depending upon the effect on public health or ground water of their concentration when applied according to the manufacturer's product-use instructions.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-050, filed 12/1/95, effective 1/1/96.]

WAC 246-273-060 Unfair practices. Manufacturers of approved additives advertised, sold, or distributed in Washington state shall:

(1) Make no claims relating to the elimination of the need for septic tank pumping or proper septic tank maintenance;

(2) List the components of additive products on the product label, along with information regarding instructions for use and precautions;

(3) Make no false statements, design, or graphic representation relative to an additive product that is inconsistent with RCW 70.118.060, 70.118.070, or 70.118.080; and

(4) Make no claims, either direct or implied, about the performance of the product based on state approval of its ingredients.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-060, filed 12/1/95, effective 1/1/96.]

WAC 246-273-065 Reregistration. Reregister, by written correspondence to the department, their on-site sewage disposal system additive product(s) each time the product formulation changes. The department may require a new review and approval for reregistration of products that undergo formulation changes.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-065, filed 12/1/95, effective 1/1/96.]

WAC 246-273-070 Confidentiality. (1) Manufacturers shall submit a signed confidentiality statement if any information submitted would, if made public, divulge confidential business information, methods, or processes entitled to protection as trade secrets of the manufacturer, and identify any such information.

(2) The department shall not disclose any information obtained from manufacturers, when stated by the manufacturer, that the information, if made public, would divulge confidential business information, methods or processes entitled to protection as trade secrets of the manufacturer.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-070, filed 12/1/95, effective 1/1/96.]

WAC 246-273-080 Enforcement. (1) The attorney general, or appropriate city or county prosecuting attorney may bring appropriate action to enjoin any violation of the:

(a) Prohibition on the sale or distribution of on-site sewage disposal system additives; or

(b) Conditions of RCW 70.118.080 Additives—Unfair practices, and WAC 246-273-060 (1) through (4).

(2) The department may rescind approval of an on-site sewage disposal system additive in response to:

(a) Demonstrated link to on-site sewage disposal system failure resulting from use (consistent with the manufacturer's product-use instructions) of an approved additive; or

(b) Documentation that ingredients or formulation of an approved on-site sewage system additive differs from the ingredients or formulation information submitted for review, and upon which departmental approval was granted.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-080, filed 12/1/95, effective 1/1/96.]

WAC 246-273-990 Fees. (1) The applicant shall pay to the department, with the application, a three hundred fifty dollar fee. This fee includes two hundred dollars for developing criteria and review procedures, plus one hundred fifty dollars for up to two hours of product-specific review. Additional review time will be billed at seventy-five dollars per hour.

(2) All fees must be paid prior to the departments' approval.

[Statutory Authority: Chapter 70.118 RCW and RCW 43.70.040. 95-24-062, § 246-273-990, filed 12/1/95, effective 1/1/96.]

Chapter 246-290 WAC PUBLIC WATER SUPPLIES

WAC

246-290-990

Water system evaluation and project review and approval fees.

WAC 246-290-990 Water system evaluation and project review and approval fees. (1) The fees for the

review and approval of water system plans, project reports, construction documents, existing systems, and related evaluations required under chapters 246-290, 246-291, 246-293, and 246-295 WAC shall be as follows:

(a) Water system plans required under WAC 246-290-100, 246-293-220, and 246-293-230.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Water system plan (New and Updated)	105.00	365.00	890.00	1,680.00	2,730.00	4,040.00
Minor water system plan alteration	26.00	89.00	220.00	420.00	680.00	995.00

(b) Satellite management agency (SMA) plans required under WAC 246-295-040.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
SMA plan for ownership (New and Updated)	No plan required	365.00	890.00	1,680.00	2,730.00	4,040.00
SMA approval amendment	No amendment required	78.00 per hour or appropriate fee from category above, whichever is less				
SMA plan for operation only (New and Updated)	No plan required	890.00	890.00	890.00	890.00	890.00

Note: SMAs owning water systems and submitting planning documents to the department for review shall be charged only the SMA fee.

(c) New plan elements required under WAC 246-290-100, 246-290-135, and 246-291-140 including:

- (i) Conservation; and
- (ii) Wellhead protection,

shall be reviewed separately by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on seventy-eight dollars per hour. After the initial submittal, updated information shall be reviewed as part of the updated water system plan and the review fee shall be included in the applicable updated plan review fee listed under (a) or (b) of this subsection.

(d) Project reports required under WAC 246-290-110.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	260.00	525.00	815.00	1,180.00	1,625.00	2,155.00
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	78.00	155.00	260.00	390.00	550.00	735.00
Complete water system (an additional fee shall be assessed for review of treatment facility, if any)	155.00	365.00	575.00	840.00	1,155.00	1,520.00
System modifications requiring a detailed evaluation to determine whether the system, as modified, will comply with regulations (an additional fee shall be assessed for review of treatment facility, if any)	105.00	260.00	420.00	630.00	890.00	1,200.00

(e) Special reports or plans required under WAC 246-290-115, 246-290-230, 246-291-230, 246-290-250, 246-290-470, 246-290-636, 246-290-654, and 246-290-676 including:

- (i) Corrosion control recommendation report;
- (ii) Corrosion control study;
- (iii) Plan to cover uncovered reservoirs;
- (iv) Predesign study;
- (v) Uncovered reservoir plan of operation;
- (vi) Tracer study plan;
- (vii) Surface water or GWI treatment facility operations plan; or
- (viii) Filtration pilot study,

shall be reviewed by the department and the fee assessed shall reflect the time spent for this review and shall be calculated based on seventy-eight dollars per hour.

(f) Construction documents required under WAC 246-290-120.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
All types of filtration or other complex treatment processes	260.00	525.00	815.00	1,180.00	1,625.00	2,155.00
Chemical addition only, such as ion exchange, hypochlorination, or fluoridation	78.00	155.00	260.00	390.00	550.00	735.00
Complete new water system except treatment (an additional fee shall be assessed for review of treatment facility, if any)	210.00	470.00	680.00	945.00	1,260.00	1,625.00
New source only (an additional fee shall be assessed for review of treatment facility, if any)	155.00	285.00	390.00	525.00	680.00	865.00
One or more of the following submitted as a package and not requiring a detailed evaluation as determined by the department: Water line installation, booster pump station, modifications to source pumping, piping-valving, controls or storage reservoir (an additional fee shall be assessed for review of treatment facility, if any)	105.00	180.00	285.00	420.00	575.00	760.00
Documents submitted for projects such as water line installation, booster pump stations, modifications to source pumping, piping/valving, controls or storage reservoirs as determined by the department where such projects: Comply with design standards established by the department; Are prepared by a professional engineer in accordance with WAC 246-290-040; and Do not require a detailed evaluation by the department.	50.00	90.00	150.00	210.00	290.00	380.00

(g) Existing system approval required under WAC 246-290-140. For the purpose of this subsection the department shall determine whether a system is expanding or nonexpanding.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
NONEXPANDING system not requiring a detailed evaluation by the department	200.00	400.00	600.00	800.00	1,000.00	1,200.00
NONEXPANDING system requiring a detailed evaluation as determined by the department	300.00	600.00	900.00	1,200.00	1,500.00	1,800.00
EXPANDING system not requiring a detailed evaluation by the department	400.00	800.00	1,200.00	1,600.00	2,000.00	2,400.00
EXPANDING system requiring a detailed evaluation as determined by the department	500.00	1,000.00	1,500.00	2,000.00	2,500.00	3,000.00

(h) Monitoring waivers requested under WAC 246-290-300.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Inorganic chemical monitoring waiver	Not applicable	70.00 per source	95.00 per source	120.00 per source	145.00 per source	170.00 per source
Organic chemical monitoring waiver	Not applicable	125.00 per source	175.00 per source	225.00 per source	275.00 per source	325.00 per source
Use waiver	Not applicable	150.00 per source	200.00 per source	255.00 per source	300.00 per source	350.00 per source
Area wide waiver renewal	Not applicable	200.00 per source	275.00 per source	350.00 per source	425.00 per source	500.00 per source
Inorganic chemical monitoring waiver renewal	Not applicable	40.00 per source	50.00 per source	60.00 per source	70.00 per source	80.00 per source
Organic chemical monitoring waiver renewal	Not applicable	75.00 per source	105.00 per source	135.00 per source	165.00 per source	195.00 per source
Use waiver renewal	Not applicable	105.00 per source	140.00 per source	175.00 per source	210.00 per source	245.00 per source
Coliform monitoring waiver including departmental inspection requested by purveyor	Not applicable	315.00	390.00	495.00	630.00	Not applicable
Coliform monitoring waiver with third-party inspection report	Not applicable	100.00	100.00	100.00	100.00	Not applicable

(i) Other evaluations and approvals. As applicable, these fees will be charged in addition to the basic fees assessed under (a) through (h) of this subsection.

Project Type	Group B	Group A				
		<100 Services	100 to 500 Services	501 to 999 Services	1,000 to 9,999 Services	10,000 or more Services
Well-site evaluation and approval including the site inspection and hydrogeologic information review.	155.00	230.00	270.00	335.00	420.00	525.00
Regulatory monitoring plan ¹	No plan required	150.00	200.00	250.00	300.00	350.00
Unfiltered system annual comprehensive report	Not applicable	300.00	500.00	700.00	900.00	1,100.00
¹ A comprehensive document containing coliform, inorganic chemical and organic chemical monitoring plans in accordance with WAC 246-290-300 (2)(b), (3)(f), and (7)(e).						
Water system compliance report	52.00	89.00	89.00	89.00	89.00	89.00

(2) To determine the appropriate fee for a noncommunity system, calculate the service equivalent by taking the average population served each day of operation and dividing by twenty-five for a transient noncommunity (TNC) system and two and one-half for nontransient noncommunity (NTNC) system. Use the number of service equivalents to find out what Group A size category to look under and submit the appropriate fee. (All noncommunity systems are Group A systems as described in WAC 246-290-020.)

(3) Additional review and approval fees may be assessed as follows:

(a) The basic fee covers an evaluation, or the review of an initial submittal and one resubmittal if required. If additional resubmittals are required, an additional twenty-five percent of the original fee will be assessed for each additional resubmittal. For water system plan and SMA plan preparation the basic fee also covers a preplanning conference. When the department is asked to participate in other meetings involving the plan such as community meetings, public hearings, or meetings with elected officials, the department is authorized to charge additional fees at the rate of seventy-eight dollars per hour;

(b) Fees for department project approval based on local technical review will be determined on a case-by-case basis as outlined in the applicable memorandum of understanding between the department and the respective local agency;

(c) Fees for services which the department determines are not described under subsection (1) of this section, will be calculated based on a rate of seventy-eight dollars per hour.

Examples of these services include, but are not limited to:

- (i) Review and inspection of water reuse projects;
- (ii) Collection of water quality samples requested by purveyor; or
- (iii) Review of alternate technologies requested by purveyor, manufacturer or authorized representative;
- (d) Additional fees assessed by the department shall be billed to the purveyor using an itemized invoice.

(4) All fees required under this section except as noted in subsection (3) of this section, shall be submitted prior to the department's approval. Payment of fees shall be in the form of a check or money order made payable to: The

Department of Health. Payment of a fee shall not guarantee approval of the submitted document or evaluation request.

(5) Purveyors unable to determine the appropriate fee payment to submit should contact the department.

[Statutory Authority: RCW 43.20B.020. 95-20-079, § 246-290-990, filed 10/4/95, effective 11/4/95; 93-01-006 (Order 315), § 246-290-990, filed 12/3/92, effective 1/3/93. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-290-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.20A.055. 87-14-066 (Order 2493), § 440-44-048, filed 7/1/87; 83-14-038 (Order 1980), § 440-44-048, filed 6/30/83.]

Chapter 246-291 WAC

GROUP B PUBLIC WATER SYSTEMS

WAC

246-291-010	Definitions.
246-291-020	Applicability.
246-291-025	Bottled water.
246-291-030	General administration.
246-291-100	Ground water source approval and protection.
246-291-110	Surface water and GWI source approval and protection.
246-291-130	Existing system approval.
246-291-140	Water system planning requirements.

WAC 246-291-010 Definitions. Abbreviations:

CSE - comprehensive system evaluation;

GWI - ground water under the direct influence of surface water;

m - meter;

MCL - maximum contaminant level;

mg/L - milligrams per liter;

ml - milliliter;

mm - millimeter;

NTU - nephelometric turbidity unit;

psi - pounds per square inch;

umhos/cm - micromhos per centimeter;

VOC - volatile organic chemical;

WFI - water facilities inventory form; and

WHPA - wellhead protection area.

"**Authorized agent**" means any person who:

Makes decisions regarding the operation and management of a public water system whether or not he or she is engaged in the physical operation of the system;

Makes decisions whether to improve, expand, purchase, or sell the system; or

Has discretion over the finances of the system.

"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.

"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.

"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 246-291-030(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 supply system which stores, transmits, pumps, and distributes water to consumers.

"Expanding public water system" means a public water system installing additions, extensions, changes, or alterations to their existing source, transmission, storage, or distribution facilities which will enable the system to increase in size its existing service area and/or its number of approved service connections.

"Fire flow" means the rate of water flow needed to fight fires under WAC 246-293-640 or adopted city, town, or county standards.

"Generator disconnect" means an electrical circuit arranged to allow connection of a generator to the power supply for the pumping equipment while prohibiting electrical current from flowing back into the main service line.

"Ground water under the direct influence of surface water (GWUDI)" 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.

"Group B water system" means a public water system:

Constructed to serve less than fifteen residential services regardless of the number of people; or

Constructed to serve an average nonresidential population of less than twenty-five per day for sixty or more days within a calendar year; or

Any number of people for less than sixty days within a calendar year.

"Guideline" means a department document assisting the owner 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 delivered to any public water system user.

"Maximum contaminant level violation" means a confirmed measurement above the MCL and for a duration of time, where applicable.

"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.

"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.

"Potable" means water suitable for drinking by the public.

"Pressure zone" means a distribution system whereby an established minimum and maximum pressure range can be maintained without the use of ancillary control equipment (e.g., booster pumps, pressure reducing valves, etc.).

"Primary standards" means standards based on chronic, nonacute, or acute human health effects.

"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 collection, treatment, storage, or distribution facilities used primarily in connection with such system.

"Repeat sample" means a sample collected to confirm the results of a previous analysis.

"Same farm" means a parcel of land or series of parcels which are connected by covenants and devoted to the production of livestock or agricultural commodities for commercial purposes and does not qualify as a Group A water system.

"Secondary standards" means standards based on factors other than health effects such as taste and odor.

"Sell" means to bill separately for drinking water or to include drinking water as part of an itemized listing in a bill delivered to customers, where the amount billed is an increase over what the purveyor pays for water. The presence of centralized source or individual service meters does not affect whether the water is being sold.

"Service" means a connection to a public water system designed to provide potable water.

"**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 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.

"**Volatile organic chemical (VOC)**" means a manufactured carbon-based chemical that vaporizes quickly at standard pressure and temperature.

"**Water facilities inventory form (WFI)**" means the department form summarizing each public water system's characteristics.

"**Well field**" means a group of wells one system 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, 95-20-078, § 246-291-010, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-010, filed 6/22/94, effective 7/23/94.]

WAC 246-291-020 Applicability. (1) The rules of this chapter shall apply to all Group B 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 or chapter 246-290 WAC apply;

(c) Does not sell water directly to any person;

(d) Is not a passenger-conveying carrier in interstate commerce; and

(e) The distribution system is regulated under the Uniform Plumbing Code, chapter 51-26 WAC.

Examples of systems which shall not be exempt include, but are not limited to, water districts, public utility districts, cooperatives, mutuals and associations which serve residential short plats and subdivisions.

(2) Group B public water systems meeting all of the conditions under subsection (1) of this section may be required by the department to comply with such provisions of this chapter as are necessary to resolve a public health concern if the department determines a public health threat exists or is suspected.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-020, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-020, filed 6/22/94, effective 7/23/94.]

WAC 246-291-025 Bottled water. (1) Any water source used for bottling, regardless of size, shall meet the

minimum requirements in accordance with chapter 246-290 WAC.

(2) In addition to the requirements imposed by the department, the processing of bottled water is regulated by the state department of agriculture and the United States Food and Drug Administration.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-025, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-025, filed 6/22/94, effective 7/23/94.]

WAC 246-291-030 General administration. (1) The department and the health officer for each local health jurisdiction may develop a joint plan of operation. Responsibility for administering these rules shall remain with the department of health unless there is a joint plan of operation in place. This plan shall:

(a) List the roles and responsibilities and specifically designate those systems for which the department and local health officer have primary responsibility;

(b) Provide a list of water system requirements and procedures which the local board of health may waive for systems within its jurisdiction;

(c) Provide for a level of water system supervision necessary to effectively achieve listed responsibilities;

(d) Be signed by the department and the local health department or district; and

(e) Be reviewed at least once every five years and 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 joint plan of operation.

(2) The local board of health may adopt rules pursuant to RCW 70.05.060 governing public water systems for which the health officer has assumed primary responsibility. Adopted local board of health rules shall be:

(a) No less stringent and may be more 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.

(3) For residential systems with only two services, the department may eliminate any or all requirements of these rules.

(4) For any residential system, the department may eliminate all ongoing requirements of these rules, except for recordkeeping and reporting requirements under WAC 246-291-260, provided the system has been granted an initial approval or an existing system has been categorized as fully approved/adequate or provisionally approved.

(5) The health officer may approve design reports and water system plans which reflect good engineering practice such as those found in the department guideline titled *Group B Water System Approval*, for those public water systems where the health officer has assumed primary responsibility.

(6) The health officer may allow system owners to substitute results of a calculated fixed radius method and a ten year time of travel criteria instead of using the six

hundred foot radius prescribed in WAC 246-291-100 (2)(f) and 246-291-110 (3)(f).

(7) The department may develop and distribute guidelines to clarify sections of the rules as needed.

(8) Fees may be charged by the department of health as authorized in RCW 43.20B.020 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.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-030, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-030, filed 6/22/94, effective 7/23/94.]

WAC 246-291-100 Ground water source approval and protection. (1) The owner shall ensure that drinking water is obtained from the highest quality source feasible. Existing sources shall conform to the primary water quality standards established in this chapter. Proposed sources shall conform to the primary and secondary water quality standards established in this chapter and the well construction standards established under chapter 173-160 WAC. The owner shall be responsible for submitting evidence required by the department to determine whether a proposed ground water source is a GWI.

(2) No new source, previously unapproved source, or modification of an existing source shall be used as a drinking water supply without department approval. A party seeking approval shall ensure compliance with WAC 246-291-140 as applicable and provide:

(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 copy of the source site inspection approval made by the department or local health jurisdiction representative;

(c) Well source development data establishing source capacity. Data shall include static water level, yield, amount of drawdown, recovery rate and duration of pumping. The source shall be pump tested to determine whether the well and aquifer are capable of supplying water at the rate desired and to provide information necessary to determine proper pump settings. A department guideline titled *Group B Water System Approval* is available to assist owners;

(d) Upgradient water uses affecting either water quality or quantity;

(e) A map showing the project location and vicinity including a six hundred foot radius around the well site designating the preliminary short term ground water contribution area;

(f) A map depicting topography, distances to well or spring from existing property lines, buildings, potential sources of contamination within the six hundred foot radius around the well, and any other natural or man-made features affecting the quality or quantity of water;

(g) The dimensions and location of sanitary control area;

(h) Copies of the recorded legal documents for the sanitary control area;

(i) A copy of the water well report;

(j) A general description of the spring and/or aquifer recharge area affecting the quantity or quality of flow. Seasonal variation shall also be included;

(k) Documentation of totalizing source meter installation;

(l) An initial analysis result of raw water quality from a certified lab, including as a minimum, a bacteriological, complete inorganic chemical and physical analysis of the source water quality;

(m) In areas where the department determines that other contamination may be present, or at the discretion of the department, sample results for these contaminants may be required;

(n) If water quality information from (l) and (m) of this subsection shows a contaminant level of concern, the department may require further action by the owner; and

(o) If water quality results taken from the proposed source confirm a primary MCL violation, the owner shall ensure that appropriate treatment is provided.

(3) The owner shall contact the department before developing or modifying a source, to identify any additional requirements the department deems necessary.

(4) Sanitary control area.

(a) The owner shall ensure that a sanitary control area is maintained around all sources for the purpose of protecting them from existing and potential sources of contamination. A department guideline titled *Group B Water System Approval* describes activities which should be precluded within the sanitary control area and is available from the department on request.

(b) The minimum sanitary control area shall have a radius of one hundred feet (thirty meters) for wells, and two hundred feet (sixty meters) for springs, 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 if geological and hydrological data support such a decision. It shall be the owner'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 system owner.

(e) The sanitary control area shall be owned in fee simple, or the owner shall have the right to exercise complete sanitary control of the land through other legal provisions.

(f) The owner shall obtain a duly recorded restrictive covenant which shall run with the land, restricting the use of said land in accordance with these rules.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-100, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-100, filed 6/22/94, effective 7/23/94.]

WAC 246-291-110 Surface water and GWI source approval and protection. (1) The owner shall ensure that drinking water is obtained from the highest quality source feasible. Existing sources shall conform to the primary water quality standards established in this chapter. Proposed sources shall conform to the primary and secondary water quality standards established in this chapter. The owner shall be responsible for submitting evidence required by the

department to determine whether a proposed ground water source is a GWI.

(2) No new source, previously unapproved source, or modification of an existing source shall be used as a drinking water supply without department approval. As of the effective date of these rules, the department shall no longer approve new or expanding surface water or GWI sources unless the department determines they meet the following conditions:

(a) The system is under the ownership and operation of a department of health approved satellite management agency; and

(b) Continuous effective treatment, including filtration, disinfection and any other measures required under chapter 246-290 WAC are provided.

(3) An owner seeking source 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 copy of the source site inspection approval made by the department or local health jurisdiction representative;

(c) Upgradient water uses affecting either water quality or quantity;

(d) A map showing the project location and vicinity;

(e) A map depicting topography, distances to the surface water intake or GWI source 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;

(f) For GWI sources:

(i) A map depicting topography, distances to well or spring from existing property lines, buildings, potential sources of contamination within the six hundred foot radius around the well, and any other natural or man-made features affecting the quality or quantity of water;

(ii) Copies of the recorded legal documents for the sanitary control area;

(iii) A copy of the water well report if applicable;

(iv) A general description of the recharge area affecting the quantity or quality of flow. Seasonal variation shall also be included;

(v) Well development data establishing source capacity. Data shall include static water level, yield, amount of drawdown, recovery rate and duration of pumping. The source shall be pump tested to determine whether the well and aquifer are capable of supplying water at the rate desired and to provide information necessary to determine proper pump settings. A department guideline titled *Group B Water System Approval* is available to assist owners.

Existing and proposed sources shall conform to the well construction standards established under chapter 173-160 WAC if applicable.

(g) Documentation of totalizing source meter installation;

(h) An initial analysis result of raw water quality from a certified lab, including as a minimum, a bacteriological, and complete inorganic chemical and physical analysis of the source water quality;

(i) In areas where the department determines that other contamination may be present, or at the discretion of the

department, sample results for these contaminants may also be required;

(j) If water quality information from (h) and (i) of this subsection shows a contaminant level of concern, the department may require further action by the owner; and

(k) If water quality results taken from the proposed source confirm a primary MCL violation, the owner shall ensure that appropriate treatment is provided which shall eliminate the public health risk to consumers served by the system.

(4) Watershed control program.

(a) Owners of new or expanding surface water or GWI sources shall ensure the development and submittal of a watershed control program to the department for review and approval. Once approved, the owner shall implement the program.

(b) This program shall be part of the water system plan required in WAC 246-291-140.

(c) The owner'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 water quality;

(ii) Watershed control measures, including documentation of ownership and relevant written agreements, monitoring procedures 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 owners.

(d) The owner shall ensure submittal of the watershed control program to the department for review and approval. Following department approval, the owner shall ensure implementation as approved.

(e) The owner 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, 95-20-078, § 246-291-110, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-110, filed 6/22/94, effective 7/23/94.]

WAC 246-291-130 Existing system approval. (1) At the discretion of the department, owners of existing systems without approved design reports shall, as determined by the department, provide information necessary to establish the extent of the water systems compliance with this chapter.

(2) After receipt of the required data, the department shall review the information and place the system into one of the following categories:

(a) Fully approved/adequate. A fully approved system has been found to be in full compliance with these regulations and may add services if designed accordingly; or

(b) Provisionally adequate. A provisionally adequate system complies with applicable MCL and treatment standards, fire flow requirements where applicable, and meets a twenty psi minimum pressure requirement under peak hourly design flow conditions but may not be in compliance with other regulatory requirements. A provisionally adequate system is considered satisfactory for its

existing services, but may not expand to supply additional services; or

(c) Inadequate. Any system not identified in (a) or (b) of this subsection. The system is considered unsatisfactory and no additional service connections can be made to an inadequate system.

(3) After categorizing the system, the department shall notify the owner in writing of the following:

(a) The system's category;

(b) The relationship of the system's category with respect to adding service connections and potential comments on status request letters; and

(c) If the system is not fully approved, what additional actions the owner needs to complete before a full or provisional approval is granted.

(4) The department is authorized to take enforcement actions in accordance with WAC 246-291-050.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-130, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-130, filed 6/22/94, effective 7/23/94.]

WAC 246-291-140 Water system planning requirements. (1) Water system plan.

(a) The water system plan shall:

(i) Identify present and future needs;

(ii) Set forth means for meeting those needs; and

(iii) Do so in a manner consistent with other relevant plans and local, state, and federal laws.

(b) Owners of the following categories of systems shall ensure the development and submittal of a water system plan for review and approval by the department:

(i) All systems as required by chapter 70.116 RCW the Public Water System Coordination Act of 1977 and chapter 246-293 WAC;

(ii) Any system experiencing problems related to planning, operation, and/or management as determined by the department and outlined in a departmental order;

(iii) Any proposed or expanding system as determined by the department; and

(iv) Any system which installs treatment, other than simple chlorination disinfection equipment, after the effective date of these regulations.

(c) A department guideline titled *Group B Water System Approval* is available from the department to assist owners in developing this plan. Design reports may be combined with a water system plan. To the extent to which they are applicable, the water system plan shall address the following elements:

(i) Description of system management and ownership;

(ii) Description of appropriate water quality monitoring and reporting requirements;

(iii) Service area and identification of existing and proposed major facilities;

(iv) Maximum number of connections the system can safely and reliably support;

(v) Water conservation program. Systems which are developed or expanded after the effective date of this rule shall develop a conservation program;

(vi) Relationship and compatibility with other plans;

(vii) Description of water source(s) including compliance with applicable source approval and protection under WAC 246-291-100 and 246-291-110;

(viii) Source protection (including required protective covenants, wellhead protection and watershed control where applicable); and

(ix) Financial viability.

(2) Prior to developing a new water system, the developer of the proposed system shall follow the steps listed below as applicable:

(a) The developer shall ensure that the new system is owned or operated by a department-approved satellite management agency (SMA), or if a department-approved SMA is not available, that the proposed new system has a department-approved water system plan in accordance with WAC 246-291-140;

(b) Department approval of any system created after July 22, 1995, that is not owned or operated by a SMA shall be conditioned upon future management or ownership by a SMA, if such management or ownership can be made with reasonable economy and efficiency, or upon periodic review of the system's operational history to determine its ability to meet the department's financial viability and other operating requirements.

(c) If the proposed system is located within the boundaries of a critical water supply service area, the ability to develop an independent system shall be governed by the provisions of the Public Water System Coordination Act, chapter 70.116 RCW and chapter 246-293 WAC, and will be subject to the jurisdictional coordinated water system plan; or

(d) If the proposed system consists of a surface water or GWI source, ensure that the proposed system will be owned and operated by a department-approved satellite system management agency.

(3) For systems approved after the effective date of these rules, a summary of the following shall be recorded, by the system owner, on all affected property titles as a means of providing information about the system to property owners, lending institutions, and other potentially affected parties:

(a) Notice that the property is served by a public water system;

(b) The initial water system plan, planning section of the *Group B Water System Guideline*, or equivalent information from other documents as determined by the department;

(c) Notice that the system is subject to state and local rules;

(d) Recommendation to check with the jurisdictional regulatory authority on the current system status;

(e) Notice that fees may be assessed by the department for providing information on a public water system;

(f) Requirement for satellite management, if applicable;

(g) Notice of any waivers granted to the system; and

(h) Other information required by the department.

[Statutory Authority: RCW 43.20.050, 95-20-078, § 246-291-140, filed 10/4/95, effective 11/4/95; 94-14-002, § 246-291-140, filed 6/22/94, effective 7/23/94.]

**Chapter 246-314 WAC
FACILITY CONSTRUCTION REVIEW**

WAC

246-314-990 Construction review fees.

WAC 246-314-990 Construction review fees. (1)

The project sponsor shall submit to the department:

(a) A completed project review application form along with project documents for review; and

(b) The appropriate fee based upon the initial project construction cost as determined from the following construction fee table:

CONSTRUCTION FEE TABLE

Project Cost	Project Review Fee
\$ 0 to \$ 999	\$ 120
1,000 to 1,999	250
2,000 to 2,999	325
3,000 to 4,999	410
5,000 to 9,999	530
10,000 to 19,999	665
20,000 to 29,999	820
30,000 to 39,999	975
40,000 to 49,999	1,125
50,000 to 64,999	1,325
65,000 to 79,999	1,535
80,000 to 99,999	1,845
100,000 to 124,999	2,200
125,000 to 149,999	2,550
150,000 to 199,999	2,970
200,000 to 249,999	3,325
250,000 to 324,999	3,650
325,000 to 449,999	4,100
450,000 to 574,999	4,600
575,000 to 699,999	5,200
700,000 to 849,999	5,825
850,000 to 999,999	6,550
1,000,000 to 1,249,999	7,150
1,250,000 to 2,499,999	7,850
2,500,000 to 2,999,999	8,550
3,000,000 to 3,499,999	9,300
3,500,000 to 4,999,999	10,750
5,000,000 to 6,999,999	12,200
7,000,000 to 9,999,999	13,800
10,000,000 to 14,999,999	15,850
15,000,000 to 19,999,999	17,850
20,000,000 to 29,999,999	19,900
30,000,000 to 39,999,999	23,000
40,000,000 to 59,999,999	25,600
60,000,000 and over	28,700

(2) The department shall charge a flat fee of eighty dollars for a project involving installation of carpet only.

(3) The project sponsor may request a reduction in the project review fee for fixed or installed technologically advanced diagnostic or treatment equipment projects including lithotripters, CT scans, linear accelerators, or MRI's.

(4) The department may adjust the project review fee if:

(a) The final project cost changes as evidenced on the certificate of project completion card; or

(b) The project sponsor requests a reduction in the fee according to subsection (3) of this section.

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-314-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.110. 91-16-107 (Order 185), § 246-314-990, filed 8/7/91, effective 9/7/91. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-314-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-316 WAC
BOARDING HOMES**

WAC

246-316-990 Fees.

WAC 246-316-990 Fees. The licensee or applicant shall:

(1) Submit an annual license fee of thirty-five dollars and seventy-five cents per bed of the licensed resident bed capacity for initial and renewed licenses;

(2) Submit an additional one hundred fifty dollars when billed by the department for:

(a) A third on-site visit resulting from failure of the licensee or applicant to adequately respond to a statement of deficiencies; and

(b) A complete on-site survey resulting from a substantiated complaint; and

(3) Submit an additional late fee in the amount of ten dollars per day from the license renewal date until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-316-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.110 and 43.70.250. 94-13-180, § 246-316-990, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 43.70.250. 92-12-086 (Order 276), § 246-316-990, filed 6/2/92, effective 7/1/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-316-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-318 WAC
HOSPITALS**

WAC

246-318-990 Fees.

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

(1) Submit an annual license fee of forty-seven dollars and thirty cents for each bed space within the licensed bed capacity of the hospital to the department;

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

(3) Include neonatal intensive care bassinet spaces;

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

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

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

(5) Exclude all normal infant bassinets;

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

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

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

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-318-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-318-990, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-318-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-322 WAC

PRIVATE PSYCHIATRIC AND ALCOHOLISM HOSPITALS

WAC

246-322-001	Purpose and scope.
246-322-010	Definitions.
246-322-020	Licensure—Initial, renewal, modifications.
246-322-025	Responsibilities and rights—Licensee and department.
246-322-030	Criminal history, disclosure, and background inquiries.
246-322-035	Policies and procedures.
246-322-040	Governing body and administration.
246-322-050	Staff.
246-322-060	HIV/AIDS education and training.
246-322-070	Repealed.
246-322-080	Repealed.
246-322-090	Repealed.
246-322-100	Infection control.
246-322-110	Repealed.
246-322-120	Physical environment.
246-322-130	Repealed.
246-322-140	Patient living areas.
246-322-150	Clinical facilities.
246-322-160	Bathrooms, toilet rooms and handwashing sinks.
246-322-170	Patient care services.
246-322-180	Patient safety and seclusion care.
246-322-190	Provisions for patients with tuberculosis.
246-322-200	Clinical records.
246-322-210	Pharmacy and medication services.
246-322-220	Laboratory services.
246-322-230	Food and dietary services.
246-322-240	Laundry.
246-322-250	Construction.
246-322-500	Exemptions.
246-322-990	Private psychiatric hospital fees.
246-322-991	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-322-070	Patient care services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-021, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-021, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.
246-322-080	Food and dietary services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-080, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-026, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-026, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.
246-322-090	Pharmaceutical services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-090, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-031, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-031, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

246-322-110	Clinical records. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-110, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-041, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-041, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.
246-322-130	Laboratory services. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-130, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-051, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-051, filed 12/30/80.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.
246-322-991	Alcoholism hospital fees. [Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-322-991, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-322-991, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-322-991, filed 12/27/90, effective 1/31/91.] Repealed by 95-22-012, filed 10/20/95, effective 11/20/95. Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040.

WAC 246-322-001 Purpose and scope. (1) This chapter implements chapter 71.12 RCW.

(2) This chapter establishes minimum health and safety standards for private psychiatric hospitals.

(3) This chapter does not apply to:

(a) Hospitals regulated by chapters 70.41 RCW and 246-318 WAC;

(b) Private alcohol and chemical dependency hospitals regulated by chapters 71.12 RCW and 246-324 WAC;

(c) Adult residential rehabilitation centers regulated by chapters 71.12 RCW and 246-325 WAC;

(d) Residential treatment facilities for children and youth regulated by chapters 71.12 RCW and 246-323 WAC;

(e) Alcoholism treatment facilities regulated by chapters 71.12 RCW and 246-326 WAC;

(f) Boarding homes regulated by chapters 18.20 RCW and 246-316 WAC;

(g) Nursing homes regulated by chapters 18.51 RCW and 248-14 WAC; or

(h) Christian Science establishments providing remedial care of residents or patients in accordance with the practices and principles of the body known as Church of Christ, Scientist.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-001, filed 10/20/95, effective 11/20/95.]

WAC 246-322-010 Definitions. For the purposes of this chapter, the following words and phrases have the following meanings unless the context clearly indicates otherwise:

(1) "Abuse" means an act by any individual which injures, exploits or in any way jeopardizes a patient's health, welfare, or safety, including but not limited to:

(a) Physically damaging or potentially damaging nonaccidental acts;

(b) Emotionally damaging verbal behavior and harassment or other actions which may result in emotional or behavioral problems; and

(c) Sexual use, exploitation and mistreatment through inappropriate touching, inappropriate remarks or encouraging participation in pornography or prostitution.

(2) "Administrator" means the individual responsible for the day-to-day operation of the hospital.

(3) "Advanced registered nurse practitioner" means a registered nurse authorized to practice specialized and advanced nursing according to the requirements in RCW 18.88.175.

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

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

(b) A unique identifier which clearly indicates the responsible individual.

(5) "Bathing fixture" means a bathtub, shower, or combination bathtub shower.

(6) "Bathroom" means a room containing one or more bathing fixtures.

(7) "Child psychiatrist" means an individual licensed as a physician under chapter 18.71 or 18.57 RCW who is board-certified or board-eligible with a specialty in child psychiatry by:

(a) The American Board of Psychiatry and Neurology; or

(b) The Bureau for Osteopathic Specialists, American Osteopathic Neurology and Psychiatry.

(8) "Clinical record" means a file maintained by the licensee for each patient containing all pertinent psychological, medical, and clinical information.

(9) "Comprehensive treatment plan" means a written plan of care developed by a multi-disciplinary treatment team for an individual patient, based on an assessment of the patient's developmental, biological, emotional, psychological, and social strengths and needs, which includes:

(a) Treatment goals with specific time frames;

(b) Specific services to be provided;

(c) The name of each individual responsible for each service provided;

(d) Behavior management; and

(e) Discharge criteria with estimated time frames.

(10) "Construction" means:

(a) A new building to be used as a hospital or part of a hospital;

(b) An addition, modification or alteration which changes the approved use of a room or area; and

(c) An existing building or portion thereof to be converted for use as a hospital.

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

(12) "Dietitian" means an individual certified under chapter 18.138 RCW.

(13) "Document" means to record, with authentication, date and time.

(14) "Drug administration" means the act of an authorized individual giving a single dose of prescribed drug or biological to a patient according to the laws and regulations governing such acts.

(15) "Drug dispensing" means interpreting a prescription and, pursuant to that prescription, selecting, measuring,

labeling, packaging, and issuing the prescribed medication to a patient or service unit of the facility.

(16) "Exemption" means a written authorization from the department which releases a licensee from meeting a specific requirement or requirements in this chapter.

(17) "Family" means an individual or individuals:

(a) Designated by the patient, who may or may not be related to the patient; or

(b) Legally appointed to represent the patient.

(18) "Governing body" means the person legally responsible for the operation and maintenance of the hospital.

(19) "Health care professional" means an individual who provides health or health-related services within the individual's authorized scope of practice, who is:

(a) Licensed, certified or registered under Title 18 RCW; or

(b) A recreational therapist as defined in this section.

(20) "Licensed bed capacity" means the patient occupancy level requested by the applicant or licensee and approved by the department.

(21) "Licensee" means the person to whom the department issues the hospital license.

(22) "Maximum security window" means a security window which, if operable, opens only with a key or special tool.

(23) "Mental health professional" means:

(a) A psychiatrist, psychologist, psychiatric nurse or social worker; or

(b) An individual with:

(i) A masters degree in behavioral science, nursing science, or a related field from an accredited college or university; and

(ii) Two years experience directly treating mentally ill individuals under the supervision of a mental health professional.

(24) "Multi-disciplinary treatment team" means a group of individuals from various clinical services who assess, plan, implement and evaluate treatment for patients under care.

(25) "Neglect" means conduct which results in deprivation of care necessary to maintain a patient's minimum physical and mental health, including but not limited to:

(a) Physical and material deprivation;

(b) Lack of medical care;

(c) Inadequate food, clothing or cleanliness;

(d) Refusal to acknowledge, hear or consider a patient's concerns;

(e) Lack of social interaction and physical activity;

(f) Lack of personal care; and

(g) Lack of supervision appropriate for the patient's level of functioning.

(26) "Occupational therapist" means an individual licensed under chapter 18.59 RCW.

(27) "Patient-care staff" means employees, temporary employees, volunteers, or contractors, who provide direct care services for patients.

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

(29) "Pharmacist" means an individual licensed as a pharmacist under chapter 18.64 RCW.

(30) "Pharmacy" means the central area in a hospital where prescriptions are filled, or drugs are stored and issued to hospital departments.

(31) "Physician" means an individual licensed under chapter 18.71 or 18.57 RCW.

(32) "Physician assistant" means an individual licensed under chapter 18.71A or 18.57A RCW.

(33) "Private psychiatric hospital" or "hospital" means a privately owned and operated establishment or institution which:

(a) Provides accommodations and services over a continuous period of twenty-four hours or more; and

(b) Is expressly and exclusively for observing, diagnosing, or caring for two or more individuals with signs or symptoms of mental illness, who are not related to the licensee.

(34) "Professional staff" means health care professionals appointed by the governing body to practice within the parameters of the professional staff bylaws.

(35) "Psychiatric nurse" means a registered nurse with:

(a) A bachelor's degree from an accredited college or university and two years experience directly treating mentally ill or emotionally disturbed individuals under the supervision of a psychiatrist or psychiatric nurse; or

(b) Three years experience directly treating mentally ill or emotionally disturbed individuals under the supervision of a psychiatrist or psychiatric nurse.

(36) "Psychiatrist" means an individual licensed as a physician under chapter 18.71 or 18.57 RCW who is board-certified or board-eligible with a specialty in psychiatry by:

(a) The American Board of Psychiatry and Neurology; or

(b) The Bureau for Osteopathic Specialists, American Osteopathic Neurology and Psychiatry.

(37) "Psychologist" means an individual licensed under chapter 18.83 RCW.

(38) "Recreational therapist" means an individual:

(a) With a bachelor's degree with a major or option in therapeutic recreation or in recreation for the ill and handicapped; or

(b) Certified or certification-eligible under Certification Standards for Therapeutic Recreation Personnel, June 1, 1988, National Council for Therapeutic Recreation Certification, 49 South Main Street, Suite 005, Spring Valley, New York 10977.

(39) "Referred outpatient diagnostic service" means a diagnostic test or examination performed outside the hospital which:

(a) Is ordered by a member of the professional staff legally permitted to order such tests and examinations, to whom the findings and results are reported; and

(b) Does not involve a parenteral injection, local or general anesthesia, or a surgical procedure.

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

(41) "Restraint" means any apparatus or chemical used to prevent or limit volitional body movements.

(42) "Seclusion room" means a small room designed for maximum security and patient protection, with minimal sensory stimuli, for the temporary care of one patient.

(43) "Security room" means a patient sleeping room designed, furnished and equipped to provide maximum safety and security.

(44) "Security window" means a window designed to inhibit exit, entry and injury to a patient, with safety glazing or other security feature to prevent breakage.

(45) "Self-administration" means the act of a patient taking the patient's own medication from a properly labeled container while on hospital premises, with the hospital responsible for appropriate medication use.

(46) "Sink" means a properly trapped plumbing fixture, with hot and cold water under pressure, which prevents back passage or return of air.

(47) "Social worker" means an individual registered or certified as a counselor under chapter 18.19 RCW with a master's degree in social work from an accredited school of social work.

(48) "Special services" means clinical and rehabilitative activities or programs including, but not limited to:

(a) Educational and vocational training;

(b) Dentistry;

(c) Speech therapy;

(d) Physical therapy;

(e) Occupational therapy;

(f) Language translation; and

(g) Training for individuals with hearing or visual impairment.

(49) "Staff" means employees, temporary employees, volunteers, and contractors.

(50) "Toilet" means a fixture fitted with a seat and flushing device used to dispose of bodily waste.

(51) "Useable floor space" means the total floor surface area excluding area used for closets, wardrobes and fixed equipment.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-010, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-010, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-001, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-001, filed 12/30/80; Regulation .22.001, effective 3/11/60.]

WAC 246-322-020 Licensure—Initial, renewal, modifications. (1) A person shall have a current license issued by the department before operating or advertising a private psychiatric hospital.

(2) An applicant for initial licensure shall submit to the department, forty-five days or more before commencing business:

(a) A completed application on forms provided by the department;

(b) Certificate of need approval according to the provisions of chapter 246-310 WAC for the number of beds indicated on the application;

(c) Verification of department approval of facility plans submitted for construction review according to the provisions of WAC 246-322-250;

(d) A criminal history background check in accordance with WAC 246-322-030(2);

(e) Verification of approval as a private psychiatric hospital from the state director of fire protection according to RCW 71.12.485;

- (f) The fee specified in WAC 246-322-990; and
- (g) Other information as required by the department.
- (3) The licensee shall apply for license renewal annually at least thirty days before the expiration date of the current license by submitting to the department:
 - (a) A completed application on forms provided by the department;
 - (b) The fee specified in WAC 246-322-990; and
 - (c) Other information as required by the department.
 - (4) At least sixty days prior to transferring ownership of a currently licensed hospital:
 - (a) The licensee shall submit to the department:
 - (i) The full name and address of the current licensee and prospective owner;
 - (ii) The name and address of the currently licensed hospital and the name under which the transferred hospital will operate;
 - (iii) Name of the new administrator; and
 - (iv) Date of the proposed change of ownership; and
 - (b) The prospective owner shall apply for licensure according to subsection (2) of this section.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-020, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 34.05 RCW, RCW 34.05.220 (1)(a) and 1989 1st ex.s. c 9 § 106. 90-06-019 (Order 039), § 248-22-005, filed 2/28/90, effective 3/1/90. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-005, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-005, filed 12/30/80.]

WAC 246-322-025 Responsibilities and rights—Licensee and department. (1) The licensee shall:

- (a) Comply with the provisions of chapter 71.12 RCW and this chapter;
- (b) Post the private psychiatric hospital license in a conspicuous place on the premises;
- (c) Maintain the bed capacity at or below the licensed bed capacity;
- (d) Cooperate with the department during on-site surveys and investigations;
- (e) Respond to a statement of deficiencies by submitting to the department, according to the dates specified on the statement of deficiencies form:
 - (i) A written plan of correction for each deficiency stated in the report and date to be completed; and
 - (ii) A progress report stating the dates deficiencies were corrected.
- (f) Obtain department approval before changing the bed capacity;
- (g) Obtain department approval before starting any construction or making changes in department-approved plans or specifications;
- (h) Notify the department immediately upon a change of administrator or governing body;
- (i) When assuming ownership of an existing hospital, maintain past and current clinical records, registers, indexes, and analyses of hospital services, according to state law and regulations; and
- (j) Obtain department approval of a plan for storing and retrieving patient records and reports prior to ceasing operation as a hospital.

(2) An applicant or licensee may contest a disciplinary decision or action of the department according to the provisions of RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC.

(3) The department shall:

- (a) Issue or renew a license when the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter;
- (b) Conduct an on-site inspection of the hospital prior to granting an initial license;
- (c) Conduct on-site inspections at any time to determine compliance with chapter 71.12 RCW and this chapter;
- (d) Give the administrator a written statement of deficiencies of chapter 71.12 RCW and this chapter observed during on-site surveys and investigations; and
- (e) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a hospital license.
- (4) The department may deny, suspend, or revoke a private psychiatric hospital license if the department finds the applicant, licensee, its agents, officers, directors, or any person with any interest therein:

(a) Is unqualified or unable to operate or direct operation of the hospital according to chapter 71.12 RCW and this chapter;

(b) Makes a misrepresentation of, false statement of, or fails to disclose a material fact, to the department:

(i) In an application for licensure or renewal of licensure;

(ii) In any matter under department investigation; or

(iii) During an on-site survey or inspection;

(c) Obtains or attempts to obtain a license by fraudulent means or misrepresentation;

(d) Fails or refuses to comply with the requirements of chapter 71.12 RCW or this chapter;

(e) Compromises the health or safety of a patient;

(f) Has a record of a criminal or civil conviction for:

(i) Operating a health care or mental health care facility without a license;

(ii) Any crime involving physical harm to another individual; or

(iii) Any crime or disciplinary board final decision specified in RCW 43.43.830;

(g) Had a license to operate a health care or mental health care facility denied, suspended or revoked;

(h) Refuses to allow the department access to facilities or records, or fails to promptly produce for inspection any book, record, document or item requested by the department, or interferes with an on-site survey or investigation;

(i) Commits, permits, aids or abets the commission of an illegal act on the hospital premises;

(j) Demonstrates cruelty, abuse, negligence, assault or indifference to the welfare and well-being of a patient;

(k) Fails to take immediate appropriate corrective action in any instance of cruelty, assault, abuse, neglect, or indifference to the welfare of a patient;

(l) Misappropriates the property of a patient;

(m) Fails to exercise fiscal accountability and responsibility toward individual patients, the department, or the business community; or

(n) Retaliates against a staff person, patient or other individual for reporting suspected abuse or other alleged improprieties.

(5) The department may summarily suspend a license pending proceeding for revocation or other action if the department determines a deficiency is an imminent threat to a patient's health, safety or welfare.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-025, filed 10/20/95, effective 11/20/95.]

WAC 246-322-030 Criminal history, disclosure, and background inquiries. (1) The licensee or license applicant shall require a disclosure statement as defined in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other individual associated with the hospital having direct contact with vulnerable adults as defined under RCW 43.43.830.

(2) The 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 with the initial application for licensure.

(3) The licensee or license applicant shall:

(a) Require a Washington state patrol criminal history background inquiry, as specified in RCW 43.43.842 (1), from the Washington state patrol or the department of social and health services for each:

(i) Staff person, student, and any other individual currently associated with the hospital having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective staff person, student, and individual applying for association with the hospital prior to allowing the individual direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each individual identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the individual to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the individual 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 individual within ten days of receipt.

(4) The licensee may conditionally employ, contract with, accept as a volunteer or associate, an individual having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the individual; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the individual.

(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 individual having direct contact with vulnerable adults, if that individual has been:

(a) Convicted of a crime against individuals as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation as defined in RCW 43.43.830;

(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 individual except:

(i) The individual about whom the licensee made the disclosure or background inquiry;

(ii) Authorized state and federal employees; and

(iii) The Washington state patrol auditor; and

(d) Retained and available for department review;

(i) During the individual's employment or association with a facility; and

(ii) At least two years following termination of employment or association with a facility.

(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 an individual associated with the licensed hospital 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: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-030, filed 10/20/95, effective 11/20/95.]

WAC 246-322-035 Policies and procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided:

(a) Criteria for admitting and retaining patients;

(b) Methods for assessing each patient's physical and mental health prior to admission;

(c) Providing or arranging for the care and treatment of patients;

(d) Assuring patient rights according to chapters 71.05 and 71.34 RCW, including posting those rights in a prominent place for the patients to read;

(e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW;

(f) Fire and disaster plans, including;

(i) Accessing patient-occupied sleeping rooms, toilet rooms and bathrooms;

(ii) Summoning internal or external resource agencies or persons, such as a poison center, fire department, and police;

(g) Emergency medical care, including:

(i) Physician orders;

(ii) Staff actions in the absence of a physician; and

(iii) Storing and accessing emergency supplies and equipment;

(h) Managing assaultive, self-destructive, or out-of-control behavior, including:

- (i) Immediate actions and conduct;
- (ii) Use of seclusion and restraints consistent with WAC 246-322-180 and other applicable state standards; and
- (iii) Documenting in the clinical record;

(i) Pharmacy and medication services consistent with WAC 246-322-210;

- (j) Infection control as required by WAC 246-322-100;
- (k) Staff actions upon:
- (i) Patient elopement;
- (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW;
- (iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; and

(iv) Patient death;

(l) Smoking on the hospital premises;

(m) Responsibility for patients' personal property, including recording any valuables left on deposit with the hospital;

(n) Allowing patients to work on the premises, according to WAC 246-322-180;

(o) Maintenance and housekeeping functions, including schedules;

(p) Cleaning, inspecting, repairing and calibrating electrical, biomedical and therapeutic equipment, and documenting actions;

(q) Transporting patients for:

- (i) Diagnostic or treatment activities;
 - (ii) Hospital connected business and programs; and
 - (iii) Medical care services not provided by the hospital;
- (r) Transferring patients to other health care facilities or agencies;

(s) Obtaining and retaining criminal history background checks and disclosure statements consistent with WAC 246-322-030.

(t) Research involving patients;

(u) Clinical records consistent with WAC 246-322-200, the Uniform Medical Records Act, chapter 70.02 RCW and Title 42 CFR, chapter 1, Part 2, 10/1/89;

(v) Food service consistent with chapter 246-215 WAC and WAC 246-322-230.

(2) The licensee shall review and update the policies and procedures annually or more often as needed.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-035, filed 10/20/95, effective 11/20/95.]

WAC 246-322-040 Governing body and administration. The governing body shall:

(1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients;

(2) Provide staff, facilities, equipment, supplies and services to meet the needs of patients within the purposes of the hospital;

(3) Establish and maintain a current written organizational plan delineating positions, responsibilities, authorities, and relationships of positions within the hospital;

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

(5) Appoint a psychiatrist as medical director responsible for directing and supervising medical treatment and patient care twenty-four hours per day;

(6) Maintain an organized professional staff accountable to the governing body;

(7) Appoint and periodically reappoint the professional staff;

(8) Require and approve professional staff bylaws and rules concerning, at a minimum:

(a) Organization of the professional staff;

(b) Delineation of privileges;

(c) Requirements for membership;

(d) Specific mechanisms for appointing and reappointing members;

(e) Granting, renewing and revising clinical privileges, including temporary ward privileges for community psychiatrists;

(f) Self-government;

(g) Required functions;

(h) Accountability to the governing body; and

(i) Mechanisms to monitor and evaluate quality of care and clinical performance; and

(9) Require that each person admitted to the hospital is under the care of a professional staff member with clinical privileges.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-040, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-040, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-011, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-011, filed 12/30/80.]

WAC 246-322-050 Staff. The licensee shall:

(1) Employ sufficient, qualified staff to:

(a) Provide adequate patient services;

(b) Maintain the hospital free of safety hazards; and

(c) Implement fire and disaster plans;

(2) Develop and maintain a written job description for the administrator and each staff position;

(3) Maintain evidence of appropriate qualifications and current credentials prior to hiring, or granting or renewing clinical privileges or association of any health care professional;

(4) Verify work references prior to hiring staff;

(5) Assure all patient-care staff including those transporting patients and supervising patient activities, except licensed staff whose professional training exceeds first-responder training, have within thirty days of employment:

(a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; and

(b) Current first-aid cards from instructors certified as in (a) of this subsection;

(6) Provide and document orientation and appropriate training for all staff, including:

(a) Organization of the hospital;

(b) Physical layout of hospital, including buildings, departments, exits, and services;

(c) Fire and disaster plans, including monthly drills;

- (d) Infection control;
- (e) Specific duties and responsibilities;
- (f) Policies, procedures, and equipment necessary to perform duties;
- (g) Patient rights according to chapters 71.05 RCW and 71.34 RCW and patient abuse;
- (h) Managing patient behavior; and
- (i) Appropriate training for expected duties;
- (7) Make available an ongoing, documented, in-service education program, including but not limited to:
 - (a) For each staff person, training to maintain and update competencies needed to perform assigned duties and responsibilities; and
 - (b) For patient care staff, in addition to (a) of this subsection, the following training:
 - (i) Methods of patient care;
 - (ii) Using the least restrictive alternatives;
 - (iii) Managing assaultive and self-destructive behavior;
 - (iv) Patient rights pursuant to chapters 71.05 and 71.34 RCW;
 - (v) Special needs of the patient population, such as children, minorities, elderly, and individuals with disabilities;
 - (vi) Cardiopulmonary resuscitation; and
 - (vii) First-aid training;
 - (8) When volunteer services are used within the hospital:
 - (a) Designate a qualified employee to be responsible for volunteer services;
 - (b) Provide and document orientation and training according to subsections (6) and (7) of this section for each volunteer; and
 - (c) Provide supervision and periodic written evaluations of each volunteer working directly with patients;
- (9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital:
 - (a) A tuberculin skin test by the Mantoux method, unless the staff person:
 - (i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours;
 - (ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or
 - (iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health;
 - (b) A second test one to three weeks after a negative Mantoux skin test for staff thirty-five years of age or older; and
 - (c) A chest x-ray within seven days of any positive Mantoux skin test;
- (10) Report positive chest x-rays to the appropriate public health authority, and follow precautions ordered by a physician or public health authority;
- (11) Restrict a staff person's contact with patients when the staff person has a known communicable disease in the infectious stage which is likely to be spread in the hospital setting or by casual contact; and

(12) Maintain a record on the hospital premises for each staff person, during employment and for two years following termination of employment, including, but not limited to:

- (a) An employment application;
- (b) Verification of required education, training and credentials;
- (c) Documentation of contacting work references as required by subsection (4) of this section;
- (d) Criminal history disclosure and background checks as required in WAC 246-322-030;
- (e) Verification of current cardiopulmonary resuscitation, first-aid and HIV/AIDS training;
- (f) Tuberculin test results, reports of x-ray findings, exceptions, physician or public health official orders, and waivers; and
- (g) Annual performance evaluations.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-050, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-016, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-016, filed 12/30/80.]

WAC 246-322-060 HIV/AIDS education and training. The licensee shall:

- (1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and
- (2) Use infection control standards and educational material consistent with:
 - (a) The approved curriculum manual *KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, or subsequent editions published by the department; and
 - (b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-060, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 70.24.310. 89-21-038 (Order 3), § 248-22-017, filed 10/12/89, effective 11/12/89.]

WAC 246-322-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-322-080 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-322-090 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-322-100 Infection control. The licensee shall:

- (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum:
 - (a) Written policies and procedures describing:
 - (i) Types of surveillance used to monitor rates of nosocomial infections;
 - (ii) Systems to collect and analyze data; and
 - (iii) Activities to prevent and control infections;

(b) A review process, using definitions and criteria established by the infection control committee, to determine if staff and patient infections are nosocomial;

(c) A system for reporting communicable diseases consistent with chapter 246-100 WAC, Communicable and certain other diseases;

(d) A procedure for reviewing and approving infection control aspects of policies and procedures used in each area of the hospital;

(e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases;

(f) Provisions for:

(i) Providing consultation regarding patient care practices, equipment and supplies which may influence the risk of infection;

(ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing;

(iii) Providing infection control information for orientation and in-service education for staff providing direct patient care;

(iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of:

(A) Sewage;

(B) Solid and liquid wastes; and

(C) Infectious wastes including safe management of sharps;

(g) Identifying specific precautions to prevent transmission of infections; and

(h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services;

(2) Assign one or more individuals to manage the infection control program with documented qualifications related to infection surveillance, prevention, and control, including:

(a) Education;

(b) Training;

(c) Certification; or

(d) Supervised experience;

(3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to:

(a) Oversee the program;

(b) Develop a committee-approved description of the program, including surveillance, prevention, and control activities;

(c) Delegate authority, approved in writing by administrative and professional staff, to institute surveillance, prevention, and control measures when there is reason to believe any patient or staff may be at risk of infection;

(d) Meet at regularly scheduled intervals, at least quarterly;

(e) Maintain written minutes and reports of findings presented during committee meetings; and

(f) Develop a method for forwarding recommendations to the professional staff, nursing, administration, and other committees and departments as appropriate.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-100, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-100, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 83-10-079 (Order 1960), § 248-22-036, filed 5/4/83; 82-23-003 (Order 1898), § 248-22-036, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-036, filed 12/30/80.]

WAC 246-322-110 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-322-120 Physical environment. The licensee shall:

(1) Provide a safe and clean environment for patients, staff and visitors;

(2) Provide ready access and equipment to accommodate individuals with physical and mental disabilities;

(3) Provide adequate lighting in all areas;

(4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms;

(5) Provide a heating system operated and maintained to sustain a comfortable, healthful temperature in all habitable rooms;

(6) Provide an adequate supply of hot and cold running water under pressure meeting the standards in chapters 246-290 and 246-291 WAC, with:

(a) Devices to prevent back-flow into the potable water supply system; and

(b) Water temperature not exceeding 120°F automatically regulated at all plumbing fixtures used by patients;

(7) Implement current, written policies, procedures, and schedules for maintenance and housekeeping functions;

(8) Provide housekeeping and service facilities on each floor, including:

(a) One or more service sinks, designed for filling and emptying mop buckets;

(b) Housekeeping closets:

(i) Equipped with shelving;

(ii) Ventilated to the out-of-doors; and

(iii) Kept locked; and

(c) A utility service area designed and equipped for washing, disinfecting, storing, and housing medical and nursing supplies and equipment; and

(9) Provide equipment and facilities to collect and dispose of all sewage, garbage, refuse and liquid waste in a safe and sanitary manner.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-120, filed 10/20/95, effective 11/20/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-322-120, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 71.12 RCW. 82-23-003 (Order 1898), § 248-22-046, filed 11/4/82. Statutory Authority: RCW 43.20.050. 81-02-004 (Order 205), § 248-22-046, filed 12/30/80.]

WAC 246-322-130 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-322-140 Patient living areas. The licensee shall:

(1) Provide patient sleeping rooms with:

(a) A minimum of eighty square feet of useable floor space in a single bedroom;

- (b) A minimum of seventy square feet of useable floor space per bed in a multi-patient room;
 - (c) A minimum ceiling height of seven feet six inches over the required floor area;
 - (d) A maximum capacity of four patients;
 - (e) A floor elevation no lower than three feet six inches below grade, with grade extending horizontally ten or more feet from the building;
 - (f) A clear window area on an outside wall equal to or greater than one-tenth the floor area with a minimum of ten square feet;
 - (g) Only security or maximum security windows;
 - (h) Direct access to and from a corridor, common-use activity room, or other common-use area;
 - (i) Sufficient room furnishings maintained in safe and clean condition including:
 - (i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient;
 - (ii) A cleanable, firm mattress; and
 - (iii) A cleanable or disposable pillow; and
 - (j) At least three feet between beds, and adequate space between furnishings to allow easy entrance, exit, and traffic flow within the room;
 - (k) A means to assure patient privacy when appropriate;
- (2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used:
- (a) Security or maximum security windows appropriate to the area and program;
 - (b) Furnishings, equipment and design for maximum safety and security;
 - (c) Shielded and tamper-resistant lighting fixtures and electrical outlets;
 - (d) A door lockable from the outside; and
 - (e) Provisions for authorized staff to observe occupants;
- (3) Provide an enclosed space within the patient sleeping room, or nearby, suitable for each patient to hang garments, and store clothing and personal belongings;
- (4) Provide secure storage for each patient's valuables in the patient sleeping room or conveniently available elsewhere in the hospital;
- (5) Provide a dining area for patients in a community setting with furnishings appropriate for dining;
- (6) Provide and maintain a safe area or areas for patient recreation and physical activity equal to or greater than twenty square feet for each licensed bed space;
- (7) Provide a visiting area allowing privacy for patients and visitors;
- (8) Provide a readily available telephone for patients to make and receive confidential calls; and
- (9) Provide a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor for emergency use.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-140, filed 10/20/95, effective 11/20/95.]

WAC 246-322-150 Clinical facilities. The licensee shall provide:

- (1) An adequate number of counseling or treatment rooms for group or individual therapy programs with reasonable soundproofing to maintain confidentiality;

- (2) One or more seclusion rooms, with or without an exterior window, intended for short-term occupancy, with:
 - (a) Staff-controlled locks and relites in the door, or equivalent;
 - (b) Provisions for authorized staff to observe the occupant at all times;
 - (c) A minimum of eighty square feet of floor space, exclusive of fixed equipment, with a minimum room dimension of eight feet; and
 - (d) Shielded, tamper-proof lighting fixtures;
- (3) One or more physical examination rooms, with or without an exterior window, equipped with:
- (a) An examination table;
 - (b) Examination light;
 - (c) Storage for medical supplies and equipment; and
 - (d) A readily accessible handwashing sink, soap dispenser, and acceptable single-use hand-drying device; and
- (4) Secure areas to properly store and handle medical supplies and medications.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-150, filed 10/20/95, effective 11/20/95.]

WAC 246-322-160 Bathrooms, toilet rooms and handwashing sinks. The licensee shall provide:

- (1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the hospital, with:
 - (a) Provisions for privacy during toileting, bathing, showering, and dressing;
 - (b) Separate toilet rooms for each sex if the toilet room contains more than one toilet;
 - (c) Separate bathrooms for each sex if the bathroom contains more than one bathing fixture; and
 - (d) One or more grab bars at each toilet and bathing fixture appropriate to the needs of patients; and
- (2) Toilet rooms and bathrooms directly accessible from patient rooms or corridors, without passing through any kitchen, pantry, food preparation, food storage, or dishwashing area or from one bedroom through another bedroom.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-160, filed 10/20/95, effective 11/20/95.]

WAC 246-322-170 Patient care services. (1) The licensee shall:

- (a) Provide an initial physical and mental health assessment by a physician, advanced registered nurse practitioner, or physician assistant. The initial mental status exam may be conducted by a mental health professional;
- (b) Admit only those patients for whom the hospital is qualified by staff, services and equipment to give adequate care; and
- (c) Provide appropriate transfer and acceptance of a patient needing medical care services not provided by the hospital, by:
 - (i) Transferring relevant data with the patient;
 - (ii) Obtaining written or verbal approval by the receiving facility prior to transfer; and
 - (iii) Immediately notifying the patient's family.

(2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to:

(a) Admittance by a member of the medical staff as defined by the staff bylaws;

(b) An initial treatment plan upon admission incorporating any advanced directives of the patient;

(c) A physical examination and medical history completed and recorded by a physician, advanced registered nurse practitioner, or physician assistant within twenty-four hours following admission, unless the patient had a physical examination and medical history completed within fourteen days prior to admission, and the information is recorded in the clinical record;

(d) A psychiatric evaluation, including provisional diagnosis, completed and documented within seventy-two hours following admission;

(e) A comprehensive treatment plan developed within seventy-two hours following admission:

(i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies;

(ii) Reviewed and modified by a mental health professional as indicated by the patient's clinical condition;

(iii) Interpreted to staff, patient, and, when possible and appropriate, to family; and

(iv) Implemented by persons designated in the plan;

(f) Physician orders for drug prescriptions, medical treatments and discharge;

(g) Current written policies and orders signed by a physician to guide the action of staff when medical emergencies or threat to life arise and a physician is not present;

(h) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care;

(i) Patient education pertaining to the patient's illness, prescribed medications, and health maintenance; and

(j) Referrals to appropriate resources and community services during and after hospitalization.

(3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including:

(a) Medical services, including:

(i) A physician on call at all times; and

(ii) Provisions for emergency medical services when needed;

(b) Psychiatric services, including:

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

(ii) A child psychiatrist for regular consultation when hospital policy permits the admission of children or adolescents;

(c) Nursing services, including:

(i) A psychiatric nurse, employed full time, responsible for directing nursing services twenty-four hours per day; and

(ii) One or more registered nurses on duty within the hospital at all times to supervise nursing care;

(d) Social work services coordinated and supervised by a social worker with experience working with psychiatric patients, responsible for:

(i) Reviewing social work activities;

(ii) Integrating social work services into the comprehensive treatment plan; and

(iii) Coordinating discharge with community resources;

(e) Psychological services coordinated and supervised by a psychologist with experience working with psychiatric patients;

(f) Occupational therapy services coordinated and supervised by an occupational therapist with experience working with psychiatric patients, responsible for integrating occupational therapy functions into the patient's comprehensive treatment plan;

(g) Recreational therapy services coordinated and supervised by a recreational or occupational therapist with experience working with psychiatric patients, responsible for integrating recreational therapy functions into the comprehensive treatment plan; and

(h) Special services, within the hospital or contracted outside the hospital, as specified in the comprehensive treatment plan.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-170, filed 10/20/95, effective 11/20/95.]

WAC 246-322-180 Patient safety and seclusion care.

(1) The licensee shall assure seclusion and restraint are used only to the extent and duration necessary to ensure the safety of patients, staff, and property, as follows:

(a) Staff shall not inflict pain or use restraint and seclusion for retaliation or personal convenience;

(b) Staff shall document all assaultive incidents in the clinical record and review each incident with the appropriate supervisor;

(c) Staff shall observe any patient in restraint or seclusion at least every fifteen minutes, intervening as necessary, and recording observations and interventions in the clinical record;

(d) Staff shall notify, and receive authorization by, a physician within one hour of initiating patient restraint or seclusion;

(e) A physician shall examine each restrained or secluded patient and renew the order for every twenty-four continuous hours of restraint and seclusion; and

(f) A mental health professional or registered nurse shall evaluate the patient when secluded or restrained more than two continuous hours, and re-evaluate the patient at least once every eight continuous hours of restraint and seclusion thereafter.

(2) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff.

(3) When research is proposed or conducted involving patients, the licensee shall:

(a) Document an initial and continuing review process by a multi-disciplinary treatment team;

(b) Require approval by the patient prior to participation;

(c) Allow the patient to discontinue participation at any time; and

(d) Ensure policies and procedures are in accordance with Title 42 Code of Federal Regulations, chapter 1, Part 2, 101/89 edition.

(4) The licensee shall prohibit the use of any patient for basic maintenance of the hospital or equipment, housekeeping, or food service in compliance with the Federal Fair Labor Standards Act, 29 USC, paragraph 203 et al., and 29 CFR, section 525 et al., except:

(a) Cleaning or maintaining the patient's private living area, or performing personal housekeeping chores; or

(b) Performing therapeutic activities:

(i) Included in and appropriate to the comprehensive treatment plan;

(ii) As agreed to with the patient;

(iii) Documented as part of the treatment program; and

(iv) Appropriate to the age, physical, and mental condition of the patient.

(5) The licensee shall assure the safety and comfort of patients when construction work occurs in or near occupied areas.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-180, filed 10/20/95, effective 11/20/95.]

WAC 246-322-190 Provisions for patients with tuberculosis. A licensee providing inpatient services for mentally ill patients with suspected or known infectious tuberculosis shall:

(1) Design patient rooms with:

(a) Ventilation to maintain a negative pressure condition in each patient room relative to adjacent spaces, except bath and toilet areas, with:

(i) Air movement or exhaust from the patient room to the out-of-doors with the exhaust grille located over the head of the bed;

(ii) Exhaust at the rate of six air changes per hour;

(iii) Make-up or supply air from adjacent ventilated spaces for four or less air changes per hour, and tempered outside air for two or more air changes per hour; and

(iv) Ultraviolet generator irradiation as follows:

(A) Use of ultraviolet fluorescent fixtures with lamps emitting wave length of 253.7 nanometers;

(B) The average reflected irradiance less than 0.2 microwatts per square centimeter in the room at the five foot level;

(C) Wall-mount type of fixture installed over the head of the bed, as close to the ceiling as possible to irradiate the area of the exhaust grille and the ceiling; and

(D) Lamps changed as recommended by the manufacturer; and

(b) An adjoining bathroom and toilet room with bedpan washer; and

(2) Provide discharge information to the health department of the patient's county of residence.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-190, filed 10/20/95, effective 11/20/95.]

WAC 246-322-200 Clinical records. (1) The licensee shall establish and maintain an organized clinical record service, consistent with recognized principles of record management, directed, staffed, and equipped to:

(a) Ensure timely, complete and accurate identification, checking, processing, indexing, filing, and retrieval of records;

(b) Facilitate compilation, maintenance, analyses, and distribution of patient care statistics; and

(c) Protect records from undue deterioration and destruction.

(2) The licensee shall develop and maintain an individual clinical record for each person receiving care, treatment, or diagnostic service at the hospital.

(3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services:

(a) Identifying information;

(b) Assessment and diagnostic data including history of findings and treatment provided for the psychiatric condition for which the patient is treated in the hospital;

(c) Psychiatric evaluation including:

(i) Medical and psychiatric history and physical examination; and

(ii) Record of mental status;

(d) Comprehensive treatment plan;

(e) Authenticated orders for:

(i) Drugs or other therapies;

(ii) Therapeutic diets; and

(iii) Care and treatment, including standing medical orders used in the care and treatment of the patient, except standing medical emergency orders;

(f) Significant observations and events in the patient's clinical treatment;

(g) Any restraint of the patient;

(h) Data bases containing patient information;

(i) Original reports or durable, legible, direct copies of original reports, of all patient tests, diagnostic procedures and examinations performed on or for the patient;

(j) Description of therapies administered, including drug therapies;

(k) Nursing services;

(l) Progress notes recorded by the professional staff responsible for the care of the patient or others significantly involved in active treatment modalities; and

(m) A discharge plan and discharge summary.

(4) The licensee shall ensure each entry includes:

(a) Date;

(b) Time of day;

(c) Authentication by the individual making the entry; and

(d) Diagnosis, abbreviations and terminology consistent with:

(i) Fourth edition revised 1994 *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders*; and

(ii) *International Classification of Diseases, 9th edition, 1988.*

(5) The licensee shall provide designated areas, designed to assure confidentiality, for reading, recording, and maintaining patient clinical records and for patients to review their own records.

(6) The licensee shall share and release information relating to patients and former patients only as authorized by statute and administrative code, and shall protect patient

confidentiality according to confidentiality requirements in chapters 70.02, 71.05, and 71.34 RCW.

(7) The licensee shall retain and preserve:

(a) Each patient's clinical records, excluding reports on referred outpatient diagnostic services, for:

(i) Adult patients, a minimum of ten years following the most recent discharge; or

(ii) Patients who are minors at the time of care, treatment, or diagnosis, a minimum of three years following the patient's eighteenth birth date, or ten years following the most recent discharge, whichever is longer;

(b) Reports on referred outpatient diagnostic services for at least two years;

(c) A master patient index card or equivalent for at least the same period of time as the corresponding clinical records; and

(d) Patients' clinical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-200, filed 10/20/95, effective 11/20/95.]

WAC 246-322-210 Pharmacy and medication services. The licensee shall:

(1) Maintain the pharmacy in the hospital in a safe, clean, and sanitary condition;

(2) Provide evidence of current approval of pharmacy services by the Washington state board of pharmacy under chapter 18.64 RCW;

(3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including:

(a) Assuring professional staff who prescribe are authorized to prescribe under chapter 69.41 RCW;

(b) Assuring orders and prescriptions for medications administered and self-administered include:

(i) Date and time;

(ii) Type and amount of drug;

(iii) Route of administration;

(iv) Frequency of administration; and

(v) Authentication by professional staff;

(c) Administering drugs;

(d) Self-administering drugs;

(e) Receiving and recording or transcribing verbal or telephone drug orders by authorized staff;

(f) Authenticating verbal and telephone orders by prescriber in a timely manner, not to exceed forty-eight hours for inpatients;

(g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including:

(i) Specific written orders;

(ii) Identification and administration of drug;

(iii) Handling, storage and control;

(iv) Disposition; and

(v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile;

(h) Maintaining drugs in patient care areas of the hospital including:

(i) Hospital pharmacist or consulting pharmacist responsibility;

(ii) Legible labeling with generic and/or trade name and strength as required by federal and state laws;

(iii) Access only by staff authorized access under hospital policy;

(iv) Storage under appropriate conditions specified by the hospital pharmacist or consulting pharmacist, including provisions for:

(A) Storing medicines, poisons, and other drugs in a specifically designated, well-illuminated, secure space;

(B) Separating internal and external stock drugs; and

(C) Storing Schedule II drugs in a separate locked drawer, compartment, cabinet, or safe;

(i) Preparing drugs in designated rooms with ample light, ventilation, sink or lavatory, and sufficient work area;

(j) Prohibiting the administration of outdated or deteriorated drugs, as indicated by label;

(k) Restricting access to pharmacy stock of drugs to:

(i) Legally authorized pharmacy staff; and

(ii) Except for Schedule II drugs, to a registered nurse designated by the hospital when all of the following conditions are met:

(A) The pharmacist is absent from the hospital;

(B) Drugs are needed in an emergency, and are not available in floor supplies; and

(C) The registered nurse, not the pharmacist, is accountable for the registered nurse's actions;

(4) The appropriate professional staff committee shall approve all policies and procedures on drugs, after documented consultation with:

(a) The pharmacist or pharmacist consultant directing hospital pharmacy services; and

(b) An advisory group comprised of representatives from the professional staff, hospital administration, and nursing services;

(5) When planning new construction of a pharmacy:

(a) 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;

(b) Provide housekeeping facilities within or easily accessible to the pharmacy;

(c) Locate pharmacy in a clean, separate, secure room with:

(i) Storage, including locked storage for Schedule II controlled substances;

(ii) All entrances equipped with closers;

(iii) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(iv) Perimeter walls of the pharmacy and vault, if used, constructed full height from floor to ceiling;

(v) Security devices or alarm systems for perimeter windows and relites;

(vi) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(vii) Space for files and clerical functions;

(viii) Break-out area separate from clean areas; and

(ix) Electrical service including emergency power to critical pharmacy areas and equipment;

(d) Provide a general compounding and dispensing unit, room, or area with:

- (i) A work counter with impermeable surface;
- (ii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;
- (iii) Storage space;
- (iv) A refrigeration and freezing unit; and
- (v) Space for mobile equipment;
- (e) If planning a manufacturing and unit dose packaging area or room, provide with:
 - (i) Work counter with impermeable surface;
 - (ii) Corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter; and
 - (iii) Storage space;
- (f) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

- (i) A preparation area;
- (ii) A work counter with impermeable surface;
- (iii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;
- (iv) Space for mobile equipment;
- (v) Storage space;
- (vi) A laminar flow hood in admixture area; and
- (vii) Shielding and appropriate ventilation according to WAC 246-318-540 (3)(m) for storage and preparation of radiopharmaceuticals;

(g) If a satellite pharmacy is planned, comply with the provisions of:

- (i) Subsection (5)(a), (5)(c)(i), (ii), (iii), (iv), (v), and (vi) of this section when drugs will be stored;
- (ii) Subsection (5)(c)(vii), (viii), and (ix) of this section, if appropriate; and
- (iii) Subsections (5)(d) and (f) of this section if planned;
- (h) If a separate outpatient pharmacy is planned, comply with the requirements for a satellite pharmacy including:
 - (i) Easy access;
 - (ii) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and
 - (iii) A private counseling area.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-210, filed 10/20/95, effective 11/20/95.]

WAC 246-322-220 Laboratory services. The licensee shall:

- (1) Provide access to laboratory services to meet emergency and routine needs of patients;
- (2) Ensure laboratory services are provided by licensed or waived medical test sites in accordance with chapter 70.42 RCW and chapter 246-338 WAC; and
- (3) Maintain each medical test site in the hospital in a safe, clean, and sanitary condition.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-220, filed 10/20/95, effective 11/20/95.]

WAC 246-322-230 Food and dietary services. The licensee shall:

- (1) Comply with chapters 246-215 and 246-217 WAC, food service;

(2) Designate an individual responsible for managing and supervising dietary/food services twenty-four hours per day, including:

(a) Incorporating ongoing recommendations of a dietitian;

(b) Serving at least three meals a day at regular intervals with fifteen or less hours between the evening meal and breakfast, unless the licensee provides a nutritious snack between the evening meal and breakfast;

(c) Providing well-balanced meals and nourishments that meet the current recommended dietary allowances of the National Research Council, 10th edition, 1989, adjusted for patient age, sex and activities unless contraindicated;

(d) Making nourishing snacks available as needed for patients, and posted as part of the menu;

(e) Preparing and serving therapeutic diets according to written medical orders;

(f) Preparing and serving meals under the supervision of food service staff;

(g) Maintaining a current diet manual, approved in writing by the dietitian and medical staff, for use in planning and preparing therapeutic diets;

(h) Ensuring all menus:

(i) Are written at least one week in advance;

(ii) Indicate the date, day of week, month and year;

(iii) Include all foods and snacks served that contribute to nutritional requirements;

(iv) Provide a variety of foods;

(v) Are approved in writing by the dietitian;

(vi) Are posted in a location easily accessible to all patients; and

(vii) Are retained for one year;

(3) Substitute foods, when necessary, of comparable nutrient value and record changes on the menu;

(4) Allow sufficient time for patients to consume meals;

(5) Ensure staff from dietary/food services are present in the hospital during all meal times;

(6) Keep policies and procedures pertaining to food storage, preparation, and storage, and cleaning food service equipment and work areas in the food service area for easy reference by dietary staff at all times.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-230, filed 10/20/95, effective 11/20/95.]

WAC 246-322-240 Laundry. The licensee shall provide:

(1) Laundry and linen services, on the premises or by commercial laundry;

(2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas;

(3) A clean area with an adequate supply of clean linen;

(4) When laundry is washed on the premises:

(a) An adequate water supply and a minimum water temperature of 140°F in washing machines; and

(b) Laundry facilities in areas separate from food preparation and dining; and

(5) Facilities for patients who wear their own clothing during hospitalization to do personal laundry.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-240, filed 10/20/95, effective 11/20/95.]

WAC 246-322-250 Construction. (1) The applicant or licensee shall comply with chapter 31 of the Washington State Building Code for all construction.

(2) Prior to starting construction, the applicant or licensee shall submit the following documentation to the department:

(a) A completed application form, a copy of which is provided in the *Submissions Guide for Health and Residential Facility Construction Projects*, which may be obtained from the department;

(b) The fee specified in chapter 246-314 WAC;

(c) A functional program which describes the services and operational methods affecting the hospital building, premises, and patients;

(d) One set of preliminary documents including, when applicable:

(i) Plot plans drawn to scale showing:

(A) Streets, driveways, parking, vehicle and pedestrian circulation;

(B) Site utilities, water service system, sewage disposal system, electrical service system, elevations; and

(C) Location of existing and new buildings and other fixed equipment;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Typical building sections and exterior elevations;

(iii) Outline specifications generally describing the construction and materials including mechanical and electrical systems; and

(e) Three sets of final construction drawings, stamped by a Washington state licensed architect or engineer, complying with the requirements of this chapter including, when applicable:

(i) Plot plans drawn to scale showing all items required in the preliminary plan in final form;

(ii) Building plans drawn to scale showing:

(A) Floor plans designating function of each room and fixed equipment;

(B) Interior and exterior elevations;

(C) Building sections and construction details;

(D) Schedules of room finishes, doors, finish hardware and windows;

(E) Mechanical, including plumbing, heating, venting and air conditioning; and

(F) Electrical, including lighting, power and communication systems; and

(iii) Specifications fully describing the workmanship and finishes;

(f) One copy of specifications and the radiant panel test report for each carpet type used in corridors and exitways;

(g) Three copies of fire sprinkler system shop drawings, hydraulic calculations and equipment specifications, stamped by the fire sprinkler contractor; and

(h) Three copies of fire alarm system shop drawings and equipment specifications.

(3) The licensee shall:

(a) Obtain department approval of final construction documents prior to starting construction;

(b) Conform with the approved plans during construction;

(c) Consult with the department prior to deviating from approved documents;

(d) Provide a written construction project completion notice to the department indicating:

(i) The expected completion date; and

(ii) Compliance with the approved construction documents, requirements of chapter 18.20 RCW and this chapter;

(e) Make adequate provisions for the health, safety, and comfort of patients during construction projects;

(f) Obtain authorization from the department prior to occupying or using new construction; and

(g) Obtain approval of the Washington state fire protection services division prior to construction, modification, and alteration consistent with RCW 18.20.130.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-250, filed 10/20/95, effective 11/20/95.]

WAC 246-322-500 Exemptions. (1) A licensee wishing to request an exemption from a requirement in this chapter shall submit a written request to the department, including:

(a) A description of the requested exemption;

(b) Reason for the exemption; and

(c) Impact of the exemption on patient or public health and safety.

(2) If the department determines the exemption will not jeopardize patient or public health or safety, and is not contrary to the intent of chapter 71.12 RCW and this chapter, the department may:

(a) Exempt the licensee from meeting a specific requirement in this chapter; or

(b) Allow the licensee to use another method of meeting the requirement.

(3) The licensee shall retain a copy of each approved exemption in the hospital.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-012, § 246-322-500, filed 10/20/95, effective 11/20/95.]

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

(1) Submit an annual fee of forty-seven dollars and thirty cents for each bed space within the licensed bed capacity of the hospital to the department;

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

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

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

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

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

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

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

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-322-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-322-990, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-322-990, filed 12/27/90, effective 1/31/91.]

WAC 246-322-991 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-323 WAC

RESIDENTIAL TREATMENT FACILITIES FOR PSYCHIATRICALY IMPAIRED CHILDREN AND YOUTH

WAC

246-323-990 Fees.

WAC 246-323-990 Fees. Residential treatment facilities for psychiatrically impaired children and youth (RTF-CY) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-seven dollars and thirty-five cents for each bed space within the licensed bed capacity of the RTF-CY;

(2) Include all bed spaces and rooms complying with physical plant and movable equipment requirements of this chapter; and

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

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-323-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-15-048 (Order 287), § 246-323-990, filed 7/10/92, effective 8/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-323-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-324 WAC

PRIVATE ALCOHOL AND CHEMICAL DEPENDENCY HOSPITALS

WAC

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246-324-500	Exemptions.

246-324-990 Fees.

WAC 246-324-001 Purpose and scope. (1) This chapter implements chapter 71.12 RCW.

(2) This chapter establishes minimum health and safety standards for private alcoholism hospitals.

(3) This chapter does not apply to:

(a) Hospitals regulated by chapters 70.41 RCW and 246-318 WAC;

(b) Private psychiatric hospitals regulated by chapters 71.12 RCW and 246-322 WAC;

(c) Adult residential rehabilitation centers regulated by chapters 71.12 RCW and 246-325 WAC;

(d) Residential treatment facilities for children and youth regulated by chapters 71.12 RCW and 246-323 WAC;

(e) Alcoholism treatment facilities regulated by chapters 71.12 RCW and 246-326 WAC;

(f) Boarding homes regulated by chapters 18.20 RCW and 246-316 WAC;

(g) Nursing homes regulated by chapters 18.51 RCW and 248-14 WAC; or

(h) Christian Science establishments providing remedial care of residents or patients in accordance with the practices and principles of the body known as Church of Christ, Scientist.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-001, filed 10/20/95, effective 11/20/95.]

WAC 246-324-010 Definitions. For the purpose of this chapter, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

(1) "Abuse" means an act by any individual which injures, exploits or in any way jeopardizes a patient's health, welfare, or safety, including but not limited to:

(a) Physically damaging or potentially damaging nonaccidental acts;

(b) Emotionally damaging verbal behavior and harassment or other actions which may result in emotional or behavioral problems; and

(c) Sexual use, exploitation and mistreatment through inappropriate touching, inappropriate remarks or encouraging participation in pornography or prostitution.

(2) "Administrator" means the individual responsible for the day-to-day operation of the hospital.

(3) "Advanced registered nurse practitioner" means a registered nurse authorized to practice specialized and advanced nursing according to the requirements in RCW 18.88.175.

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

(a) "Chronic and progressive" means the physical, emotional and social changes that develop are cumulative and progress as alcohol ingestion continues;

(b) "Tolerance" means physiological adaptation to the presence of a high concentration of alcohol; and

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

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

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

(b) A unique identifier which clearly indicates the responsible individual.

(6) "Bathing fixture" means a bathtub, shower, or combination bathtub shower.

(7) "Bathroom" means a room containing one or more bathing fixtures.

(8) "Chemical dependency counselor" means an individual who:

(a) Is licensed, certified, or registered as a counselor under chapter 18.19 RCW or possesses a written statement of exemption from this requirement from the department; and

(b) Meets the minimum qualifications in WAC 275-19-145.

(9) "Clinical record" means a file maintained by the licensee for each patient containing all pertinent medical and clinical information.

(10) "Comprehensive treatment plan" means a written plan of care developed by a multi-disciplinary treatment team for an individual patient, based on an assessment of the patient's developmental, biological, emotional, psychological, and social strengths and needs, which includes:

(a) Treatment goals with specific time frames;

(b) Specific services to be provided;

(c) The name of each individual responsible for each service provided; and

(d) Discharge criteria with estimated time frames.

(11) "Construction" means:

(a) A new building to be used as a hospital or part of a hospital;

(b) An addition, modification or alteration which changes the approved use of a room or area; and

(c) An existing building or portion thereof to be converted for use as a hospital.

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

(13) "Detoxification" means the process of ridding the body of the transitory effects of intoxication and any associated physiological withdrawal reaction.

(14) "Dietitian" means an individual certified under chapter 18.138 RCW.

(15) "Document" means to record, with authentication, date and time.

(16) "Family" means an individual or individuals:

(a) Designated by the patient, who may or may not be related to the patient; or

(b) Legally appointed to represent the patient.

(17) "Drug administration" means the act of an authorized individual giving a single dose of prescribed drug or biological to a patient according to the laws and regulations governing such acts.

(18) "Drug dispensing" means interpreting a prescription and, pursuant to that prescription, selecting, measuring, labeling, packaging, and issuing the prescribed medication to a patient or service unit of the facility.

(19) "Exemption" means a written authorization from the department which releases a licensee from meeting a specific requirement or requirements in this chapter.

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

(21) "Intoxication" means acute poisoning or temporary impairment of mental or physical functioning caused by alcohol or associated substance use.

(22) "Health care professional" means an individual who practices health or health-related services within the individual's authorized scope of practice, who is licensed, certified or registered under Title 18 RCW;

(23) "Licensed bed capacity" means the patient occupancy level requested by the applicant or licensee and approved by the department.

(24) "Licensee" means the person to whom the department issues the hospital license.

(25) "Maximum security window" means a security window which, if operable, opens only with a key or special tool.

(26) "Multi-disciplinary treatment team" means a group of individuals from various clinical services who assess, plan, implement and evaluate treatment for patients under care.

(27) "Neglect" means conduct which results in deprivation of care necessary to maintain a patient's minimum physical and mental health, including but not limited to:

(a) Physical and material deprivation;

(b) Lack of medical care;

(c) Inadequate food, clothing or cleanliness;

(d) Refusal to acknowledge, hear or consider a patient's concerns;

(e) Lack of social interaction and physical activity;

(f) Lack of personal care; and

(g) Lack of supervision appropriate for the patient's level of functioning.

(28) "Patient-care staff" means permanent employees, temporary employees, volunteers, or contractors, who provide direct care services for patients.

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

(30) "Pharmacist" means an individual licensed as a pharmacist under chapter 18.64 RCW.

(31) "Pharmacy" means the central area in a hospital where prescriptions are filled, or drugs are stored and issued to hospital departments.

(32) "Physician" means an individual licensed under chapter 18.71 or 18.57 RCW.

(33) "Physician assistant" means an individual licensed under chapter 18.71A or 18.57A RCW.

(34) "Private alcoholism hospital" or "hospital" means a privately owned and operated establishment or institution which:

(a) Provides accommodations and services over a continuous period of twenty-four hours or more for two or more individuals who are not related to the licensee; and

(b) Is expressly for diagnosing, treating and caring for individuals with signs or symptoms of alcoholism and the

complications of associated substance use, and other medical diseases appropriately treated and cared for in the facility.

(35) "Professional staff" means health care professionals appointed by the governing body to practice within the parameters of the professional staff bylaws.

(36) "Referred outpatient diagnostic service" means a diagnostic test or examination performed outside the hospital which:

(a) Is ordered by a member of the professional staff legally permitted to order such tests and examinations, to whom the findings and results are reported; and

(b) Does not involve a parenteral injection, local or general anesthesia, or a surgical procedure.

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

(38) "Security room" means a patient sleeping room designed, furnished and equipped to provide maximum safety and security.

(39) "Security window" means a window designed to inhibit exit, entry and injury to a patient, with safety glazing or other security feature to prevent breakage.

(40) "Self-administration" means the act of a patient taking the patient's own medication from a properly labeled container while on hospital premises, with the hospital responsible for appropriate medication use.

(41) "Sink" means a properly trapped plumbing fixture, with hot and cold water under pressure, which prevents back passage or return of air.

(42) "Special services" means clinical and rehabilitative activities or programs including, but not limited to:

(a) Educational and vocational training;

(b) Dentistry;

(c) Speech therapy;

(d) Physical therapy;

(e) Occupational therapy;

(f) Language translation; and

(g) Training for individuals with hearing and visual impairment.

(43) "Staff" means permanent employees, temporary employees, volunteers, and contractors.

(44) "Toilet" means a fixture fitted with a seat and flushing device used to dispose of bodily waste.

(45) "Useable floor space" means the total floor surface area excluding area used for closets, wardrobes and fixed equipment.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-010, filed 10/20/95, effective 11/20/95.]

WAC 246-324-020 Licensure—Initial, renewal, modifications. (1) A person shall have a current license issued by the department before operating or advertising a private alcohol and chemical dependency hospital.

(2) An applicant for initial licensure shall submit to the department, forty-five days or more before commencing business:

(a) A completed application on forms provided by the department;

(b) Certificate of need approval according to the provisions of chapter 246-310 WAC for the number of beds indicated on the application;

(c) Verification of department approval of facility plans submitted for construction review according to the provisions of WAC 246-324-250;

(d) A criminal history background check in accordance with WAC 246-324-030(2);

(e) Verification of approval as a private alcohol and chemical dependency hospital from the state director of fire protection according to RCW 71.12.485;

(f) The fee specified in WAC 246-324-990; and

(g) Other information as required by the department.

(3) The licensee shall apply for license renewal annually at least thirty days before the expiration date of the current license by submitting to the department:

(a) A completed application on forms provided by the department;

(b) The fee specified in WAC 246-324-990; and

(c) Other information as required by the department.

(4) At least sixty days prior to transferring ownership of a currently licensed hospital:

(a) The licensee shall submit to the department:

(i) The full name and address of the current licensee and prospective owner;

(ii) The name and address of the currently licensed hospital and the name under which the transferred hospital will operate;

(iii) Name of the new administrator; and

(iv) Date of the proposed change of ownership; and

(b) The prospective owner shall apply for licensure according to subsection (2) of this section.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-020, filed 10/20/95, effective 11/20/95.]

WAC 246-324-025 Responsibilities and rights—Licensee and department. (1) The licensee shall:

(a) Comply with the provisions of chapter 71.12 RCW and this chapter;

(b) Post the private alcohol and chemical dependency hospital license in a conspicuous place on the premises;

(c) Maintain the bed capacity at or below the licensed bed capacity;

(d) Cooperate with the department during on-site surveys and investigations;

(e) Respond to a statement of deficiencies by submitting to the department, according to the dates specified on the statement of deficiencies form:

(i) A written plan of correction for each deficiency stated in the report and date to be completed; and

(ii) A progress report stating the dates deficiencies were corrected;

(f) Obtain department approval before changing the bed capacity;

(g) Obtain department approval before starting any construction or making changes in department-approved plans or specifications;

(h) Notify the department immediately upon a change of administrator or governing body;

(i) When assuming ownership of an existing hospital, maintain past and current clinical records, registers, indexes, and analyses of hospital services, according to state law and regulations; and

(j) Obtain department approval of a plan for storing and retrieving patient records and reports prior to ceasing operation as a hospital.

(2) An applicant or licensee may contest a disciplinary decision or action of the department according to the provisions of RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC.

(3) The department shall:

(a) Issue or renew a license when the applicant or licensee meets the requirements in chapter 71.12 RCW and this chapter;

(b) Conduct an on-site inspection of the hospital prior to granting an initial license;

(c) Conduct on-site inspections at any time to determine compliance with chapter 71.12 RCW and this chapter;

(d) Give the administrator a written statement of deficiencies of chapter 71.12 RCW and this chapter observed during on-site surveys and investigations; and

(e) Comply with RCW 43.70.115, chapter 34.05 RCW and chapter 246-10 WAC when denying, suspending, modifying, or revoking a hospital license.

(4) The department may deny, suspend, or revoke a private alcohol and chemical dependency hospital license if the department finds the applicant, licensee, its agents, officers, directors, or any person with any interest therein:

(a) Is unqualified or unable to operate or direct operation of the hospital according to chapter 71.12 RCW and this chapter;

(b) Makes a misrepresentation of, false statement of, or fails to disclose a material fact, to the department:

(i) In an application for licensure or renewal of licensure;

(ii) In any matter under department investigation; or

(iii) During an on-site survey or inspection;

(c) Obtains or attempts to obtain a license by fraudulent means or misrepresentation;

(d) Fails or refuses to comply with the requirements of chapter 71.12 RCW or this chapter;

(e) Compromises the health or safety of a patient;

(f) Has a record of a criminal or civil conviction for:

(i) Operating a health care or mental health care facility without a license;

(ii) Any crime involving physical harm to another individual; or

(iii) Any crime or disciplinary board final decision specified in RCW 43.43.830;

(g) Had a license to operate a health care or mental health care facility denied, suspended or revoked;

(h) Refuses to allow the department access to facilities or records, or fails to promptly produce for inspection any book, record, document or item requested by the department, or interferes with an on-site survey or investigation;

(i) Commits, permits, aids or abets the commission of an illegal act on the hospital premises;

(j) Demonstrates cruelty, abuse, negligence, assault or indifference to the welfare and well-being of a patient;

(k) Fails to take immediate appropriate corrective action in any instance of cruelty, assault, abuse, neglect, or indifference to the welfare of a patient;

(l) Misappropriates the property of a patient;

(m) Fails to exercise fiscal accountability and responsibility toward individual patients, the department, or the business community; or

(n) Retaliates against a staff person, patient or other individual for reporting suspected abuse or other alleged improprieties.

(5) The department may summarily suspend a license pending proceeding for revocation or other action if the department determines a deficiency is an imminent threat to a patient's health, safety or welfare.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-025, filed 10/20/95, effective 11/20/95.]

WAC 246-324-030 Criminal history, disclosure, and background inquiries. (1) The licensee or license applicant shall require a disclosure statement as defined in RCW 43.43.834 for each prospective employee, volunteer, contractor, student, and any other individual associated with the hospital having direct contact with vulnerable adults as defined under RCW 43.43.830.

(2) The 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 with the initial application for licensure.

(3) The licensee or license applicant shall:

(a) Require a Washington state patrol criminal history background inquiry, as specified in RCW 43.43.842(1), from the Washington state patrol or the department of social and health services for each:

(i) Staff person, student, and any other individual currently associated with the hospital having direct contact with vulnerable adults, when engaged on or since July 22, 1989; and

(ii) Prospective staff person, student, and individual applying for association with the hospital prior to allowing the individual direct contact with vulnerable adults, except as allowed by subsection (4) of this section;

(b) Inform each individual identified in (a) of this subsection of the requirement for a background inquiry;

(c) Require the individual to sign an acknowledgement statement that a background inquiry will be made;

(d) Verbally inform the individual 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 individual within ten days of receipt.

(4) The licensee may conditionally employ, contract with, accept as a volunteer or associate, an individual having direct contact with vulnerable adults pending a background inquiry, provided the licensee:

(a) Immediately obtains a disclosure statement from the individual; and

(b) Requests a background inquiry within three business days of the conditional acceptance of the individual.

(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 individual having direct contact with vulnerable adults, if that individual has been:

(a) Convicted of a crime against individuals as defined in RCW 43.43.830;

(b) Convicted of a crime relating to financial exploitation as defined in RCW 43.43.830;

(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 individual except:
 - (i) The individual about whom the licensee made the disclosure or background inquiry;
 - (ii) Authorized state and federal employees; and
 - (iii) The Washington state patrol auditor; and
- (d) Retained and available for department review:
 - (i) During the individual's employment or association with a facility; and
 - (ii) At least two years following termination of employment or association with a facility.

(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 an individual associated with the licensed hospital 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: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-030, filed 10/20/95, effective 11/20/95.]

WAC 246-324-035 Policies and procedures. (1) The licensee shall develop and implement the following written policies and procedures consistent with this chapter and services provided:

- (a) Criteria for admitting and retaining patients;
- (b) Methods for assessing each patient's physical and mental health prior to admission;
- (c) Providing or arranging for the care and treatment of patients;
- (d) Assuring patient rights according to chapters 71.05 and 71.34 RCW, including posting those rights in a prominent place for the patients to read;
- (e) Protecting against abuse and neglect and reporting suspected incidents according to the provisions of chapters 71.05, 71.34, 74.34 and 26.44 RCW;
- (f) Fire and disaster plans, including:
 - (i) Accessing patient-occupied sleeping rooms, toilet rooms and bathrooms;
 - (ii) Summoning internal or external resource agencies or persons, such as a poison center, fire department, and police;
- (g) Emergency medical care, including:
 - (i) Physician orders;
 - (ii) Staff actions in the absence of a physician; and

(iii) Storing and accessing emergency supplies and equipment;

(h) Managing assaultive, self-destructive, or out-of-control behavior, including:

- (i) Immediate actions and conduct; and
 - (ii) Documenting in the clinical record;
- (i) Pharmacy and medication services consistent with WAC 246-324-210;
- (j) Infection control as required by WAC 246-324-100;
 - (k) Staff actions upon:
 - (i) Patient elopement;
 - (ii) A serious change in a patient's condition, and immediately notifying family according to chapters 71.05 and 71.34 RCW;
 - (iii) Accidents or incidents potentially harmful or injurious to patients, and documentation in the clinical record; and

(iv) Patient death;

(l) Smoking on the hospital premises;

(m) Responsibility for patients' personal property, including recording any valuables left on deposit with the hospital;

(n) Allowing patients to work on the premises, according to WAC 246-324-180;

(o) Maintenance and housekeeping functions, including schedules;

(p) Cleaning, inspecting, repairing and calibrating electrical, biomedical and therapeutic equipment, and documenting actions;

(q) Transporting patients for:

- (i) Diagnostic or treatment activities;
 - (ii) Hospital connected business and programs; and
 - (iii) Medical care services not provided by the hospital;
- (r) Transferring patients to other health care facilities or agencies;

(s) Obtaining and retaining criminal history background checks and disclosure statements consistent with WAC 246-324-030;

(t) Research involving patients;

(u) Clinical records consistent with WAC 246-324-200, the Uniform Medical Records Act, chapter 70.02 RCW and Title 42 CFR, chapter 1, Part 2, 10/1/89;

(v) Food service consistent with chapter 246-215 WAC and WAC 246-324-230.

(2) The licensee shall review and update the policies and procedures annually or more often as needed.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-035, filed 10/20/95, effective 11/20/95.]

WAC 246-324-040 Governing body and administration. The governing body shall:

(1) Adopt written policies concerning the purposes, operation and maintenance of the hospital, and the safety, care and treatment of patients;

(2) Provide staff, facilities, equipment, supplies and services to meet the needs of patients within the purposes of the hospital;

(3) Establish and maintain a current written organizational plan delineating positions, responsibilities, authorities, and relationships of positions within the hospital;

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

(5) Appoint a physician as medical director responsible for directing and supervising medical treatment and patient care twenty-four hours per day;

(6) Maintain an organized professional staff accountable to the governing body;

(7) Appoint and periodically reappoint the professional staff;

(8) Require and approve professional staff bylaws and rules concerning, at a minimum:

(a) Organization of the professional staff;

(b) Delineation of privileges;

(c) Requirements for membership;

(d) Specific mechanisms for appointing and reappointing members;

(e) Granting, renewing and revising clinical privileges;

(f) Self-government;

(g) Required functions;

(h) Accountability to the governing body; and

(i) Mechanisms to monitor and evaluate quality of care and clinical performance; and

(9) Require that each person admitted to the hospital is under the care of a professional staff member with clinical privileges.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-040, filed 10/20/95, effective 11/20/95.]

WAC 246-324-050 Staff. The licensee shall:

(1) Employ sufficient, qualified staff to:

(a) Provide adequate patient services;

(b) Maintain the hospital free of safety hazards; and

(c) Implement fire and disaster plans;

(2) Develop and maintain a written job description for the administrator and each staff position;

(3) Maintain evidence of appropriate qualifications and current credentials prior to hiring, or granting or renewing clinical privileges or association of any health care professional;

(4) Verify work references prior to hiring staff;

(5) Assure all patient-care staff including those transporting patients and supervising patient activities, except licensed staff whose professional training exceeds first-responder training, have within thirty days of employment:

(a) Current cardiopulmonary resuscitation cards from instructors certified by the American Red Cross, American Heart Association, United States Bureau of Mines, or Washington state department of labor and industries; and

(b) Current first-aid cards from instructors certified as in (a) of this subsection;

(6) Provide and document orientation and appropriate training for all staff, including:

(a) Organization of the hospital;

(b) Physical layout of hospital, including buildings, departments, exits, and services;

(c) Fire and disaster plans, including monthly drills;

(d) Infection control;

(e) Specific duties and responsibilities;

(f) Policies, procedures, and equipment necessary to perform duties;

(g) Patient rights according to chapters 71.05 and 71.34 RCW and patient abuse;

(h) Managing patient behavior; and

(i) Appropriate training for expected duties;

(7) Make available an ongoing, documented, in-service education program, including but not limited to:

(a) For each staff person, training to maintain and update competencies needed to perform assigned duties and responsibilities; and

(b) For patient care staff, in addition to (a) of this subsection, the following training:

(i) Methods of patient care;

(ii) Using the least restrictive alternatives;

(iii) Managing assaultive and self-destructive behavior;

(iv) Patient rights pursuant to chapters 71.05 and 71.34 RCW;

(v) Special needs of the patient population, such as children, minorities, elderly, and individuals with disabilities;

(vi) Cardiopulmonary resuscitation; and

(vii) First-aid training;

(8) When volunteer services are used within the hospital:

(a) Designate a qualified employee to be responsible for volunteer services;

(b) Provide and document orientation and training according to subsections (6) and (7) of this section for each volunteer; and

(c) Provide supervision and periodic written evaluations of each volunteer working directly with patients;

(9) In addition to following WISHA requirements, protect patients from tuberculosis by requiring each staff person to have upon employment or starting service, and each year thereafter during the individual's association with the hospital:

(a) A tuberculin skin test by the Mantoux method, unless the staff person:

(i) Documents a previous positive Mantoux skin test, which is ten or more millimeters of induration read at forty-eight to seventy-two hours;

(ii) Documents meeting the requirements of this subsection within the six months preceding the date of employment; or

(iii) Provides a written waiver from the department or authorized local health department stating the Mantoux skin test presents a hazard to the staff person's health;

(b) A second test one to three weeks after a negative Mantoux skin test for staff thirty-five years of age or older; and

(c) A chest x-ray within seven days of any positive Mantoux skin test;

(10) Report positive chest x-rays to the appropriate public health authority, and follow precautions ordered by a physician or public health authority;

(11) Restrict a staff person's contact with patients when the staff person has a known communicable disease in the infectious stage which is likely to be spread in the hospital setting or by casual contact; and

(12) Maintain a record on the hospital premises for each staff person, during employment and for two years following termination of employment, including but not limited to:

(a) An employment application;

- (b) Verification of required education, training and credentials;
- (c) Documentation of contacting work references as required by subsection (4) of this section;
- (d) Criminal history disclosure and background checks as required in WAC 246-324-030;
- (e) Verification of current cardiopulmonary resuscitation, first-aid and HIV/AIDS training;
- (f) Tuberculin test results, reports of x-ray findings, exceptions, physician or public health official orders, and waivers; and
- (g) Annual performance evaluations.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-050, filed 10/20/95, effective 11/20/95.]

WAC 246-324-060 HIV/AIDS education and training. The licensee shall:

- (1) Verify or arrange appropriate education and training of staff within thirty days of employment on the prevention, transmission, and treatment of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) consistent with RCW 70.24.310; and
- (2) Use infection control standards and educational material consistent with:
 - (a) The approved curriculum manual *KNOW - HIV/AIDS Prevention Education for Health Care Facility Employees*, January 1991, or subsequent editions published by the department; and
 - (b) WAC 296-62-08001, Bloodborne pathogens implementing WISHA.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-060, filed 10/20/95, effective 11/20/95.]

WAC 246-324-100 Infection control. The licensee shall:

- (1) Establish and implement an effective hospital-wide infection control program, which includes at a minimum:
 - (a) Written policies and procedures describing:
 - (i) Types of surveillance used to monitor rates of nosocomial infections;
 - (ii) Systems to collect and analyze data; and
 - (iii) Activities to prevent and control infections;
 - (b) A review process, using definitions and criteria established by the infection control committee, to determine if staff and patient infections are nosocomial;
 - (c) A system for reporting communicable diseases consistent with chapter 246-100 WAC, Communicable and certain other diseases;
 - (d) A procedure for reviewing and approving infection control aspects of policies and procedures used in each area of the hospital;
 - (e) A procedure to monitor the physical environment of the hospital for situations which may contribute to the spread of infectious diseases;
 - (f) Provisions for:
 - (i) Providing consultation regarding patient care practices, equipment and supplies which may influence the risk of infection;
 - (ii) Providing consultation regarding appropriate procedures and products for cleaning, disinfecting and sterilizing;

(iii) Providing infection control information for orientation and in-service education for staff providing direct patient care;

(iv) Making recommendations, consistent with federal, state, and local laws and rules, for methods of safe and sanitary disposal of:

- (A) Sewage;
- (B) Solid and liquid wastes; and
- (C) Infectious wastes including safe management of sharps;
- (g) Identifying specific precautions to prevent transmission of infections; and
- (h) Coordinating employee activities to control exposure and transmission of infections to or from employees and others performing patient services;

(2) Assign one or more individuals to manage the infection control program with documented qualifications related to infection surveillance, prevention, and control, including:

- (a) Education;
- (b) Training;
- (c) Certification; or
- (d) Supervised experience;
- (3) Designate an infection control committee, comprised of the individual or individuals assigned to manage the program and multi-disciplinary representatives from the professional staff, nursing staff and administrative staff, to:
 - (a) Oversee the program;
 - (b) Develop a committee-approved description of the program, including surveillance, prevention, and control activities;
 - (c) Delegate authority, approved in writing by administrative and professional staff, to institute surveillance, prevention, and control measures when there is reason to believe any patient or staff may be at risk of infection;
 - (d) Meet at regularly scheduled intervals, at least quarterly;
 - (e) Maintain written minutes and reports of findings presented during committee meetings; and
 - (f) Develop a method for forwarding recommendations to the professional staff, nursing, administration, and other committees and departments as appropriate.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-100, filed 10/20/95, effective 11/20/95.]

WAC 246-324-120 Physical environment. The licensee shall:

- (1) Provide a safe and clean environment for patients, staff and visitors;
- (2) Provide ready access and equipment to accommodate individuals with physical and mental disabilities;
- (3) Provide adequate lighting in all areas;
- (4) Provide natural or mechanical ventilation sufficient to remove odors, smoke, excessive heat and condensation from all habitable rooms;
- (5) Provide a heating system operated and maintained to sustain a comfortable, healthful temperature in all habitable rooms;
- (6) Provide an adequate supply of hot and cold running water under pressure meeting the standards in chapters 246-290 and 246-291 WAC, with:

(a) Devices to prevent back-flow into the potable water supply system; and

(b) Water temperature not exceeding 120°F automatically regulated at all plumbing fixtures used by patients;

(7) Implement current, written policies, procedures, and schedules for maintenance and housekeeping functions;

(8) Provide housekeeping and service facilities on each floor of the hospital including:

(a) One or more service sinks, designed for filling and emptying mop buckets;

(b) Housekeeping closets:

(i) Equipped with shelving;

(ii) Ventilated to the out-of-doors; and

(iii) Kept locked; and

(c) A utility service area designed and equipped for washing, disinfecting, storing, and housing medical and nursing supplies and equipment; and

(9) Provide equipment and facilities to collect and dispose of all sewage, garbage, refuse and liquid waste in a safe and sanitary manner.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-120, filed 10/20/95, effective 11/20/95.]

WAC 246-324-140 Patient living areas. The licensee shall:

(1) Provide patient sleeping rooms with:

(a) A minimum of eighty square feet of useable floor space in a single bedroom;

(b) A minimum of seventy square feet of useable floor space per bed in a multi-patient room;

(c) A minimum ceiling height of seven feet six inches over the required floor area;

(d) A maximum capacity of four patients;

(e) A floor elevation no lower than three feet six inches below grade, with grade extending horizontally ten or more feet from the building;

(f) Direct access to and from a corridor, common-use activity room, or other common-use area;

(g) A clear window area on an outside wall equal to or greater than one-tenth the floor area with a minimum of ten square feet;

(h) Sufficient room furnishings maintained in safe and clean condition including:

(i) A bed for each patient at least thirty-six inches wide or appropriate to the special needs and size of the patient;

(ii) A cleanable, firm mattress; and

(iii) A cleanable or disposable pillow;

(i) At least three feet between beds, and adequate space between furnishings to allow easy entrance, exit, and traffic flow within the room;

(j) A means to assure patient privacy when appropriate;

(2) Provide, in addition to the requirements in subsection (1) of this section, when security rooms are used:

(a) Security windows appropriate to the area and program;

(b) Furnishings, equipment and design for maximum safety and security;

(c) Shielded and tamper-resistant lighting fixtures and electrical outlets;

(d) A door lockable from the outside;

(e) Provisions for authorized staff to observe occupants;

(3) Provide an enclosed space within the patient sleeping room, or nearby, suitable for each patient to hang garments, and store clothing and personal belongings;

(4) Provide secure storage for each patient's valuables in the patient sleeping room or conveniently available elsewhere in the hospital;

(5) Provide a dining area for patients in a community setting with furnishings appropriate for dining;

(6) Provide and maintain a safe area or areas for patient recreation and physical activity equal to or greater than twenty square feet for each licensed bed space;

(7) Provide a visiting area allowing privacy for patients and visitors;

(8) Provide a readily available telephone for patients to make and receive confidential calls; and

(9) Provide a "nonpay" telephone or equivalent communication device readily accessible on each patient occupied floor for emergency use.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-140, filed 10/20/95, effective 11/20/95.]

WAC 246-324-150 Clinical facilities. The licensee shall provide:

(1) An adequate number of counseling or treatment rooms for group or individual therapy programs with reasonable sound-proofing to maintain confidentiality;

(2) One or more physical examination rooms, with or without an exterior window, equipped with:

(a) An examination table;

(b) Examination light;

(c) Storage for medical supplies and equipment; and

(d) A readily accessible handwashing sink, soap dispenser, and acceptable single-use hand-drying device; and

(3) Secure areas to properly store and handle medical supplies and medications.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-150, filed 10/20/95, effective 11/20/95.]

WAC 246-324-160 Bathrooms, toilet rooms and handwashing sinks. The licensee shall provide:

(1) One toilet, handwashing sink and bathing fixture for each six patients, or fraction thereof, on each patient-occupied floor of the hospital, with:

(a) Provisions for privacy during toileting, bathing, showering, and dressing;

(b) Separate toilet rooms for each sex if the toilet room contains more than one toilet;

(c) Separate bathrooms for each sex if the bathroom contains more than one bathing fixture; and

(d) One or more grab bars at each toilet and bathing fixture appropriate to the needs of patients;

(2) Toilet rooms and bathrooms directly accessible from patient rooms or corridors, without passing through any kitchen, pantry, food preparation, food storage, or dishwashing area or from one bedroom through another bedroom.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-160, filed 10/20/95, effective 11/20/95.]

WAC 246-324-170 Patient care services. (1) The licensee shall:

(a) Provide an initial physical and dependency assessment by a physician, advanced registered nurse practitioner, or physician assistant;

(b) Admit only those patients for whom the hospital is qualified by staff, services and equipment to give adequate care; and

(c) Provide appropriate transfer and acceptance of a patient needing medical care services not provided by the hospital, by:

(i) Transferring relevant data with the patient;

(ii) Obtaining written or verbal approval by the receiving facility prior to transfer; and

(iii) Immediately notifying the patient's family.

(2) The licensee shall provide medical supervision and treatment, transfer, and discharge planning for each patient admitted or retained, including but not limited to:

(a) Admittance by a member of the medical staff as defined by the staff bylaws;

(b) An initial treatment plan upon admission incorporating any advanced directives of the patient;

(c) A physical examination and medical history completed and recorded by a physician, advanced registered nurse practitioner, or physician assistant within twenty-four hours following admission, unless the patient had a physical examination and medical history completed within fourteen days prior to admission, and the information is recorded in the clinical record;

(d) A comprehensive treatment plan developed within seventy-two hours following admission:

(i) Developed by a multi-disciplinary treatment team with input, when appropriate, by the patient, family, and other agencies;

(ii) Reviewed and modified by a chemical dependency counselor as indicated by the patient's clinical condition;

(iii) Interpreted to personnel, staff, patient, and, when possible and appropriate, to family; and

(iv) Implemented by persons designated in the plan;

(e) Physician orders for drug prescriptions, medical treatments and discharge;

(f) Current written policies and orders signed by a physician to guide the action of personnel when medical emergencies or threat to life arise and a physician is not present;

(g) A discharge plan including a review of the patient's hospitalization, condition upon discharge, and recommendations for follow-up and continuing care;

(h) Patient education pertaining to the patient's dependency, prescribed medications, and health maintenance; and

(i) Referrals to appropriate resources and community services during and after hospitalization.

(3) The licensee shall provide, or arrange for, diagnostic and therapeutic services prescribed by the attending professional staff, including:

(a) Medical services, including:

(i) A physician on call at all times;

(ii) Provisions for emergency medical services when needed; and

(iii) Participation of a multi-disciplinary treatment team;

(b) Nursing services, including:

(i) A registered nurse, employed full time, responsible for nursing services twenty-four hours per day;

(ii) One or more registered nurses on duty at all times to supervise nursing care;

(c) Chemical dependency counseling services, directed and supervised by a chemical dependency counselor, responsible for:

(i) A twenty-four-hour per day chemical dependency program; and

(ii) Patient education on chemical dependency; and

(d) Special services, within the hospital or contracted outside the hospital, as specified in the comprehensive treatment plan.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-170, filed 10/20/95, effective 11/20/95.]

WAC 246-324-180 Patient safety. (1) The licensee shall provide adequate emergency supplies and equipment, including airways, bag resuscitators, intravenous fluids, oxygen, sterile supplies, and other equipment identified in the policies and procedures, easily accessible to patient-care staff;

(2) When research is proposed or conducted involving patients, the licensee shall:

(a) Document an initial and continuing review process by a multi-disciplinary treatment team;

(b) Require approval by the patient prior to participation;

(c) Allow the patient to discontinue participation at any time; and

(d) Ensure policies and procedures are in accordance with Title 42 Code of Federal Regulations, chapter 1, Part 2, 10/1/89 edition.

(3) The licensee shall prohibit the use of any patient for basic maintenance of the hospital or equipment, housekeeping, or food service in compliance with the Federal Fair Labor Standards Act, 29 USC, paragraph 203 et al., and 29 CFR, section 525 et al., except:

(a) Cleaning or maintaining the patient's private living area, or performing personal housekeeping chores; or

(b) Performing therapeutic activities:

(i) Included in and appropriate to the comprehensive treatment plan;

(ii) As agreed to with the patient;

(iii) Documented as part of the treatment program; and

(iv) Appropriate to the age, physical, and mental condition of the patient.

(4) The licensee shall assure the safety and comfort of patients when construction work occurs in or near occupied areas.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-180, filed 10/20/95, effective 11/20/95.]

WAC 246-324-190 Provisions for patients with tuberculosis. A licensee providing inpatient services for patients with suspected or known infectious tuberculosis shall:

(1) Design patient rooms with:

(a) Ventilation to maintain a negative pressure condition in each patient room relative to adjacent spaces, except bath and toilet areas, with:

(i) Air movement or exhaust from the patient room to the out-of-doors with the exhaust grille located over the head of the bed;

(ii) Exhaust at the rate of six air changes per hour; and

(iii) Make-up or supply air from adjacent ventilated spaces for four or less air changes per hour, and tempered outside air for two or more air changes per hour;

(iv) Ultraviolet generator irradiation as follows:

(A) Use of ultraviolet fluorescent fixtures with lamps emitting wave length of 253.7 nanometers;

(B) The average reflected irradiance less than 0.2 microwatts per square centimeter in the room at the five foot level;

(C) Wall-mount type of fixture installed over the head of the bed, as close to the ceiling as possible to irradiate the area of the exhaust grille and the ceiling; and

(D) Lamps changed as recommended by the manufacturer; and

(b) An adjoining bathroom and toilet room with bedpan washer; and

(2) Provide discharge information to the health department of the patient's county of residence.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-190, filed 10/20/95, effective 11/20/95.]

WAC 246-324-200 Clinical records. (1) The licensee shall establish and maintain an organized clinical record service, consistent with recognized principles of record management, directed, staffed, and equipped to:

(a) Ensure timely, complete and accurate identification, checking, processing, indexing, filing, and retrieval of records;

(b) Facilitate compilation, maintenance, analyses, and distribution of patient care statistics; and

(c) Protect records from undue deterioration and destruction.

(2) The licensee shall develop and maintain an individual clinical record for each person receiving care, treatment, or diagnostic service at the hospital.

(3) The licensee shall ensure prompt entry and filing of the following data into the clinical record for each period a patient receives inpatient or outpatient services:

(a) Identifying information;

(b) Assessment and diagnostic data including history of findings and treatment provided for the dependency for which the patient is treated in the hospital;

(c) Comprehensive treatment plan;

(d) Authenticated orders for:

(i) Drugs or other therapies;

(ii) Therapeutic diets; and

(iii) Care and treatment, including standing medical orders used in the care and treatment of the patient, except standing medical emergency orders;

(e) Significant observations and events in the patient's clinical treatment;

(f) Any restraint of the patient;

(g) Data bases containing patient information;

(h) Original reports or durable, legible, direct copies of original reports, of all patient tests, diagnostic procedures and examinations performed on or for the patient;

(i) Description of therapies administered, including drug therapies;

(j) Nursing services;

(k) Progress notes recorded by the professional staff responsible for the care of the patient or others significantly involved in active treatment modalities; and

(l) A discharge plan and discharge summary.

(4) The licensee shall ensure each entry includes:

(a) Date;

(b) Time of day;

(c) Authentication by the individual making the entry; and

(d) Diagnosis, abbreviations and terminology consistent with:

(i) Fourth edition revised 1994 *The American Psychiatry Association Diagnostic and Statistical Manual of Mental Disorders*; and

(ii) *International Classification of Diseases, 9th edition, 1988.*

(5) The licensee shall provide designated areas, designed to assure confidentiality, for reading, recording, and maintaining patient clinical records and for patients to review their own records.

(6) The licensee shall prevent access to clinical records by unauthorized persons.

(7) The licensee shall retain and preserve:

(a) Each patient's clinical records, excluding reports on referred outpatient diagnostic services, for:

(i) Adult patients, a minimum of ten years following the most recent discharge; or

(ii) Patients who are minors at the time of care, treatment, or diagnosis, a minimum of three years following the patient's eighteenth birth date, or ten years following the most recent discharge, whichever is longer;

(b) Reports on referred outpatient diagnostic services for at least two years;

(c) A master patient index card or equivalent for at least the same period of time as the corresponding clinical records; and

(d) Patients' clinical records, registers, indexes, and analyses of hospital service in original form or in photographic form in accordance with the provisions of chapter 5.46 RCW.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-200, filed 10/20/95, effective 11/20/95.]

WAC 246-324-210 Pharmacy and medication services. The licensee shall:

(1) Maintain the pharmacy in the hospital in a safe, clean, and sanitary condition;

(2) Provide evidence of current approval of pharmacy services by the Washington state board of pharmacy under chapter 18.64 RCW;

(3) Develop and implement procedures for prescribing, storing, and administering medications according to state and federal laws and rules, including:

(a) Assuring professional staff who prescribe are authorized to prescribe under chapter 69.41 RCW;

(b) Assuring orders and prescriptions for medications administered and self-administered include:

(i) Date and time;

- (ii) Type and amount of drug;
- (iii) Route of administration;
- (iv) Frequency of administration;
- (v) Authentication by professional staff;
- (c) Administering drugs;
- (d) Self-administering drugs;
- (e) Receiving and recording or transcribing verbal or telephone drug orders by authorized staff;
- (f) Authenticating verbal and telephone orders by prescriber in a timely manner, not to exceed forty-eight hours for inpatients;
- (g) Use of medications and drugs owned by the patient but not dispensed by the hospital pharmacy, including:
 - (i) Specific written orders;
 - (ii) Identification and administration of drug;
 - (iii) Handling, storage and control;
 - (iv) Disposition; and
 - (v) Pharmacist and physician inspection and approval prior to patient use to ensure proper identification, lack of deterioration, and consistency with current medication profile;
- (h) Maintaining drugs in patient care areas of the hospital including:
 - (i) Hospital pharmacist or consulting pharmacist responsibility;
 - (ii) Legible labeling with generic and/or trade name and strength as required by federal and state laws;
 - (iii) Access only by staff authorized access under hospital policy;
 - (iv) Storage under appropriate conditions specified by the hospital pharmacist or consulting pharmacist, including provisions for:
 - (A) Storing medicines, poisons, and other drugs in a specifically designated, well-illuminated, secure space;
 - (B) Separating internal and external stock drugs; and
 - (C) Storing Schedule II drugs in a separate locked drawer, compartment, cabinet, or safe; and
 - (i) Preparing drugs in designated rooms with ample light, ventilation, sink or lavatory, and sufficient work area;
 - (j) Prohibiting the administration of outdated or deteriorated drugs, as indicated by label;
 - (k) Restricting access to pharmacy stock of drugs to:
 - (i) Legally authorized pharmacy staff; and
 - (ii) Except for Schedule II drugs, to a registered nurse designated by the hospital when all of the following conditions are met:
 - (A) The pharmacist is absent from the hospital;
 - (B) Drugs are needed in an emergency, and are not available in floor supplies; and
 - (C) The registered nurse, not the pharmacist, is accountable for the registered nurse's actions;
 - (4) The appropriate professional staff committee shall approve all policies and procedures on drugs, after documented consultation with:
 - (a) The pharmacist or pharmacist consultant directing hospital pharmacy services; and
 - (b) An advisory group comprised of representatives from the professional staff, hospital administration, and nursing services;
 - (5) When planning new construction of a pharmacy:
 - (a) 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;

(b) Provide housekeeping facilities within or easily accessible to the pharmacy;

(c) Locate pharmacy in a clean, separate, secure room with:

(i) Storage, including locked storage for Schedule II controlled substances;

(ii) All entrances equipped with closers;

(iii) Automatic locking mechanisms on all entrance doors to preclude entrance without a key or combination;

(iv) Perimeter walls of the pharmacy and vault, if used, constructed full height from floor to ceiling;

(v) Security devices or alarm systems for perimeter windows and relites;

(vi) An emergency signal device to signal at a location where twenty-four-hour assistance is available;

(vii) Space for files and clerical functions;

(viii) Break-out area separate from clean areas; and

(ix) Electrical service including emergency power to critical pharmacy areas and equipment;

(d) Provide a general compounding and dispensing unit, room, or area with:

(i) A work counter with impermeable surface;

(ii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iii) Storage space;

(iv) A refrigeration and freezing unit; and

(v) Space for mobile equipment;

(e) If planning a manufacturing and unit dose packaging area or room, provide with:

(i) Work counter with impermeable surface;

(ii) Corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter; and

(iii) Storage space;

(f) Locate admixture, radiopharmaceuticals, and other sterile compounding room, if planned, in a low traffic, clean area with:

(i) A preparation area;

(ii) A work counter with impermeable surface;

(iii) A corrosion-resistant sink, suitable for handwashing, mounted in counter or integral with counter;

(iv) Space for mobile equipment;

(v) Storage space;

(vi) A laminar flow hood in admixture area; and

(vii) Shielding and appropriate ventilation according to WAC 246-318-540 (3)(m) for storage and preparation of radiopharmaceuticals;

(g) If a satellite pharmacy is planned, comply with the provisions of:

(i) Subsection (5)(a), (5)(c)(i), (ii), (iii), (iv), (v), and (vi) of this section when drugs will be stored;

(ii) Subsection (5)(c)(vii), (viii), and (ix) of this section, if appropriate; and

(iii) Subsections (5)(d) and (g) of this section if planned;

(h) If a separate outpatient pharmacy is planned, comply with the requirements for a satellite pharmacy including:

(i) Easy access;

(ii) A conveniently located toilet meeting accessibility requirements in WAC 51-20-3100; and

(iii) A private counseling area.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-210, filed 10/20/95, effective 11/20/95.]

WAC 246-324-220 Laboratory services. The licensee shall:

- (1) Provide access to laboratory services to meet emergency and routine needs of patients;
- (2) Ensure laboratory services are provided by licensed or waived medical test sites in accordance with chapter 70.42 RCW and chapter 246-338 WAC; and
- (3) Maintain each medical test site in the hospital in a safe, clean, and sanitary condition.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-220, filed 10/20/95, effective 11/20/95.]

WAC 246-324-230 Food and dietary services. The licensee shall:

- (1) Comply with chapters 246-215 and 246-217 WAC, food service;
- (2) Designate an individual responsible for managing and supervising dietary/food services twenty-four hours per day, including:
 - (a) Incorporating ongoing recommendations of a dietitian;
 - (b) Serving at least three meals a day at regular intervals with fifteen or less hours between the evening meal and breakfast, unless the licensee provides a nutritious snack between the evening meal and breakfast;
 - (c) Providing well-balanced meals and nourishments that meet the current recommended dietary allowances of the *National Research Council*, 10th edition, 1989, adjusted for patient age, sex and activities unless contraindicated;
 - (d) Making nourishing snacks available as needed for patients, and posted as part of the menu;
 - (e) Preparing and serving therapeutic diets according to written medical orders;
 - (f) Preparing and serving meals under the supervision of food service staff;
 - (g) Maintaining a current diet manual, approved in writing by the dietitian and medical staff, for use in planning and preparing therapeutic diets;
 - (h) Ensuring all menus:
 - (i) Are written at least one week in advance;
 - (ii) Indicate the date, day of week, month and year;
 - (iii) Include all foods and snacks served that contribute to nutritional requirements;
 - (iv) Provide a variety of foods;
 - (v) Are approved in writing by the dietitian;
 - (vi) Are posted in a location easily accessible to all patients; and
 - (vii) Are retained for one year;
- (3) Substitute foods, when necessary, of comparable nutrient value and record changes on the menu;
- (4) Allow sufficient time for patients to consume meals;
- (5) Ensure staff from dietary/food services are present in the hospital during all meal times;
- (6) Keep policies and procedures pertaining to food storage, preparation, and storage, and cleaning food service equipment and work areas in the food service area for easy reference by dietary staff at all times.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-230, filed 10/20/95, effective 11/20/95.]

WAC 246-324-240 Laundry. The licensee shall provide:

- (1) Laundry and linen services, on the premises or by commercial laundry;
- (2) Storage and sorting areas for soiled laundry in well-ventilated areas, separate from clean linen handling areas;
- (3) A clean area with an adequate supply of clean linen;
- (4) When laundry is washed on the premises:
 - (a) An adequate water supply and a minimum water temperature of 140°F in washing machines; and
 - (b) Laundry facilities in areas separate from food preparation and dining; and
- (5) Facilities for patients who wear their own clothing during hospitalization to do personal laundry.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-240, filed 10/20/95, effective 11/20/95.]

WAC 246-324-250 Construction. (1) The applicant or licensee shall comply with chapter 31 of the *Washington State Building Code* for all construction.

(2) Prior to starting construction, the applicant or licensee shall submit the following documentation to the department:

- (a) A completed application form, a copy of which is provided in the *Submissions Guide for Health and Residential Facility Construction Projects*, which may be obtained from the department;
- (b) The fee specified in chapter 246-314 WAC;
- (c) A functional program which describes the services and operational methods affecting the hospital building, premises, and patients;
- (d) One set of preliminary documents including, when applicable:
 - (i) Plot plans drawn to scale showing:
 - (A) Streets, driveways, parking, vehicle and pedestrian circulation;
 - (B) Site utilities, water service system, sewage disposal system, electrical service system, elevations; and
 - (C) Location of existing and new buildings and other fixed equipment;
 - (ii) Building plans drawn to scale showing:
 - (A) Floor plans designating function of each room and fixed equipment;
 - (B) Typical building sections and exterior elevations;
 - (iii) Outline specifications generally describing the construction and materials including mechanical and electrical systems; and
- (e) Three sets of final construction drawings, stamped by a Washington state licensed architect or engineer, complying with the requirements of this chapter including, when applicable:
 - (i) Plot plans drawn to scale showing all items required in the preliminary plan in final form;
 - (ii) Building plans drawn to scale showing:
 - (A) Floor plans designating function of each room and fixed equipment;
 - (B) Interior and exterior elevations;
 - (C) Building sections and construction details;

(D) Schedules of room finishes, doors, finish hardware and windows;

(E) Mechanical, including plumbing, heating, venting and air conditioning; and

(F) Electrical, including lighting, power and communication systems; and

(iii) Specifications fully describing the workmanship and finishes;

(f) One copy of specifications and the radiant panel test report for each carpet type used in corridors and exitways;

(g) Three copies of fire sprinkler system shop drawings, hydraulic calculations and equipment specifications, stamped by the fire sprinkler contractor; and

(h) Three copies of fire alarm system shop drawings and equipment specifications.

(3) The licensee shall:

(a) Obtain department approval of final construction documents prior to starting construction;

(b) Conform with the approved plans during construction;

(c) Consult with the department prior to deviating from approved documents;

(d) Provide a written construction project completion notice to the department indicating:

(i) The expected completion date; and

(ii) Compliance with the approved construction documents, requirements of chapter 18.20 RCW and this chapter;

(e) Make adequate provisions for the health, safety, and comfort of patients during construction projects;

(f) Obtain authorization from the department prior to occupying or using new construction; and

(g) Obtain approval of the Washington state fire protection services division prior to construction, modification, and alteration consistent with RCW 18.20.130.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-250, filed 10/20/95, effective 11/20/95.]

WAC 246-324-500 Exemptions. (1) A licensee wishing to request an exemption from a requirement in this chapter shall submit a written request to the department, including:

(a) A description of the requested exemption;

(b) Reason for the exemption; and

(c) Impact of the exemption on patient or public health and safety.

(2) If the department determines the exemption will not jeopardize patient or public health or safety, and is not contrary to the intent of chapter 71.12 RCW and this chapter, the department may:

(a) Exempt the licensee from meeting a specific requirement in this chapter; or

(b) Allow the licensee to use another method of meeting the requirement.

(3) The licensee shall retain a copy of each approved exemption in the hospital.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-500, filed 10/20/95, effective 11/20/95.]

WAC 246-324-990 Fees. The licensee shall submit:

(1) An initial fee of forty-seven dollars and thirty cents for each bed space within the proposed licensed bed capacity; and

(2) An annual renewal fee of forty-seven dollars and thirty cents for each licensed bed space.

[Statutory Authority: Chapter 71.12 RCW and RCW 43.60.040. 95-22-013, § 246-324-990, filed 10/20/95, effective 11/20/95.]

Chapter 246-325 WAC

ADULT RESIDENTIAL REHABILITATION CENTERS AND PRIVATE ADULT TREATMENT HOMES

WAC

246-325-990 Fees.

WAC 246-325-990 Fees. Adult residential rehabilitation centers (ARRC) licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-seven dollars and thirty-five cents for each bed space within the licensed bed capacity of the ARRC;

(2) Include all bed spaces in rooms complying with physical plant and movable equipment requirements in this chapter for client sleeping rooms; and

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

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-325-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-15-048 (Order 287), § 246-325-990, filed 7/10/92, effective 8/10/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-325-990, filed 12/27/90, effective 1/31/91.]

Chapter 246-326 WAC

ALCOHOLISM TREATMENT FACILITIES

WAC

246-326-990 Fees.

WAC 246-326-990 Fees. Alcoholism treatment facilities licensed under chapter 71.12 RCW shall:

(1) Submit an annual fee of thirty-seven dollars and thirty-five cents for each bed space within the licensed bed capacity of the alcoholism treatment facility to the department;

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

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

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-326-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 43.70.250. 92-12-028 (Order 273), § 246-326-990, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 43.70.040. 91-02-050 (Order 122), § 246-326-990, filed 12/27/90, effective 1/31/91.]

**Chapter 246-327 WAC
HOME HEALTH AGENCIES**

WAC

246-327-990 Fees.

WAC 246-327-990 Fees. (1) A licensee or applicant 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 personnel or contractors, as follows:

(i) A base fee of three hundred seventy-eight dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, seven hundred eighty-seven dollars;

(B) Sixteen through fifty FTEs, nine hundred forty-seven dollars; or

(C) Fifty-one or more FTEs, one thousand two hundred ninety-two dollars;

(b) A fee of one-half the fees 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; and

(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 hundred eighty-nine dollars for:

(a) A second on-site visit resulting from failure of the licensee or applicant to adequately respond to a statement of deficiencies;

(b) A complete on-site survey resulting from a substantiated complaint; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status shall pay fees according to this section.

(5) A licensee shall submit an additional late fee in the amount of ten dollars per day, not to exceed cost of the base fee, from the renewal date until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-327-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 70.127.120. 94-17-136, § 246-327-990, filed 8/22/94, effective 9/22/94. 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 246-331 WAC
HOSPICE AGENCIES**

WAC

246-331-990 Fees.

WAC 246-331-990 Fees. (1) A licensee or applicant 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 personnel or contractors, as follows:

(i) A base fee of three hundred seventy-eight dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, two hundred dollars;

(B) Sixteen through fifty FTEs, four hundred eighty-two dollars; or

(C) Fifty-one or more FTEs, nine hundred ninety-seven dollars;

(b) A fee of one-half the fees specified in (a) of this subsection for an initial twelve-month license:

(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; and

(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 hundred eighty-nine dollars for:

(a) A second on-site visit resulting from failure of the licensee or applicant to adequately respond to a statement of deficiencies;

(b) A complete on-site inspection resulting from a substantiated complaint; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status shall pay fees according to this section.

(5) A licensee shall submit an additional late fee in the amount of ten dollars per day from the renewal date until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-331-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 70.127.120. 94-17-138, § 246-331-990, filed 8/22/94, effective 9/22/94. 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

246-336-990 Fees.

WAC 246-336-990 Fees. (1) A licensee or applicant 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 two hundred fifty-two dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred thirty-three dollars;

(B) Sixteen through fifty FTEs, one hundred sixty-one dollars; or

(C) Fifty-one or more FTEs, two hundred thirty-one dollars;

(b) An initial twelve-month license fee for new firms, businesses not currently licensed to provide home care in Washington state, or currently licensed businesses which have had statement of charges filed against them as follows:

(i) A base fee of one hundred eighty-nine dollars; and

(ii) For agencies with:

(A) Fifteen or less FTEs, one hundred dollars;

(B) Sixteen through fifty FTEs, one hundred twenty-one dollars;

(C) Fifty-one or more FTEs, one hundred seventy-six dollars; and

(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 hundred eighty-nine dollars for:

(a) A second on-site visit resulting from failure of the licensee or applicant to adequately respond to a statement of deficiencies; and

(b) A complete on-site survey resulting from a substantiated complaint; or

(c) A follow-up compliance survey.

(4) A licensee with deemed status shall pay fees according to this section.

(5) A licensee shall submit an additional late fee in the amount of ten dollars per day, not to exceed the cost of the base fee, from the renewal date until the date of mailing the fee, as evidenced by the postmark.

[Statutory Authority: RCW 43.70.250, 43.70.110 and 43.20B.020. 95-12-097, § 246-336-990, filed 6/7/95, effective 7/8/95. Statutory Authority: RCW 70.127.120. 94-17-137, § 246-336-990, filed 8/22/94, effective 9/22/94. 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 246-358 WAC

TEMPORARY WORKER HOUSING

(Formerly Labor Camps)

WAC

246-358-001	Purpose and scope.
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246-358-125	Cooking and foodhandling facilities.
246-358-135	Beds and bedding and personal storage.
246-358-140	Use of tents.
246-358-145	Health and safety.
246-358-155	Refuse disposal.
246-358-175	Disease prevention and control.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-358-085	Worker-supplied housing. [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.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. Statutory Authority: RCW 70.54.110.
246-358-105	Heating. [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.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. Statutory Authority: RCW 70.54.110.
246-358-115	Lighting. [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.] Repealed by 96-02-014, filed 12/21/95, effective 1/1/96. 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:

(a) Temporary-worker housing that consists of:

(i) Five or more dwelling units; or

(ii) Any combination of dwelling units, dormitories, or spaces that house ten or more occupants; and

(b) Operators who must comply with substantive state health and safety standards to qualify for MSPA.

(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, 96-02-014, § 246-358-001, filed 12/21/95, effective 1/1/96; 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) "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.

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

(4) "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 either a sleeping area, living area, or both, for occupants; and

(b) Physically separated from other sleeping and common-use areas.

(5) "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.

(6) "Exemption" means a written authorization which excludes an operator from meeting a specific requirement or requirements in this chapter.

(7) "Foodhandling facility" means a designated, enclosed area for preparation of food.

(a) "Dining hall" 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.

(8) "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.

(9) "Interagency agreement committee" means a representative from the state board of health, department of health, department of labor and industries, employment security department, and department of community, trade, and economic development, pursuant to RCW 43.70.340.

(10) "MSPA" means the Migrant and Seasonal Agricultural Worker Protection Act (96 Stat. 2583; 29 U.S.C. Sec. 1801 et seq.).

(11) "Occupant" means a temporary worker or a person who resides with a temporary worker at the housing site.

(12) "Operator" means a person holding legal title to the land on which temporary worker housing is located. However, if the legal title and the right to possession are in different persons, "operator" means a person having the

lawful control or supervision over the temporary-worker housing.

(13) "Operating license" means a document issued annually by the department or contracted health officer authorizing the use of temporary-worker housing.

(14) "Refuse" means solid wastes, rubbish, or garbage.

(15) "Temporary worker" means a person employed intermittently and not residing year-round at the same site.

(16) "Temporary-worker housing" or "housing" means a place, area, or piece of land where sleeping places or housing sites are provided by an employer for his or her employees or by another person, including a temporary-worker housing operator, who is providing such accommodations for employees for temporary, seasonal occupancy, and includes "labor camps" under RCW 70.54.110.

(17) "WISHA" means the Washington Industrial Safety and Health Act, chapter 49.17 RCW, administered by the Washington state department of labor and industries.

[Statutory Authority: RCW 70.54.110, 96-02-014, § 246-358-010, filed 12/21/95, effective 1/1/96; 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.

An operator wishing to request an exemption shall:

(1) Submit a written request to the board which includes:

(a) The specific WAC section or subsection for which the exemption is being requested;

(b) Justification for the exemption; and

(c) A description of how the intent of the regulation will be met.

(2) Appear before the board at a public hearing to justify the exemption upon a finding by the interagency agreement committee that the exemption is significant.

[Statutory Authority: RCW 70.54.110, 96-02-014, § 246-358-020, filed 12/21/95, effective 1/1/96; 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 notify the department or contracted health officer to request licensure when:

(a) Housing consists of:

(i) Five or more dwelling units;

(ii) Any combination of dwelling units, or spaces that house ten or more occupants; or

(b) Compliance with MSPA requires licensure.

(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 or contracted health officer;

(b) Proof of satisfactory results of a bacteriological water quality test as required by WAC 246-358-055(2), or

proof housing is connected to a community water system; and

(c) A fee as specified in WAC 246-358-990.

(3) An operator may allow the use of housing without a license 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 or contracted health officer 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. 96-01-084, § 246-358-025, filed 12/18/95, effective 1/1/96. 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 occupancy; and

(d) Expiration date.

(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) Worker-supplied housing based on:

(i) The number of spaces designated by the operator; and

(ii) The number of bathing, foodhandling, handwashing, laundry, and toilet facilities, in excess of those facilities required for operator-supplied housing.

(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. 96-01-084, § 246-358-030, filed 12/18/95, effective 1/1/96. 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 246-358-045 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) Five hundred feet or more 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. 96-02-014, § 246-358-045, filed 12/21/95, effective 1/1/96; 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) Provide a water system:

(a) Capable of delivering thirty-five gallons per person per day to the housing site at a peak rate of two and one-half times the average hourly demand; and

(b) With distribution lines capable of supplying water at normal operating pressures to all fixtures for simultaneous operation;

(3) If water is not supplied solely by a community water system, 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;

(4) Delay the use of housing until bacteriological quality meets the requirements in WAC 246-290-310;

(5) Provide cold, potable, running water under pressure in, or within one hundred feet of, each dwelling unit;

(6) Provide one or more drinking fountains for each one hundred occupants or fraction thereof if water under pressure is available;

(7) Prohibit the use of containers from which water is dipped or poured, and common drinking cups; and

(8) When water is unsafe for drinking purposes and accessible to occupants, post a sign by 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. 96-02-014, § 246-358-055, filed 12/21/95, effective 1/1/96; 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) Connect sewer lines and floor drains from buildings to public sewers if public sewers are available;

(2) If public sewers are not available 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

(3) 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. 96-02-014, § 246-358-065, filed 12/21/95, effective 1/1/96; 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 construction provides protection against the elements and complies with applicable state and local ordinances, codes, regulations, and this chapter;

(2) Identify each dwelling unit and space for worker-supplied housing by posting a number at each site;

(3) Maintain buildings and shelters in good repair and sanitary condition;

(4) Comply with chapter 51-20 WAC by providing two means of escape from sleeping rooms, foodhandling facilities, and rooms where fifty or more people congregate;

(5) Provide at least seventy square feet of floor space for one occupant and fifty square feet for each additional occupant in each dwelling unit;

(6) Provide at least seven foot ceilings and fifty square feet of floor space for each occupant in rooms used for sleeping purposes;

(7) Provide smooth and tightly constructed wood, asphalt, or concrete floors in good repair;

(8) When wood floors are used, ensure floors are at least twelve inches above the ground at all points;

(9) Provide a window area equal to one-tenth of the total floor area in each habitable room which opens one-half or more directly to the outside for ventilation;

(10) Provide effective sixteen-mesh screens on all exterior openings, and screen doors equipped with self-closing devices;

(11) Provide electrical service to include at least one electrical ceiling-type light fixture and at least one separate floor-type or wall-type convenience outlet in each habitable room.

(12) Provide a minimum of thirty footcandles of light measured thirty inches from the floor in dwelling units;

(13) 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;

(14) Ensure heating, cooking, water heating, and other electrical equipment is installed in accordance with state and local ordinances, codes, and regulations governing such installation;

(15) Provide adequate heating equipment if camp is used during cold weather;

(16) 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

(17) 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. 96-02-014, § 246-358-075, filed 12/21/95, effective 1/1/96; 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 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-358-090 Laundry facilities. An operator shall provide laundry facilities including:

(1) Hot and cold running water under pressure for laundry adequate to meet the needs of occupants as determined by the department or contracted health officer;

(2) One laundry tray or tub, or one mechanical washing machine, for each thirty occupants, or fraction thereof, specified on the operating license;

(3) At least one slop sink in each building used for laundry;

(4) Facilities for drying clothes;

(5) Sloped, coved floors of nonslip impervious materials with floor drains;

(6) At least one electrical ceiling or wall-type convenience fixture;

(7) Thirty footcandles of light measured thirty inches from the floor;

(8) Equipment capable of maintaining a temperature of 70°F during cold weather.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-090, filed 12/21/95, effective 1/1/96.]

WAC 246-358-095 Bathing and handwashing facilities. (1) An operator shall:

(a) Provide hot and cold running water under pressure for bathing and handwashing adequate to meet the needs of occupants as determined by the department or contracted health officer;

(b) Provide at least one electrical ceiling or wall-type convenience fixture; and

(c) Provide thirty footcandles of light measured thirty inches from the floor.

(2) An operator providing centralized bathing or handwashing facilities shall meet the requirements of subsection (1) of this section, and:

(a) Provide the number of handwashing sinks and shower heads specified in Table I;

(b) Provide a means to maintain a temperature of 70°F during cold weather;

(c) Ensure bathing and handwashing facilities are maintained in a clean and sanitary condition;

(d) Provide one slop sink per building used for handwashing and bathing; and

(e) Provide shower rooms with:

(i) Sloped, coved floors of nonslip impervious materials;

(ii) Floor drains; and

(iii) Smooth, water impervious walls and partitions to the height of splash.

(f) Provide cleanable, nonabsorbent waste containers.

TABLE I:

Required number of centralized handwashing sinks and shower heads.

HANDWASHING SINKS One per each 6 persons* or fraction thereof.

SHOWER HEADS One per each 10 persons* or fraction thereof.

*The number of persons shall be calculated by subtracting the number of occupants sheltered in dwelling units that contain individual facilities from the maximum occupancies approved for both operator-supplied and worker-supplied housing.

(3) An operator providing bathing or handwashing facilities in dwelling units shall meet the requirements in subsection (1) of this section, and request occupants to

maintain bathing, handwashing, and toilet facilities in a clean and sanitary condition.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-095, filed 12/21/95, effective 1/1/96; 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 246-358-100 Toilet facilities. (1) The operator shall:

(a) Locate each toilet in a toilet room which is accessible without passing through a sleeping room;

(b) Provide a window not less than six square feet in area opening directly to the outside, or other satisfactory ventilation;

(c) Provide water flush toilets unless privies or other methods are specifically approved by the department or contracted health officer according to requirements in chapter 246-272 WAC;

(d) Locate pit privies, when approved, at least one hundred feet from any dwelling unit, space, or foodhandling facility;

(e) When vault privies or chemical toilets are approved:

(i) Locate at least fifty feet from any dwelling unit, space, or foodhandling facility;

(ii) Maintain a service contract for sewage pumping with a licensed waste disposal company; and

(iii) Comply with local ordinances;

(f) 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;

(g) Provide an adequate water flush in urinals if water under pressure is available;

(h) Connect sinks and bathing facilities through properly trapped floor drains to an approved disposal system; and

(i) Provide an adequate supply of toilet paper in each toilet room, privy, and chemical toilet compartment.

(j) Provide at least one electrical ceiling or wall-type convenience fixture.

(2) An operator providing centralized toilet facilities shall meet the requirements of subsection (1) of this section, and:

(a) Provide one toilet per fifteen persons of each sex with a minimum of two toilets for any facility shared by men and women;

(b) Locate toilets within two hundred feet of the door or each sleeping unit;

(c) Separate toilet rooms for men and for women with solid walls or partitions extending from the floor to the roof or ceiling;

(d) Clearly mark each room for "men" and for "women" by signs printed in English and in the native language of the persons occupying the camp, or marked with easily-understood pictures or symbols;

(e) Provide natural or artificial light twenty-four hours per day equal to twenty footcandles of light, measured thirty inches from the floor;

(f) Provide a means to maintain a temperature of 70°F during cold weather; and

(g) Ensure that the toilet facilities are cleaned at least daily.

(3) An operator providing 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; and

(b) Request occupants to maintain toilet facilities in a clean and sanitary condition.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-100, filed 12/21/95, effective 1/1/96.]

WAC 246-358-105 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-358-115 Repealed. See Disposition Table at beginning of this chapter.

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) Mechanical refrigeration capable of maintaining temperature of forty-five degrees Fahrenheit or below, with space for storing perishable food items for all occupants;

(e) Fire resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas;

(f) Nonabsorbent and easily-cleanable floors;

(g) At least one electrical ceiling or wall-type convenience fixture; and

(h) Thirty footcandles of light measured thirty inches from the floor.

(2) An operator furnishing common foodhandling facilities shall provide:

(a) A room or building, adequate in size, separate from any sleeping quarters and without direct openings to living or sleeping quarters;

(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) Fire-resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas;

(g) Nonabsorbent, easily-cleanable floors;

(h) No direct openings to living or sleeping areas from the common foodhandling facility;

(i) At least one ceiling or wall light fixture where electric service is available; and

(j) Thirty footcandles of light measured thirty inches from the floor.

(3) An operator furnishing a dining hall shall:

(a) Comply with chapter 246-215 WAC, Food service;

(b) Provide a room or building, adequate in size, separate from any sleeping quarters and without direct openings to living or sleeping quarters;

(c) Provide fire-resistant, nonabsorbent, nonasbestos, and easily-cleanable wall coverings adjacent to cooking areas;

(d) Provide at least one ceiling or wall light fixture where electric service is available; and

(e) Provide thirty footcandles of light measured thirty inches from the floor.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-125, filed 12/21/95, effective 1/1/96; 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 or contracted health officer 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; and

(6) Provide storage facilities for clothing and personal articles in each room used for sleeping.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-135, filed 12/21/95, effective 1/1/96; 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 Use of tents. An operator may use tents that do not violate WISHA requirements.

[Statutory Authority: RCW 70.54.110. 96-02-014, § 246-358-140, filed 12/21/95, effective 1/1/96; 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) Comply with chapters 15.58 and 17.21 RCW, chapter 16-228 WAC, and pesticide label instructions when using pesticides in and around the housing;

(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 to administer first aid is readily accessible at all times;

(5) Comply with chapter 51-20 WAC by providing smoke detection devices;

(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. 96-02-014, § 246-358-145, filed 12/21/95, effective 1/1/96; 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 fly-tight, rodent-tight, impervious, and cleanable or single-use containers;

(4) Keep refuse containers clean;

(5) Provide a container on a wooden, metal, or concrete stand within one hundred feet of each dwelling unit and space;

(6) Empty refuse containers at least twice each week, and when full;

(7) Comply with local sanitation codes for removing refuse from housing areas and disposing of refuse; 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. 96-02-014, § 246-358-155, filed 12/21/95, effective 1/1/96; 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 246-358-175 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) Prohibit any individual with a communicable disease from preparing, cooking, serving, or handling food, food-stuffs, or materials in dining halls;

(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. 96-02-014, § 246-358-175, filed 12/21/95, effective 1/1/96; 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.]

Chapter 246-780 WAC

FARMERS' MARKET NUTRITION PROGRAM

WAC

246-780-001	Description of farmers' market nutrition program.
246-780-010	Definitions.
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246-780-040	Sanctions.
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WAC 246-780-001 Description of farmers' market nutrition program. (1) The purpose of the farmers' market nutrition program is to:

(a) Provide locally grown fresh fruits and vegetables to nutritionally at-risk low-income women, infants over six months of age, and children, who participate in the special supplemental nutrition program for women, infants, and children (WIC); and

(b) Expand the awareness and use of and sales at farmers' markets.

(2) Funding is provided by the Washington state department of health and the Washington state department of agriculture who contribute funds meeting the match required to receive federal funding.

(3) The farmers' market nutrition program is administered by the Washington state departments of health and agriculture.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-001, filed 12/18/95, effective 1/18/96.]

WAC 246-780-010 Definitions. (1) "Brokers" shall mean those individuals or businesses who exclusively sell produce grown by others.

(2) "Contractor" shall mean a farmers' market who has a signed contract with the department to participate in the farmers' market nutrition program.

(3) "Department" shall mean the Washington state departments of agriculture and health.

(4) "FMNP" shall mean the farmers' market nutrition program.

(5) "Disqualification" shall mean the act of ending the participation of an authorized food grower and/or market from the farmers' market nutrition program.

(6) "Locally grown" shall mean Washington grown or grown in an adjacent county in a border state.

(7) "Eligible foods" shall mean locally grown, unprocessed (except for washing), fresh fruits and vegetables.

(8) "Farmers' market" shall mean an association of five or more local growers who assemble for the purpose of selling their produce directly to consumers.

(9) "Grower" shall mean any individual or business who grows a portion of the produce that they sell and exchange for farmers' market nutrition program checks at Washington state authorized farmers' markets.

(10) "Trafficking" shall mean the prohibited buying or exchanging of farmers' market nutrition program checks for cash, drugs, and/or alcohol.

(11) "WIC" shall mean the supplemental nutrition program for women, infants, and children.

(12) "FMNP abuse" shall include but not be limited to:

(a) Providing cash, unauthorized food, nonfood items, drugs, alcohol or other items to WIC customers in lieu of or in addition to authorized FMNP foods;

(b) Charging the FMNP or WIC/FMNP customer for foods not received by the customer;

(c) Charging the FMNP more for authorized foods than other customers are charged for the same food item;

(d) Providing rain checks or credit to customers in a FMNP transaction;

(e) Charging WIC customers cash or giving change to customers in a FMNP transaction;

(f) Validating and/or redeeming FMNP checks without having authorization from the department;

(g) Collecting a sales tax on FMNP purchases;

(h) Seeking restitution from FMNP WIC program clients for checks not paid by the department;

(i) Accepting and/or validating checks outside of the program dates.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-010, filed 12/18/95, effective 1/18/96.]

WAC 246-780-020 Contractor responsibilities.

(1) The department shall authorize contractors who may validate and authorize growers to accept FMNP checks. Unauthorized contractors who validate FMNP checks are subject to the penalties specified in WAC 246-780-040, Sanctions.

(2) Contractors shall submit an application to the department.

(3) The contractor shall:

(a) Allow only growers selling locally grown produce to accept FMNP checks.

(b) Agree to designate a program coordinator to validate and/or mark checks with a market/grower identifier.

(c) Agree to provide the department any information it has available which the department deems necessary to track the impact of the FMNP on the farmers' market or on WIC/FMNP clients participating in the FMNP.

(d) Accept training on FMNP procedures, assist the department in training participating growers, and safeguard client information.

(e) Provide such information as the department may require for annual reports to the United States Department of Agriculture, Food and Consumer Services.

(f) Ensure that checks are redeemed only by eligible growers.

(g) Sell eligible foods to FMNP clients at the same price as charged to other customers.

(h) Agree to allow the department to monitor the farmers' market for compliance with FMNP procedures.

(i) Act as a liaison to obtain signed grower agreements from growers who have agreed to sell at the farmers' market before they accept FMNP checks.

(j) Ensure that FMNP clients receive the same courtesies as other customers.

(k) Notify the department immediately if and when market operations cease.

(l) Refuse to validate any FMNP checks from ineligible growers.

(4) The contractor shall not allow growers to:

(a) Collect sales tax on FMNP check purchases.

(b) Seek payment from FMNP clients for checks not paid by the department.

(c) Give cash back for purchases that are in an amount less than the value of the checks.

(5) Neither the department nor the contractor have an obligation to renew a contract.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-020, filed 12/18/95, effective 1/18/96.]

WAC 246-780-030 Authorized foods. (1) The contractor and growers shall ensure that only unprocessed, locally grown fresh fruits and vegetables are sold to WIC/FMNP clients participating in the FMNP.

(2) Ineligible items are those items as defined by the department. The ineligible items include but are not limited to honey, jam/jellies, cider, nuts, flowers and baked goods. The list of eligible items shall be provided to growers and contractors upon request.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-030, filed 12/18/95, effective 1/18/96.]

WAC 246-780-040 Sanctions. (1) The department may disqualify a grower and/or contractor for reasons of FMNP abuse for one year from the date of offense. At the end of the disqualification period, the grower and/or contractor shall be required to reapply to be considered for authorization.

(2) Growers and contractors may be subject to sanctions in addition to, or in lieu of, disqualification. Prior to disqualifying a grower or contractor, the department shall consider whether the disqualification would create undue hardships for WIC participants.

(3) The department may set the period of disqualification from program participation. In no instance shall this period of disqualification exceed one year.

(4) The department shall recover funds due the FMNP and may impose a fine on growers and/or contractors for the offenses in this subsection. The department shall deposit these funds into the FMNP account in accordance with federal regulations.

Money shall be paid to the department within the time period specified in the notice of adverse action, or the grower and/or contractor may be suspended from the FMNP for a period of at least one program year, or the remainder of the calendar year. Offenses include but are not limited to:

(a) Providing cash, unauthorized food, nonfood items, drugs, alcohol or other items to WIC customers in lieu of or in addition to authorized FMNP foods;

(b) Charging the FMNP or WIC/FMNP customer for foods not received by the customer;

(c) Charging the FMNP more for authorized foods than other customers are charged for the same food item;

(d) Providing rain checks or credit to customers in a FMNP transaction;

(e) Charging WIC customers cash or giving change to customers in a FMNP transaction;

(f) Validating and/or redeeming FMNP checks without having authorization from the department;

(g) Collecting a sales tax on FMNP purchases;

(h) Seeking restitution from FMNP WIC program clients for checks not paid by the department;

(i) Accepting and/or validating checks outside of the program dates; and

(j) Violation of the rules of this chapter or the provisions of the contract.

(5) Any instances of trafficking in FMNP checks (in any amount) shall result in disqualification as an authorized contractor or grower for the FMNP.

(6) A contractor who commits fraud or abuse of the FMNP is liable for prosecution under Part 7 CFR 246.12 (f)(2)(xiv).

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-040, filed 12/18/95, effective 1/18/96.]

WAC 246-780-050 Notice of adverse action to a FMNP contractor and/or grower. (1) When the department denies an application to participate in the FMNP or denies an application to renew the contract, the denial shall be in writing. The notice shall state the basis for the denial.

(2) When the department proposes to take an adverse action against a contractor or grower with whom the department has a contract, the department shall give the respective contractor or grower a written notice. The notice shall:

(a) State the cause for the action;

(b) State the effective date of the action;

(c) State the procedure for requesting an appeal; and

(d) Be provided to the contractor or grower not less than fifteen days in advance of the effective date of the action.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-050, filed 12/18/95, effective 1/18/96.]

WAC 246-780-060 Dispute appeals. Contractors and growers have a right to appeal an action by the department denying the application, imposing a sanction or disqualifying it from the FMNP. Expiration of a contract is not subject to appeal.

(1) A contractor or grower whose application is denied to participate or to continue to participate in the FMNP has the right to an appeal pursuant to the procedures set out in chapter 246-10 WAC. At the appeal, the contractor or grower may discuss the reasons for the denial.

(2) A request for an appeal shall be in writing and shall:

(a) State the issue raised;

(b) State the grounds for contesting the aggrieving department action;

(c) State the law, facts and conditions on which the appeal relies;

(d) Contain the appellant's current address and telephone number, if any; and the name and address of the appellant's attorney or other representative, if any;

(e) Have a copy of the adverse department notice attached.

(3) A request for an appeal shall be made by personal service or by regular mail to the Department of Health, Office of Professional Standards, 2413 Pacific Avenue, P.O. Box 47872, Olympia, WA 98504-7872. The request shall be made within twenty-eight days of the date the contractor/grower received the department notice of adverse action.

(4) The dispute appeals process is the sole administrative remedy the department offers a contractor or grower.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-060, filed 12/18/95, effective 1/18/96.]

WAC 246-780-070 Contractor/grower-continued participation pending dispute resolution. (1) If the action being appealed is a disqualification of an authorized FMNP contractor, that contractor shall cease validating FMNP checks for all grower(s) participating in the market effective the date specified in the sanction notice. If the action being appealed is a disqualification of an authorized grower, the contractor shall cease validating checks for the grower who has been notified of the adverse action effective on the date specified in the sanction notice. Payments shall not be made for any FMNP checks submitted by a grower for payment during a period of disqualification.

(2) The department may, at its discretion, permit the contractor or grower to continue participating in the FMNP pending the proceeding's outcome of the contract dispute resolution if implementing the disqualification action would, in the opinion of the department, unduly inconvenience WIC participants.

[Statutory Authority: RCW 43.70.120. 96-01-085, § 246-780-070, filed 12/18/95, effective 1/18/96.]

Chapter 246-812 WAC BOARD OF DENTURE TECHNOLOGY

WAC

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WAC 246-812-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.30 RCW, Denturists.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-001, filed 10/30/95, effective 11/30/95.]

WAC 246-812-010 Definitions. The following terms are so defined for the purposes of this chapter:

"Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Approval" and "accreditation" are used interchangeably with reference to sanctioning of courses.

"Board" means the state board of denture technology, whose address is:

Department of Health
Health Profession Quality Assurance Division
Board of Denture Technology
1112 SE Quince Street, PO Box 47867
Olympia, WA 98504-7867

"Denture technology" for the purposes of application under RCW 18.30.090(3) is defined, at a minimum, as the making, constructing, altering, reproducing or repairing of a denture.

"Five years employment in denture technology" is defined as working a minimum of twenty hours per week during five of the last ten years.

"Office on AIDS" means that section within the department of health with jurisdiction over public health matters as defined in chapter 70.24 RCW.

"4,000 Hours practical work experience in denture technology" is defined and taken as a whole, which must have occurred within the past five years of date of application.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-010, filed 10/30/95, effective 11/30/95.]

WAC 246-812-015 Adjudicative proceedings—Procedural rules. Adjudicative proceedings are conducted pursuant to the model procedural rules for adjudicative proceedings as adopted by the department of health and contained in chapter 246-10 WAC, including subsequent amendments.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-015, filed 10/30/95, effective 11/30/95.]

WAC 246-812-101 Purpose. The purpose of WAC 246-812-101 through 246-812-170 is to establish guidelines on eligibility, and set forth the procedures for application to receive a license for the practice of denturism. By statute, the eligibility and application criterion are established in RCW 18.30.090.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-101, filed 10/30/95, effective 11/30/95.]

WAC 246-812-120 Denturist licensure—Initial eligibility and application requirements. To be eligible for Washington state denturist licensure, the applicant shall complete an application and shall include written documentation to meet eligibility criteria. Each applicant shall provide:

(1) A signed, notarized application and required fee. Fees are set by the secretary and are nonrefundable. Fees must be in United States funds and made payable by check or money order, to the department of health. (Refer to WAC 246-812-990 for fee schedule.)

(2) Proof that they meet the basic eligibility requirements identified in RCW 18.30.090, documented by the signed, notarized affidavit processed as part of the application.

(3) Proof of seven hours of AIDS education and training as further defined by WAC 246-812-130.

(4) Photograph. A recent photograph, signed and dated, shall be attached to the application.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-120, filed 10/30/95, effective 11/30/95.]

WAC 246-812-125 Denturist licensure—Endorsement. For the purposes of endorsement as provided in RCW 18.30.090 (1)(a) licensing authorities shall be determined to be substantially equivalent that meet the following criteria:

(1) Written examination - applicants must have successfully completed a written examination which included testing in the areas of:

- (a) Oral pathology;
- (b) Head and oral anatomy and physiology;
- (c) Dental laboratory technology;

Additionally, the examination must include four of the following test categories:

- (d) Partial denture construction and design;
- (e) Microbiology;
- (f) Clinical dental technology;
- (g) Clinical jurisprudence;
- (h) Asepsis;
- (i) Medical emergencies;
- (j) Cardiopulmonary resuscitation.

(2) Practical examination - applicants must have successfully completed a clinical examination.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-125, filed 10/30/95, effective 11/30/95.]

WAC 246-812-130 Denturist licensure—Training course approval. For the purposes of eligibility as defined in RCW 18.30.090 (3)(b), secretary approval will be given to any course(s) that consists of course work at an accredited institution in each and all of the following areas:

- (1) Head and oral anatomy and physiology;

- (2) Oral pathology;
- (3) Partial denture construction and design;
- (4) Microbiology;
- (5) Clinical dental technology;
- (6) Dental laboratory technology;
- (7) Clinical jurisprudence;
- (8) Asepsis;
- (9) Medical emergencies;
- (10) Cardiopulmonary resuscitation.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-130, filed 10/30/95, effective 11/30/95.]

WAC 246-812-140 Application for licensure—AIDS education requirements. (1) Application for licensure. Persons applying for a license shall submit, in addition to the other licensure requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(2) AIDS education and training. The secretary shall accept formal lecture-type education and training that is consistent with the topical outline available from the office on AIDS. Such education and training shall be a minimum of seven clock hours. As an alternative to formal lectures, the secretary will also accept education and training obtained through videos and/or self-study materials. Such videos and/or self-study materials must include a written examination that is graded by the provider of the materials.

All education and training shall include the subjects of prevention, transmission and treatment of AIDS.

(3) Documentation. The applicant shall:

- (a) Certify, on forms provided, that the minimum education and training occurred after January 1, 1986;
- (b) Keep records for two years documenting attendance and description of the learning;
- (c) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-140, filed 10/30/95, effective 11/30/95.]

WAC 246-812-150 Examination—Content and scores. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination as specified in RCW 18.30.100. In order to be licensed, an applicant shall be required to obtain an overall passing score of seventy percent on the written examination and an overall score of seventy percent on the practical examination.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-150, filed 10/30/95, effective 11/30/95.]

WAC 246-812-155 Denturist examination scores. An applicant must pass all sections of the written examination and the practical demonstration of skills within three attempts. After three failures the applicant must petition the secretary for permission to take any further examination. The secretary shall have complete discretion regarding such petition and the conditions under which further examination permission may be granted.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-155, filed 10/30/95, effective 11/30/95.]

WAC 246-812-160 Lapsed and inactive licenses—Requirements for reinstating or activating a license. (1) A licensee who allows their denturist license to lapse for more than three years must pay a penalty fee per WAC 246-812-990.

(2) A licensee whose license has been inactive for more than three years may be reexamined as provided for in RCW 18.25.040 at the secretary's discretion.

(3) A licensee who has placed their denturist license on inactive status and later requests to activate the license shall submit to the secretary, in writing, a request to activate their license from inactive status. The request to activate a license must include the following:

- (a) An applicable fee, per WAC 246-812-990.
- (b) Updated chronology from date license was placed into inactive status.
- (c) Proof of four hours of AIDS education refresher training.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-160, filed 10/30/95, effective 11/30/95.]

WAC 246-812-170 License renewal form. A license shall not be renewed until the applicant has submitted completed renewal forms and the full amount of the renewal fee, including any penalty fee for late renewal of the license.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-170, filed 10/30/95, effective 11/30/95.]

WAC 246-812-301 Purpose. The purpose of WAC 246-812-201 through 246-812-460 is to provide standards to guide denturists in the conduct of their practice.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-301, filed 10/30/95, effective 11/30/95.]

WAC 246-812-320 Maintenance and retention of patient records. Any denturist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the denturist for five years in an orderly, accessible file and shall be readily available for inspection by the secretary or its authorized representative. Copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. In such cases, 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.

In offices where more than one denturist is performing the services, the records must specify the denturist who performed the services.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-320, filed 10/30/95, effective 11/30/95.]

WAC 246-812-330 Privileged communications. A denturist shall not, without the consent of the patient, reveal any information acquired in attending such patient, which was necessary to enable the denturist to treat the patient. This shall not apply to the release of information in an

official proceeding where the release of information may be compelled by law.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-330, filed 10/30/95, effective 11/30/95.]

WAC 246-812-340 Patient abandonment. The dentist shall always be free to accept or reject a particular patient, bearing in mind that whenever possible a dentist shall respond to any reasonable request for his/her services in the interest of public health and welfare.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-340, filed 10/30/95, effective 11/30/95.]

WAC 246-812-350 License display—Notification of address. Every person who engages in the practice of denturism in this state shall display their license, at all times, in a conspicuous place within their office. Whenever requested, they shall exhibit their license to the secretary or the secretary's authorized agent. Every licensee shall notify the secretary of the address or addresses, including changes, where the licensee shall engage in the practice of denturism.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-350, filed 10/30/95, effective 11/30/95.]

WAC 246-812-360 Identification of new dentures. Every complete upper and lower denture and removable partial denture fabricated by a dentist licensed under the provisions of chapter 18.30 RCW, or fabricated pursuant to the dentist's work order or under the dentist's direction or supervision, shall be marked with the name of the patient for whom the denture is intended. The markings shall be done during fabrication and shall be permanent, legible, and cosmetically acceptable. The exact location of the markings and the methods used to apply or implant them shall be determined by the dentist fabricating the denture. If, in the professional judgment of the dentist, this identification is not practical, identification shall be provided as follows:

- (1) The initials of the patient may be shown alone, if use of the patient's name is impracticable; or
- (2) The identification marks may be omitted in their entirety if none of the forms of identification specified in subsection (1) of this section is practicable, clinically safe, or the patient declines.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-360, filed 10/30/95, effective 11/30/95.]

WAC 246-812-390 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 other than the usual fee the licensee charges for that service or treatment when rendered without third-party reimbursement.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-390, filed 10/30/95, effective 11/30/95.]

WAC 246-812-400 Denturist associations or societies. The president or chief executive officer of any denturist association or society within this state shall report to the secretary when an association or society determines that a dentist has committed unprofessional conduct or that a dentist may not be able to practice denturism with reasonable skill and safety to patients as the result of any mental or physical condition and constitutes an apparent risk to the public health, safety, or welfare. The report required by this section shall be made without regard to whether the license holder appeals, accepts, or acts upon the determination made by the association or society. Notification of appeal shall be included.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-400, filed 10/30/95, effective 11/30/95.]

WAC 246-812-410 Insurance carriers. The executive officer of every insurer, licensed under Title 48 RCW operating in the state of Washington, shall report to the secretary any evidence that a dentist has charged fees for denturist services not actually provided, or has otherwise committed unprofessional conduct.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-410, filed 10/30/95, effective 11/30/95.]

WAC 246-812-420 Professional liability carriers. Every institution or organization providing professional liability insurance directly or indirectly to denturists shall send the secretary a complete report of any malpractice settlement, award or payment over five thousand dollars as a result of a claim or action for damages alleged to have been caused by an insured dentist's incompetence or negligence in the practice of denturism. Such institution or organization shall also report the payment of three or more claims during a year as the result of alleged incompetence or negligence in the practice of denturism regardless of the dollar amount of the payment.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-420, filed 10/30/95, effective 11/30/95.]

WAC 246-812-430 Courts. The secretary requests the assistance of all clerks of trial courts within the state to report, to the secretary, all professional malpractice judgments and all criminal convictions of licensed denturists, other than for minor traffic violations.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-430, filed 10/30/95, effective 11/30/95.]

WAC 246-812-440 State and federal agencies. The secretary requests the assistance of executive officers of any state or federal program operating in the state of Washington, under which a dentist has been judged to have demonstrated incompetence or negligence in the practice of denturism, or has otherwise committed unprofessional conduct; or whose practice is impaired as a result of a mental, physical or chemical condition, to report to the secretary all professional malpractice judgments and decisions.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-440, filed 10/30/95, effective 11/30/95.]

WAC 246-812-450 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 secretary 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 their profession with reasonable skill and safety to consumers as a result of a mental or physical condition.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-450, filed 10/30/95, effective 11/30/95.]

WAC 246-812-460 Board conflict of interest. Members of the board shall not participate in a disciplinary case where their participation presents a conflict of interest or creates an appearance of a conflict of interest.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-460, filed 10/30/95, effective 11/30/95.]

WAC 246-812-501 Purpose. The purpose of WAC 246-812-501 through 246-812-520 is to establish requirements for infection control in denturist offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all denturist staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to denturist and staff, denturist and staff to patient, and from patient to patient. Every denturist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the denturist must comply with the requirements defined in WAC 246-812-620 and 246-812-630.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-501, filed 10/30/95, effective 11/30/95.]

WAC 246-812-510 Definitions. The following definitions pertain to WAC 246-812-501 through 246-812-520.

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

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Direct care staff" are the denturist staff who directly provide denturist care to patients.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-510, filed 10/30/95, effective 11/30/95.]

WAC 246-812-520 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable diseases from denturist and staff to patients, from patient to patient and from patient to denturist and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Denturists shall comply with the following barrier techniques:

(a) Gloves shall be used by the denturist and direct care staff during treatment which involves intraoral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for denturist treatment shall not be reused for any nondenturist purpose.

(b) Masks shall be worn by the denturist and direct care staff when splatter or aerosol is likely.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

- (i) Delivery unit;
- (ii) Chair controls (not including foot controls);
- (iii) Light handles;
- (iv) Head rest;
- (v) Instrument trays;
- (vi) Treatment area and laboratory countertops/benches.

(d) Protective eyewear shields shall be worn by the denturist and direct care staff and provided to all patients during times when splatter or aerosol is expected.

(2) Denturists shall comply with the following sterilization requirements:

(a) Every denturist office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide, where adequate ventilation is provided. Sterilizers shall be tested by a biological spore test on at least a weekly basis. In the event of a positive biological spore test, the denturist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/

alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilization method between patients:

- (i) Hand instruments;
- (ii) Air-water syringe tips;
- (iii) High volume evacuator tips;
- (iv) Nose cone sleeves;
- (v) Metal impression trays.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic disinfectant solution cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/ alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed and ultrasonically cleaned in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, appropriately disinfected, placed in and transported to the dentist laboratory in an appropriate case containment device that is properly sealed and separately labeled.

(f) In the laboratory: Ragwheels shall be sterilized or disinfected; patient pumice shall be discarded after each use; and, patient burrs and stones shall be sterilized or disinfected.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-520, filed 10/30/95, effective 11/30/95.]

WAC 246-812-601 Purpose. The secretary recognizes the need to establish a means of proactively providing early recognition and treatment options for denturists whose competency may be impaired due to the abuse of drugs or alcohol. The secretary intends that such denturists 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 secretary shall approve voluntary substance abuse monitoring programs and shall refer denturists impaired by substance abuse to approved programs as an alternative to instituting disciplinary proceedings as defined in RCW 18.130.160.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-601, filed 10/30/95, effective 11/30/95.]

WAC 246-812-610 Definitions. The following general terms are defined within the context used in this chapter:

"Aftercare" is that period of time after intensive treatment that provides the dentist and the dentist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups and ongoing continued support of treatment program staff.

"Approved substance abuse monitoring program" or **"approved monitoring program"** is a program the secretary has determined meets the requirements of the law and the criteria established by the secretary in WAC 246-812-620 which enters into a contract with denturists who have substance abuse problems regarding the required components of the dentist's recovery activity and oversees the dentist's

compliance with these requirements. Substance abuse monitoring programs do not provide evaluation or treatment to participating denturists.

"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.

"Contract" is a comprehensive, structured agreement between the recovering dentist and the approved monitoring program stipulating the dentist's consent to comply with the monitoring program and its required components of the dentist's recovery activity.

"Health care professional" is an individual who is licensed, certified, or registered in Washington to engage in the delivery of health care to patients.

"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.

"Substance abuse" means the impairment, as determined by the secretary, of a dentist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"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 denturists may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"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.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-610, filed 10/30/95, effective 11/30/95.]

WAC 246-812-620 Approval of substance abuse monitoring programs. The secretary shall approve the monitoring program(s) which shall participate in the substance abuse monitoring program. A monitoring program approved by the secretary may be contracted with an entity outside the department but within the state, out-of-state, or a separate structure within the department.

(1) The approved monitoring program shall not provide evaluation or treatment to the participating dentist.

(2) The approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of denturism 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 dentist work environment; and

(f) The ability of the dentist to practice with reasonable skill and safety.

(3) The approved monitoring program shall enter into a contract with the dentist and the secretary to oversee the dentist's compliance with the requirements of the program.

(4) The approved monitoring program may make exceptions to individual components of the contract on an individual basis.

(5) The approved monitoring program staff shall recommend, on an individual basis, whether a dentist shall be prohibited from engaging in the practice of dentistry for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(6) The approved monitoring program shall maintain records on participants.

(7) The approved monitoring program shall be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(8) The approved monitoring program shall report to the secretary any dentist who fails to comply with the requirements of the monitoring program.

(9) The approved monitoring program shall receive from the secretary guidelines on treatment, monitoring, and limitations on the practice of dentistry for those participating in the program.

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-620, filed 10/30/95, effective 11/30/95.]

WAC 246-812-630 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the dentist may accept secretary referral into the approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency. The person(s) performing the evaluation shall not also be the provider of the recommended treatment.

(b) The dentist shall enter into a contract with the secretary 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 dentist shall undergo intensive substance abuse treatment in an approved treatment facility.

(ii) The dentist shall agree to remain free of all mind-altering substances including alcohol except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the intensive treatment facility, which may include individual and/or group psychotherapy.

(iv) The treatment counselor(s) shall provide reports to the approved monitoring program at specified intervals. Reports shall include treatment, prognosis, and goals.

(v) The dentist shall submit to random drug screening as specified by the approved monitoring program.

(vi) The dentist shall attend support groups facilitated by a health care professional and/or twelve-step group meetings as specified by the contract.

(vii) The dentist shall comply with specified employment conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the secretary if the dentist does not comply with the requirements of this contract.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, and random drug screens.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160, if the dentist 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 dentist who is not being investigated by the secretary or subject to current disciplinary action or currently being monitored by the secretary for substance abuse may voluntarily participate in the approved substance abuse monitoring program without being referred by the secretary. 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 secretary if they meet the requirements of the approved monitoring program as defined in subsection (1) of this section.

(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 subsection (1) of this section. Records held by the secretary 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 18.30.070(3). 95-22-062, § 246-812-630, filed 10/30/95, effective 11/30/95.]

WAC 246-812-990 Dentist fees. The following fees shall be charged by the department of health and are nonrefundable:

Title of Fee	Fee
Application (includes the initial license which expires the following June 30)	\$ 1,000
Examination	1,500
Reexamination, written	500
Reexamination, practical	500
License renewal	2,750
Late renewal penalty	300
Inactive license renewal	1,500
Duplicate license	15
Certification	25
Multiple location licenses	50

[Statutory Authority: RCW 18.30.070(3). 95-22-062, § 246-812-990, filed 10/30/95, effective 11/30/95.]

Chapter 246-815 WAC DENTAL HYGIENISTS

WAC

246-815-020	Dental hygiene examination eligibility.
246-815-050	Examination.
246-815-060	Dismissal from examination.
246-815-070	Examination results.
246-815-100	Licensure by interstate endorsement of credentials.
246-815-990	Dental hygiene fees.

WAC 246-815-020 Dental hygiene examination eligibility. (1) To be eligible to take the Washington dental hygiene examination, the applicant must meet the following requirements:

(a) The applicant must have successfully completed a dental hygiene education program approved by the secretary of the department of health pursuant to WAC 246-815-030.

(b) The applicant must have completed the AIDS prevention and information education required by WAC 246-815-040.

(c) The applicant must demonstrate knowledge of Washington law pertaining to the practice of dental hygiene.

(d) The applicant must complete the required application materials and pay the required nonrefundable fee.

(2) Applications for the dental hygiene examination are available from the department of health dental hygiene program. The completed application must be received by the department of health sixty days prior to the examination. The application must include:

(a) The required nonrefundable examination fee.

(b) Either the national board IBM card reflecting a passing score or a notarized copy of the national board certificate.

(c) Two photographs of the applicant taken within one year preceding the application.

(3) An official transcript or certificate of completion constitutes proof of successful completion from an approved dental hygiene education program. Applicants who will successfully complete the dental hygiene education program within forty-five days preceding the examination for which they are applying may provide documentation of successful completion by inclusion of their names on a verified list of students successfully completing the program from the dean or director of the education program. No other proof of successful completion is acceptable. An applicant may complete the application and be scheduled for the examination, but will not be admitted to the examination if the department of health has not received the required proof of successful completion.

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-020, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.130. 92-02-018 (Order 224), § 246-815-020, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-020, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.045 and [18.29.130. 90-23-011 (Order 098), § 308-25-011, filed 11/13/90, effective 12/14/90.]

WAC 246-815-050 Examination. (1) The dental hygiene examination will consist of both written and practical tests approved by the committee. An applicant

seeking licensure in Washington by examination must successfully complete all of the following:

(a) The dental hygiene national board examination.

(b) The Washington written examination.

(c) The Washington restorative examination.

(d) The Western Regional Examining Board (WREB) dental hygiene patient evaluation/prophylaxis and local anesthetic examinations.

(2) The successful completion of the WREB dental hygiene examinations from May 8, 1992, and thereafter will be accepted.

(3) The committee may, at its discretion, give a test in any other phase of dental hygiene. Candidates will receive information concerning each examination.

(4) The applicant will comply with all written instructions provided by the department of health.

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-050, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.120(2). 95-07-003, § 246-815-050, filed 3/2/95, effective 4/2/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-050, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.045 and [18.29.130. 90-23-011 (Order 098), § 308-25-015, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-015, filed 4/7/86.]

WAC 246-815-060 Dismissal from examination.

Any applicant whose conduct interferes with the evaluation of professional competency by the committee may be dismissed from the examination and all of his or her work will be rejected. Such conduct will include but not be limited to the following:

(a) Giving or receiving aid, either directly or indirectly, during the examination process.

(b) Failure to follow directions relative to the conduct of the examination, including termination of procedures.

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-060, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.29.031. 84-04-088 (Order PL 459), § 308-25-070, filed 2/1/84. Statutory Authority: RCW 43.24.020 and 43.24.024. 82-06-043 (Order 672), § 308-25-070, filed 3/2/82.]

WAC 246-815-070 Examination results. An applicant may elect to retake only the tests failed: *Provided*, That if the applicant has not passed all tests within the next two consecutive examination administrations offered then the entire examination must be retaken.

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-070, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 18.29.150(2). 95-02-056, § 246-815-070, filed 1/3/95, effective 2/3/95. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-815-070, filed 12/27/90, effective 1/31/91. Statutory Authority: Chapter 18.29 RCW, RCW 18.29.021, [18.29.045 and [18.29.130. 90-23-011 (Order 098), § 308-25-035, filed 11/13/90, effective 12/14/90. Statutory Authority: RCW 18.29.031. 86-09-014 (Order PL 585), § 308-25-035, filed 4/7/86.]

WAC 246-815-100 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.

(a) Written tests - the written tests include:

(i) The National Board of Dental Hygiene examination.

(ii) A state written test covering the current dental hygiene subjects that are tested for Washington state.

(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/or 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 what is currently tested for the Washington state dental hygiene examination.

(ii) Prophylaxis clinical competency test which includes what is currently tested for the Washington state dental hygiene examination.

(iii) Anesthesia clinical competency test which includes what is currently tested for the Washington state dental hygiene examination.

(iv) Restorative test which includes what is currently tested for the Washington state dental hygiene examination.

(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 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 dental hygiene program.

(8) 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: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-100, filed 8/1/95, effective 9/1/95. 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 nonrefundable fees shall be charged:

Title of Fee	Fee
Application examination and reexamination	\$100.00
Renewal	60.00
Late renewal penalty	50.00
Credentialing application	300.00
Temporary license application	115.00
Duplicate license	15.00
Certification	25.00
Education program evaluation	200.00

All fees shall be payable, in U.S. funds, by check or money order to "Washington state treasurer" or "department of health."

[Statutory Authority: Chapter 18.29 RCW and RCW 18.20.150(4). 95-16-102, § 246-815-990, filed 8/1/95, effective 9/1/95. Statutory Authority: RCW 43.70.250. 94-02-059, § 246-815-990, filed 1/3/94, effective 3/1/94. 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

246-816-015 through 246-816-990 Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-816-015 Adjudicative proceedings—Procedural rules for the dental disciplinary board. [Statutory Authority: RCW 18.32.640. 94-12-038, § 246-816-015, filed 5/25/94, effective 6/25/94.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.

- 246-816-020 Display of licenses. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-020, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-100, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-030 Maintenance and retention of patient records. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-030, filed 12/27/90, effective 1/31/91; 82-07-043 (Order PL 392), § 308-37-110, filed 3/17/82; 81-06-013 (Order PL 373), § 308-37-110, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-040 Report of patient injury or mortality. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-040, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-120, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-050 Recording requirements for all prescription drugs. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-050, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-050, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 83-04-050 (Order PL 423), § 308-37-130, filed 2/1/83; 81-06-013 (Order PL 373), § 308-37-130, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-060 Recording requirement for scheduled drugs. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-060, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 83-04-050 (Order PL 423), § 308-37-135, filed 2/1/83.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-070 Prescribing, dispensing or distributing drugs. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-070, filed 12/27/90, effective 1/31/91; 81-06-013 (Order PL 373), § 308-37-140, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-075 Nondiscrimination. [Statutory Authority: RCW 18.32.640, 18.130.050(12) and 18.130.040 (3)(b)(iii). 91-03-109 (Order 127B), § 246-816-075, filed 1/22/91, effective 2/22/91.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-080 Patient abandonment. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-080, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 84-21-072 (Order PL 490), § 308-37-150, filed 10/17/84; 84-05-070 (Order PL 460), § 308-37-150, filed 2/22/84.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-090 Representation of care, fees, and records. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-090, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-160, filed 2/19/85.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-100 Disclosure of provider services. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-100, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-170, filed 2/19/85.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-110 Disclosure of membership affiliation. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-110, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-180, filed 2/19/85.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-120 Specialty representation. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-120, filed 12/27/90, effective 1/31/91; 89-08-095 (Order PM 826), § 308-37-190, filed 4/5/89. Statutory Authority: RCW 18.32.640(1). 85-05-040 (Order PL 520), § 308-37-190, filed 2/19/85.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-130 Maintenance of records. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-130, filed 12/27/90, effective 1/31/91; Order, § 1, filed 3/23/60.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-140 Prescriptions. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-140, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-020, filed 1/26/82; Order, § 2, filed 3/23/60.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-150 A rule applicable to dental technicians. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-150, filed 12/27/90, effective 1/31/91; Order, filed 3/23/60.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-201 Purpose. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-201, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-201, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-100, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-210 Definitions for WAC 246-816-201 through 246-816-260. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-210, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-210, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-110, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-220 Acts that may be performed by unlicensed persons. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-220, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-120, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-225 An act that may be performed by unlicensed persons outside the treatment facility. [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.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-230 Acts that may not be performed by unlicensed persons. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-230, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-230, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-130, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-240 Acts that may be performed by licensed dental hygienists under general supervision. [Statutory Authority: RCW 18.32.640. 92-20-036 (Order 307B), § 246-816-240, filed 9/29/92, effective 10/30/92; 91-02-048 (Order 106B), recodified as § 246-816-240, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-140, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-250 Acts that may be performed by licensed dental hygienists under close supervision. [Statutory Authority: RCW 18.32.640. 92-20-036 (Order 307B), § 246-816-250, filed 9/29/92, effective 10/30/92. Statutory Authority: RCW

- 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-250, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-250, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-150, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-260 Acts that may not be performed by dental hygienists. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-260, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-260, filed 12/27/90, effective 1/31/91; 81-17-054 (Order PL 382), § 308-38-160, filed 8/18/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-301 Purpose. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-301, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-301, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-100, filed 8/29/90, effective 10/1/90; 81-06-013 (Order PL 373), § 308-39-100, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-310 Definitions for WAC 246-816-301 through 246-816-410. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-310, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-310, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-110, filed 8/29/90, effective 10/1/90. Statutory Authority: RCW 18.32.640(1). 82-16-087 (Order PL 403), § 308-39-110, filed 8/4/82. Statutory Authority: RCW 18.32.640. 81-06-013 (Order PL 373), § 308-39-110, filed 2/20/81.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-320 Basic life support requirements. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-320, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-125, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-330 Local anesthesia. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-330, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-130, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-340 Nitrous oxide/oxygen sedation. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-340, filed 12/27/90, effective 1/31/91; 90-18-042 (Order 088), § 308-39-140, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-350 Conscious sedation with an oral agent. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-350, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-150, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-360 Conscious sedation with parenteral or multiple oral agents. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-360, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-360, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-160, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-370 General anesthesia (including deep sedation). [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.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-380 Mandatory reporting of death or significant complication. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-380, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-180, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-390 Applications—Permits—Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation). [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-390, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-390, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-190, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-400 Application of chapter 18.130 RCW. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-400, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-200, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-410 Effective date. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-410, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-410, filed 12/27/90, effective 1/31/91; 90-18-041 (Order 087), § 308-39-210, filed 8/29/90, effective 10/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-501 Intent. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-501, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-290, filed 8/1/90, effective 9/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-510 Terms used in WAC 246-816-501 through 246-816-530. [Statutory Authority: RCW 18.32.640 and 18.130.050. 92-05-012 (Order 243B), § 246-816-510, filed 2/7/92, effective 3/9/92. Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-510, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-310, filed 8/1/90, effective 9/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-520 Approval of substance abuse monitoring programs. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-520, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-320, filed 8/1/90, effective 9/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-530 Participation in approved substance abuse monitoring program. [Statutory Authority: RCW 18.32.640. 91-02-048 (Order 106B), recodified as § 246-816-530, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.175 and 18.32.534. 90-16-099 (Order 076), § 308-25-330, filed 8/1/90, effective 9/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-701 Purpose. [Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-701, filed 4/14/92, effective 5/15/92.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.

- 246-816-710 Definitions. [Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-710, filed 4/14/92, effective 5/15/92.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-720 Use of barriers and sterilization techniques. [Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-720, filed 4/14/92, effective 5/15/92.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-730 Management of single use items. [Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-730, filed 4/14/92, effective 5/15/92.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-740 Effective date. [Statutory Authority: RCW 18.32.640. 92-09-069 (Order 263B), § 246-816-740, filed 4/14/92, effective 5/15/92.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-816-990 Dental anesthesia permit fees. [Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-816-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.70.250. 90-18-040 (Order 086), § 308-39-220, filed 8/29/90, effective 10/1/90.] Repealed by 95-16-122 and 96-01-083, filed 8/2/95 and 12/18/95, effective 9/1/95 and 1/18/96. Statutory Authority: RCW 43.70.040 and 18.32.035.

Reviser's note: Later promulgation, see chapter 246-817 WAC.

WAC 246-816-015 through 246-816-990 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 246-817 WAC

DENTAL QUALITY ASSURANCE COMMISSION (Formerly chapters 246-816 and 246-818 WAC)

WAC

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- 246-817-780 Mandatory reporting of death or significant complication.
- 246-817-790 Application of chapter 18.130 RCW.
- 246-817-801 Intent.
- 246-817-810 Terms used in WAC 246-817-801 through 246-817-830.
- 246-817-820 Approval of substance abuse monitoring programs.
- 246-817-830 Participation in approved substance abuse monitoring program.
- 246-817-990 Dentist fees.

WAC 246-817-001 Purpose. The purpose of these rules is to further clarify and define chapter 18.32 RCW, Dentistry.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-001, filed 10/10/95, effective 11/10/95.]

WAC 246-817-010 Definitions. The following general terms are defined within the context used in this chapter.

"Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

"Clinics" are locations situated away from the School of Dentistry on the University of Washington campus, as recommended by the dean in writing and approved by the DQAC.

"Department" means the department of health.

"DQAC" means the dental quality assurance commission as established by RCW 18.32.0351.

"Facility" is defined as the building housing the School of Dentistry on the University of Washington campus, and other buildings, designated by the dean of the dental school and approved by the DQAC.

"**HPQAD**" means the health professions quality assurance division of the department of health.

"**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.

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

"**WREB**" means the western regional examining board, a regional testing agency that provides clinical dental testing services.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-010, filed 10/10/95, effective 11/10/95.]

WAC 246-817-015 Adjudicative proceedings—Procedural rules for the dental quality assurance commission. The DQAC 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 18.32.035. 95-21-041, § 246-817-015, filed 10/10/95, effective 11/10/95.]

WAC 246-817-101 Dental licenses—Types authorized. The DQAC is granted the authority to issue the following types of dental licenses or permits:

- (1) Licensure by examination standard. (RCW 18.32.040)
- (2) Licensure without examination—Licensed in another state. (RCW 18.32.215)
- (3) Faculty licensure. (RCW 18.32.195)
- (4) Dental resident licensure. (RCW 18.32.195)
- (5) Conscious sedation permits. (RCW 18.32.640)
- (6) Anesthesia permits. (RCW 18.32.640)
- (7) Temporary practice permits. (RCW 18.130.075)

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-101, filed 10/10/95, effective 11/10/95.]

WAC 246-817-110 Dental licensure—Initial eligibility and application requirements. To be eligible for Washington state dental licensure, the applicant shall complete an application provided by the dental HPQAD of the department of health, and shall include written documentation to meet the eligibility criteria for the license for which he/she is applying. Each applicant shall provide:

- (1) Completed application and fee. The applicant shall submit a signed, notarized application and required fee. Fees are set by the secretary of health and are nonrefundable. Fees must be in U.S. funds and made payable by check or money order, to the department of health. (Refer to WAC 246-817-990 for fee schedule.)
- (2) Proof of graduation from a dental school approved by the DQAC. The DQAC adopts those standards of the American Dental Association's Commission on Accreditation which were relevant to accreditation of dental schools and current in May 1993 and has approved all and only those dental schools which were accredited by the commission as of May 1993. Other dental schools which apply for DQAC approval and which meet these adopted standards to the DQAC's satisfaction may be approved, but it is the responsi-

bility of a school to apply for approval and of a student to ascertain whether or not a school has been approved.

(3) Certification of successful completion of the National Board Dental Examination Parts I and II. An original scorecard or a certified copy of the scorecard shall be accepted.

(4) Proof of graduation from an approved dental school. The only acceptable proof is an official, posted transcript sent directly from such school, or in the case of recent graduates, a verified list of graduating students submitted directly from the dean of the dental school. Graduates of nonaccredited dental schools must also meet the requirements outlined in WAC 246-817-160.

(5) A complete listing of professional education and experience including college or university (predental), and a complete chronology of practice history from the date of dental school graduation to present, whether or not engaged in activities related to dentistry.

(6) Proof of seven hours of AIDS education and training as further defined by WAC 246-817-201.

(7) Certification of malpractice insurance if available, including dates of coverage and any claims history.

(8) Written certification of any licenses held, submitted directly from another licensing entity, and including license number, issue date, expiration date and whether applicant has been the subject of final or pending disciplinary action.

(9) Proof of successful completion of an approved practical/clinical examination and a written jurisprudence examination or any other examination approved by and administered under the direction of the DQAC.

(10) Photograph. A recent photograph, signed and dated, shall be attached to the application.

(11) Inquiries from other sources may be conducted as determined by the DQAC, including but not limited to the national practitioner data bank and drug enforcement agency. Applicants are responsible for any fees incurred in obtaining verification of requirements.

(12) Additional requirements for each license type as further defined.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-110, filed 10/10/95, effective 11/10/95.]

WAC 246-817-120 Examination content. An applicant seeking licensure in Washington by examination must successfully complete a written and practical examination approved by the DQAC.

(1) The examination will consist of:

(a) Written: Only national board exam accepted, except as provided in (c) of this subsection.

(b) Practical/practice: The DQAC accepts the Western Regional Examining Board's (WREB) clinical examination as its examination standard after January 1, 1995. The results of the WREB examination shall be accepted for five years immediately preceding application for state licensure.

(c) The DQAC may, at its discretion, give an examination in any other subject under (a) or (b) of this subsection, whether in written and/or practical form. The applicant shall receive information concerning such examination.

(2) An applicant for the clinical examination may obtain an application directly from the Western Regional Examining Board.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-120, filed 10/10/95, effective 11/10/95.]

WAC 246-817-130 Licensure without examination for dentists—Eligibility. The DQAC may grant licensure without an examination to dentists licensed in other states if they meet the requirements of WAC 246-817-110 and:

(1) 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 DQAC shall determine if the other state's current licensing standards are substantively equivalent to licensing standards in this state, pursuant to WAC 246-817-140.

(2) Are currently practicing clinical dentistry in another state pursuant to WAC 246-817-135(5).

(3) Agree to participate in a personal interview with the DQAC, if requested.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-130, filed 10/10/95, effective 11/10/95.]

WAC 246-817-135 Licensure without examination for dentists—Application procedure. The applicant is responsible for obtaining and furnishing to the DQAC all materials required to establish eligibility for a license without examination. In addition to the requirements defined in WAC 246-817-110 the following documentation must be provided:

(1) 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.

(2) A statement by the applicant that he/she is not an impaired practitioner as defined in RCW 18.130.170.

(3) 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.

(4) Documentation to substantiate that standards defined in WAC 246-817-140 have been met.

(5) 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 DQAC 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. A license may be revoked upon evidence of misinformation or substantial omission.

All information must be completed and received within one hundred eighty days of receipt of the initial application. Only completed applications will be reviewed by the DQAC, or its designee(s) at the next scheduled DQAC meeting or at other intervals as determined by the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-135, filed 10/10/95, effective 11/10/95.]

WAC 246-817-140 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 DQAC shall 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 standard. The list shall be updated periodically and available upon request.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-140, filed 10/10/95, effective 11/10/95.]

WAC 246-817-150 Licenses—Persons licensed or qualified out-of-state who are faculty at school of dentistry—Conditions. (1) The department shall provide an application for faculty licensure upon receipt of a written request from the dean of the University of Washington, School of Dentistry.

(2) Applicants for faculty licensure shall submit a signed, notarized application, including applicable fees, and other documentation as required by the DQAC.

(3) The dean of the University of Washington, School of Dentistry, or his designee, shall notify the department of health of any changes in employment status of any person holding a faculty license.

(4) Faculty license renewal shall occur on an annual basis, on or before July 1. Courtesy notices shall be sent to the last address on record, prior to the renewal date.

(5) Clinics situated away from the School of Dentistry on the University of Washington campus, must be recommended by the dean in writing and approved by the DQAC. The recommendation must list the rationale for including each location as a University of Washington School of Dentistry facility.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-150, filed 10/10/95, effective 11/10/95.]

WAC 246-817-160 Graduates of nonaccredited schools. The following requirements apply to persons who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

(1) A person who has been issued a degree of doctor of dental medicine or doctor of dental surgery by a nonaccredited dental school listed by the World Health Organization, or by a nonaccredited dental school approved by the DQAC, shall be eligible to take the examination in the theory and practice of the science of dentistry upon furnishing all of the following:

(a) Certified copies of dental school diplomas.

(b) Official dental school transcripts.

(c) Proof of identification by an appropriate governmental agency. Alternate arrangements may be made for political refugees.

(d) Effective February 1, 1985, satisfactory evidence of the successful completion of at least two additional predoctoral or postdoctoral academic years of dental school education at a dental school approved pursuant to WAC 246-817-110(2) and a certification by the dean of that school that the candidate has achieved the same level of didactic and clinical competence as expected of a graduate of that school.

(2) Upon completion of the requirements in subsection (1) of this section, an applicant under this section shall be allowed to take the examination pursuant to WAC 246-817-120 and shall be subject to the applicable provisions of

WAC 246-817-110. This rule supersedes WAC 246-818-090 which provided applicants one opportunity to take and pass the clinical (practical) examination, in 1985, without meeting the post-graduate training requirement.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-160, filed 10/10/95, effective 11/10/95.]

WAC 246-817-170 Applications—Permits—Renewals for the administration of conscious sedation with multiple oral or parenteral agents or general anesthesia (including deep sedation). (1) To administer conscious sedation with parenteral or multiple oral agents or general anesthesia (including deep sedation), a dentist must first meet the requirements of this chapter, possess and maintain a current license pursuant to chapter 18.32 RCW and obtain a permit of authorization from the DQAC through the department. Application forms for permits, which may be obtained from the department, shall be fully completed and include the application fee.

(2) To renew a permit of authorization, which is valid for three years from the date of issuance, a permit holder shall fully and timely complete a renewal application form and:

(a) Demonstrate continuing compliance with this chapter.

(b) Produce satisfactory evidence of eighteen hours of continuing education as required by this chapter. The dentist must maintain records that can be audited and must submit course titles, instructors, dates attended, sponsors, and number of hours for each course every three years as required by this chapter.

(c) Pay any applicable renewal fee.

(3) Prior to the issuance or renewal of a permit for the use of general anesthesia, the DQAC may, at its discretion, require an on-site inspection and evaluation of the facility, equipment, personnel, licensee, and the procedures utilized by such licensee. Every person issued a permit under this article shall have an on-site inspection at least once in every five-year period, or at other intervals determined by the DQAC. An on-site inspection performed by a public or private organization may be accepted by the DQAC to satisfy the requirements of this section.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-170, filed 10/10/95, effective 11/10/95.]

WAC 246-817-175 Conscious sedation with parenteral or multiple oral agents—Education and training requirements—Application. (1) To obtain a permit of authorization to administer conscious sedation with parenteral or multiple oral agents, the dentist shall meet the requirements of subsection (2) of this section and submit an application and fee. Applications may be obtained from the dental HPQAD division.

(2) Training requirements: To administer conscious sedation with parenteral or multiple oral agents, the dentist must have successfully completed a postdoctoral course(s) of sixty clock hours or more which includes training in basic conscious sedation, physical evaluation, venipuncture, technical administration, recognition and management of complications and emergencies, monitoring, and supervised

experience in providing conscious sedation to fifteen or more patients.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-175, filed 10/10/95, effective 11/10/95.]

WAC 246-817-180 General anesthesia (including deep sedation)—Education and training requirements.

(1) Training requirements for dentists: 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. A dentist must also 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.

(2) 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 18.79 RCW to administer deep sedation or general anesthesia under the close supervision of the dentist as defined in WAC 246-817-510.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-180, filed 10/10/95, effective 11/10/95.]

WAC 246-817-185 Temporary practice permits—Eligibility. (1) A temporary practice permit, as defined in RCW 18.130.075, shall be issued at the written request of an applicant:

(a) Licensed in another state, with licensing standards substantially equivalent to Washington, who applies for the dental examination and meets the eligibility criteria for the examination as outlined in this chapter; or

(b) Currently licensed and practicing clinical dentistry in another state, who applies for dental licensure without examination and meets the eligibility criteria for the licensure without examination program as outlined in this chapter.

(2) In addition to the requirements outlined in subsection (1)(a) or (b) of this section, the conditions of WAC 246-817-160 shall also be met for applicants who are graduates of dental schools or colleges not accredited by the American Dental Association Commission on Accreditation.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-185, filed 10/10/95, effective 11/10/95.]

WAC 246-817-186 Temporary practice permits—Issuance and duration. (1) Unless there is a basis for denial of the license or for issuance of a conditional license,

the applicant shall be issued a temporary practice permit by the DQAC, upon:

(a) Receipt of a completed application form on which a request for a temporary practice permit is indicated;

(b) Payment of the appropriate application fee;

(c) Receipt of written verification of all dental licenses, whether active or not, attesting that the applicant has a dental license in good standing and is not the subject of any disciplinary action for unprofessional conduct or impairment;

(d) Receipt of disciplinary data bank reports.

(2) The temporary practice permit shall expire:

(a) Immediately upon issuance of a full, unrestricted dental license by the DQAC;

(b) Upon notice of failure of the dental examination;

(c) Upon issuance of a statement of intent to deny; or

(d) Within a maximum of one hundred twenty days.

(3) A temporary practice permit shall not be renewed, reissued or extended.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-186, filed 10/10/95, effective 11/10/95.]

WAC 246-817-201 Application for licensure—AIDS education requirements. (1) Application for licensure.

After May 1, 1990, persons applying for a license shall submit, in addition to the other licensure requirements, evidence to show compliance with the education requirements of subsection (3) of this section.

(2) AIDS education and training. The DQAC shall accept formal lecture-type education and training that is consistent with the topical outline available from the office on AIDS. Such education and training shall be a minimum of seven clock hours. As an alternative to formal lectures, the DQAC will also accept education and training obtained through videos and/or self-study materials. Such videos and/or self-study materials must include a written examination that is graded by the provider of the materials.

All education and training shall include the subjects of prevention, transmission and treatment of AIDS.

(3) Documentation. The applicant shall:

(a) Certify, on forms provided, that the minimum education and training occurred after January 1, 1986;

(b) Keep records for two years documenting attendance and description of the learning;

(c) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-201, filed 10/10/95, effective 11/10/95.]

WAC 246-817-210 Renewal of licenses. Under the annual birth date license renewal system, a late payment penalty provision shall be applied as follows:

(1) Before the expiration date of the individual's license, as a courtesy, a notice for renewal of license shall be mailed to the last address on file to every person holding a current license. The licensee must return the notice along with current renewal fees prior to the expiration of said license. Should the licensee fail to renew his/her license prior to the expiration date then the individual is subject to the statutory penalty fee.

(2) If the licensee fails to renew his/her license within three years from expiration date thereof, such individual

must apply for licensing under the statutory conditions then in force.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-210, filed 10/10/95, effective 11/10/95.]

WAC 246-817-301 Display of licenses. The license of any dentist, dental hygienist or other individual licensed pursuant to the laws of Washington to engage in any activity being performed in the premises under the supervision or control of a licensed dentist shall be displayed in a place visible to individuals receiving services in the premises, and readily available for inspection by any designee of the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-301, filed 10/10/95, effective 11/10/95.]

WAC 246-817-310 Maintenance and retention of records. Any dentist who treats patients in the state of Washington shall maintain complete treatment records regarding patients treated. These records shall include, but shall not be limited to x-rays, treatment plans, patient charts, patient histories, correspondence, financial data and billing. These records shall be retained by the dentist for five years in an orderly, accessible file and shall be readily available for inspection by the DQAC or its authorized representative: X-rays or copies of records may be forwarded to a second party upon the patient's or authorized agent's written request. Also, office records shall state the date on which the records were released, method forwarded and to whom, and the reason for the release. A reasonable fee may be charged the patient to cover mailing and clerical costs.

Every dentist who operates a dental office in the state of Washington must maintain a comprehensive written and dated record of all services rendered to his/her patients. In offices where more than one dentist is performing the services the records must specify the dentist who performed the services. Whenever requested to do so, by the secretary or his/her authorized representative, the dentist shall supply documentary proof:

(1) That he/she is the owner or purchaser of the dental equipment and/or the office he occupies.

(2) That he/she is the lessee of the office and/or dental equipment.

(3) That he/she is, or is not, associated with other persons in the practice of dentistry, including prosthetic dentistry, and who, if any, the associates are.

(4) That he/she operates his office during specific hours per day and days per week, stipulating such hours and days.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-310, filed 10/10/95, effective 11/10/95.]

WAC 246-817-320 Report of patient injury or mortality. All licensees engaged in the practice of dentistry shall submit a complete report of any patient mortality or other incident which results in temporary or permanent physical or mental injury requiring hospitalization of said patient during, or as a direct result of dental procedures or anesthesia related thereto. This report shall be submitted to the DQAC within thirty days of the occurrence.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-320, filed 10/10/95, effective 11/10/95.]

[1996 WAC Supp—page 732]

WAC 246-817-330 Prescriptions. Every dentist who operates a dental office in the state of Washington must write a valid prescription to the dental laboratory or dental technician with whom he/she intends to place an order for the making, repairing, altering or supplying of artificial restorations, substitutes or appliances to be worn in the human mouth. A separate prescription must be submitted to the dental laboratory or dental technician for each patient's requirements. To be valid, such prescriptions must be written in duplicate and contain the date, the name and address of the dental laboratory or the dental technician, the name and address of the patient, description of the basic work to be done, the signature of the dentist serving the patient for whom the work is being done and the dentist's license certificate number. The original prescription shall be referred to the dental laboratory or the dental technician and the carbon copy shall be retained for three years, by the dentist, in an orderly, accessible file and shall be readily available for inspection by the secretary or his/her authorized representative.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-330, filed 10/10/95, effective 11/10/95.]

WAC 246-817-340 Recording requirements for all prescription drugs. An accurate record of any medication(s) prescribed or dispensed shall be clearly indicated on the patient history. This record shall include the date prescribed or the date dispensed, the name of the patient prescribed or dispensed to, the name of the medication, and the dosage and amount of the medication prescribed or dispensed.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-340, filed 10/10/95, effective 11/10/95.]

WAC 246-817-350 Recording requirement for scheduled drugs. When Schedule II, III, IV or V drugs as described in chapter 69.50 RCW are stocked by the dental office for dispensing to patients, an inventory control record must be kept in such a manner to identify disposition of such medicines. Such records shall be available for inspection by the secretary or his/her authorized representative.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-350, filed 10/10/95, effective 11/10/95.]

WAC 246-817-360 Prescribing, dispensing or distributing drugs. No dentist shall prescribe, dispense or distribute any controlled substance or legend drug for other than dental-related conditions.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-360, filed 10/10/95, effective 11/10/95.]

WAC 246-817-370 Nondiscrimination. It shall be unprofessional conduct for any dentist to discriminate or to permit any employee or any person under the supervision and control of the dentist to discriminate against any person, in the practice of dentistry, on the basis of race, color, creed or national origin, or to violate any of the provisions of any state or federal antidiscrimination law.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-370, filed 10/10/95, effective 11/10/95.]

WAC 246-817-380 Patient abandonment. The attending dentist, without reasonable cause, shall not neglect, ignore, abandon, or refuse to complete the current procedure for a patient. If the dentist chooses to withdraw responsibility for a patient of record, the dentist shall:

(1) Advise the patient that termination of treatment is contemplated and that another dentist should be sought to complete the current procedure and for future care; and

(2) Advise the patient that the dentist shall remain reasonably available under the circumstances for up to fifteen days from the date of such notice to render emergency care related to that current procedure.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-380, filed 10/10/95, effective 11/10/95.]

WAC 246-817-390 Representation of care, fees, and records. Dentists shall not represent the care being rendered to their patients or the fees being charged for providing such care in a false or misleading manner, nor alter patient records, such as but not limited to, misrepresenting dates of service or treatment codes.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-390, filed 10/10/95, effective 11/10/95.]

WAC 246-817-400 Disclosure of provider services. A dentist who is personally present, operating as a dentist or personally overseeing the operations being performed in a dental office, over fifty percent of the time that such office is being operated, shall identify himself/herself in any representation to the public associated with such office or practice and shall provide readily visible signs designating his/her name at such respective office entrances or office buildings. Any representation that omits such a listing of dentists is misleading, deceptive, or improper conduct. Dentists who are present or overseeing operations under this rule less than fifty percent of the time shall identify themselves to patients prior to services being initiated or rendered in any fashion. Every office shall have readily available a list of the names of dentists who are involved in such office less than fifty percent of the time.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-400, filed 10/10/95, effective 11/10/95.]

WAC 246-817-410 Disclosure of membership affiliation. It shall be misleading, deceptive or improper conduct for any dentist to represent that he/she is a member of any dental association, society, organization, or any component thereof where such membership in fact does not exist.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-410, filed 10/10/95, effective 11/10/95.]

WAC 246-817-420 Specialty representation. (1) It shall be misleading, deceptive or improper conduct for a dentist to represent or imply that he/she is a specialist or use any of the terms to designate a dental specialty such as:

- (a) Endodontist
- (b) Oral or maxillofacial surgeon
- (c) Oral pathologist
- (d) Orthodontist

- (e) Pediatric dentist
- (f) Periodontist
- (g) Prosthodontist
- (h) Public health

or any derivation of these specialties unless he/she is entitled to such specialty designation under the guidelines or requirements for specialties approved by the Commission on Dental Accreditation and the Council on Dental Education of the American Dental Association, or such guidelines or requirements as subsequently amended and approved by the DQAC, or other such organization recognized by the DQAC.

(2) A dentist not currently entitled to such specialty designation shall not represent that his/her practice is limited to providing services in a specialty area without clearly disclosing in the representation that he/she is a general dentist. A specialist who represents services in areas other than his/her specialty is considered a general dentist.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-420, filed 10/10/95, effective 11/10/95.]

WAC 246-817-430 A rule applicable to dental technicians. To be exempt from the law prohibiting the practice of dentistry, dental technicians must comply with the provisions of RCW 18.32.030(6). The form of the required prescription is defined in WAC 246-817-330.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-430, filed 10/10/95, effective 11/10/95.]

WAC 246-817-501 Purpose. The purpose of WAC 246-817-501 through 246-817-570 is to establish guidelines on delegation of duties to persons who are not licensed to practice dentistry. The dental laws of Washington state authorized the delegation of certain duties to nondentist personnel and prohibit the delegation of certain other duties. By statute, the duties that may be delegated to a person not licensed to practice dentistry may be performed only under the supervision of a licensed dentist. The degree of supervision required to assure that treatment is appropriate and does not jeopardize the systemic or oral health of the patient varies with, among other considerations, the nature of the procedure and the qualifications of the person to whom the duty is delegated. The dentist is ultimately responsible for the services performed in his/her office and this responsibility cannot be delegated. In order to protect the health and well-being of the people of this state, the DQAC finds it necessary to adopt the following definitions and regulations.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-501, filed 10/10/95, effective 11/10/95.]

WAC 246-817-510 Definitions for WAC 246-817-501 through 246-817-570. "Close supervision" means that a licensed dentist whose patient is being treated has personally diagnosed the condition to be treated and has personally authorized the procedures to be performed. A dentist shall be physically present in the treatment facility while the procedures are performed. Close supervision does not require a dentist to be physically present in the operator; however, an attending dentist must be in the treatment facility and be capable of responding immediately in the event of an emergency.

"Coronal polishing" means a procedure limited to the removal of plaque and stain from exposed tooth surfaces, utilizing an appropriate rotary instrument with rubber cap or brush and a polishing agent.

This procedure shall not be intended or interpreted as an oral prophylaxis as defined in WAC 246-817-510 a procedure specifically reserved to performance by a licensed dentist or dental hygienist. Coronal polishing may, however, be performed by dental assistants under close supervision as a portion of the oral prophylaxis. In all instances, however, a licensed dentist shall determine that the teeth need to be polished and are free of calculus or other extraneous material prior to performance of coronal polishing by a dental assistant.

"Debridement at the periodontal surgical site" means curettage and/or root planing after reflection of a flap by the supervising dentist. This does not include cutting of osseous tissues.

"Elevating soft tissues" is defined as part of a surgical procedure involving the use of the periosteal elevator to raise flaps of soft tissues. Elevating soft tissue is not a separate and distinct procedure in and of itself.

"General supervision" means supervision of dental procedures based on examination and diagnosis of the patient and subsequent instructions given by a licensed dentist but not requiring the physical presence of the supervising dentist in the treatment facility during the performance of those procedures.

"Incising" is defined as part of the surgical procedure of which the end result is removal of oral tissue. Incising, or the making of an incision, is not a separate and distinct procedure in and of itself.

"Luxation" is defined as an integral part of the surgical procedure of which the end result is extraction of a tooth. Luxation is not a distinct procedure in and of itself. It is the dislocation or displacement of a tooth or of the temporomandibular articulation.

"Oral prophylaxis" means the preventive dental procedure of scaling and polishing which includes complete removal of calculus, soft deposits, plaque, stains and the smoothing of unattached tooth surfaces. The objective of this treatment shall be creation of an environment in which hard and soft tissues can be maintained in good health by the patient.

"Periodontal soft tissue curettage" means the closed removal of tissue lining the periodontal pocket, not involving the reflection of a flap.

"Root planing" means the process of instrumentation by which the unattached surfaces of the root are made smooth by the removal of calculus and/or deposits.

"Suturing" is defined as the readaption of soft tissue by use of stitches as a phase of an oral surgery procedure. Suturing is not a separate and distinct procedure in and of itself.

"Treatment facility" means a dental office or connecting suite of offices, dental clinic, room or area with equipment to provide dental treatment, or the immediately adjacent rooms or areas. A treatment facility does not extend to any other area of a building in which the treatment facility is located.

"Unlicensed person" means a person who is neither a dentist duly licensed pursuant to the provisions of chapter

18.32 RCW nor a dental hygienist duly licensed pursuant to the provisions of chapter 18.29 RCW.

[Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-510, filed 10/10/95, effective 11/10/95.]

WAC 246-817-520 Acts that may be performed by unlicensed persons. A dentist may allow an unlicensed person to perform the following acts under the dentist's close supervision:

- (1) Oral inspection, with no diagnosis.
- (2) Patient education in oral hygiene.
- (3) Place and remove the rubber dam.
- (4) Hold in place and remove impression materials after the dentist has placed them.
- (5) Take impressions solely for diagnostic and opposing models.
- (6) Take impressions and wax bites solely for study casts.
- (7) Remove the excess cement after the dentist has placed a permanent or temporary inlay, crown, bridge or appliance, or around orthodontic bands.
- (8) Perform coronal polish.
- (9) Give fluoride treatments.
- (10) Place periodontal packs.
- (11) Remove periodontal packs or sutures.
- (12) Placement of a matrix and wedge for a silver restoration after the dentist has prepared the cavity.
- (13) Place a temporary filling (as ZOE) after diagnosis and examination by the dentist.
- (14) Apply tooth separators as for placement for Class III gold foil.
- (15) Fabricate, place, and remove temporary crowns or temporary bridges.
- (16) Pack and medicate extraction areas.
- (17) Deliver a sedative drug capsule to patient.
- (18) Place topical anesthetics.
- (19) Placement of retraction cord.
- (20) Polish restorations at a subsequent appointment.
- (21) Select denture shade and mold.
- (22) Acid etch.
- (23) Apply sealants.
- (24) Place dental x-ray film and expose and develop the films.
- (25) Take intra-oral and extra-oral photographs.
- (26) Take health histories.
- (27) Take and record blood pressure and vital signs.
- (28) Give preoperative and postoperative instructions.
- (29) Assist in the administration of nitrous oxide analgesia or sedation, but shall not start the administration of the gases and shall not adjust the flow of the gases unless instructed to do so by the dentist. Patients must never be left unattended while nitrous oxide-oxygen analgesia or sedation is administered to them. The dentist must be present at chairside during the entire administration of nitrous oxide and oxygen analgesia or sedation if any other central nervous system depressant has been given to the patient. This regulation shall not be construed to prevent any person from taking appropriate action in the event of a medical emergency.
- (30) Select orthodontic bands for size.
- (31) Place and remove orthodontic separators.

(32) Prepare teeth for the bonding or orthodontic appliances.

(33) Fit and adjust headgear.

(34) Remove fixed orthodontic appliances.

(35) Remove and replace archwires and orthodontic wires.

(36) Take a facebow transfer for mounting study casts.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-520, filed 10/10/95, effective 11/10/95.]

WAC 246-817-530 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 18.32.035. 95-21-041, § 246-817-530, filed 10/10/95, effective 11/10/95.]

WAC 246-817-540 Acts that may not be performed by **unlicensed persons.** No dentist shall allow an unlicensed person who is in his/her employ or is acting under his/her supervision or direction to perform any of the following procedures:

(1) Any removal of or addition to the hard or soft natural tissue of the oral cavity.

(2) Any placing of permanent or semi-permanent restorations in natural teeth.

(3) Any diagnosis of or prescription for treatment of disease, pain, deformity, deficiency, injury, or physical condition of the human teeth or jaws, or adjacent structure.

(4) Any administration of general or injected local anesthetic of any nature in connection with a dental operation.

(5) Any oral prophylaxis, except coronal polishing as a part of oral prophylaxis as defined in WAC 246-817-510 and 246-817-520(8).

(6) Any scaling procedure.

(7) The taking of any impressions of the teeth or jaws, or the relationships of the teeth or jaws, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(8) Intra-orally adjust occlusal of inlays, crowns, and bridges.

(9) Intra-orally finish margins of inlays, crowns, and bridges.

(10) Cement or recement, permanently, any cast restoration or stainless steel crown.

(11) Incise gingiva or other soft tissue.

(12) Elevate soft tissue flap.

(13) Luxate teeth.

(14) Curette to sever epithelial attachment.

(15) Suture.

(16) Establish occlusal vertical dimension for dentures.

(17) Try-in of dentures set in wax.

(18) Insertion and post-insertion adjustments of dentures.

(19) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-540, filed 10/10/95, effective 11/10/95.]

WAC 246-817-550 Acts that may be performed by **licensed dental hygienists under general supervision.** A dentist may allow a dental hygienist licensed under the provisions of chapter 18.29 RCW to perform the following acts under the dentist's general supervision:

(1) Oral inspection and measuring of periodontal pockets, with no diagnosis.

(2) Patient education in oral hygiene.

(3) Take intra-oral and extra-oral radiographs.

(4) Apply topical preventive or prophylactic agents.

(5) Polish and smooth restorations.

(6) Oral prophylaxis and removal of deposits and stains from the surfaces of the teeth.

(7) Record health histories.

(8) Take and record blood pressure and vital signs.

(9) Perform sub-gingival and supra-gingival scaling.

(10) Perform root planing.

(11) Apply sealants.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-550, filed 10/10/95, effective 11/10/95.]

WAC 246-817-560 Acts that may be performed by **licensed dental hygienists under close supervision.** In addition to the acts performed under WAC 246-817-520, a dentist may allow a dental hygienist licensed under the provisions of chapter 18.29 RCW to perform the following acts under the dentist's close supervision:

(1) Perform soft-tissue curettage.

(2) Give injections of a local anesthetic.

(3) Place restorations into the cavity prepared by the dentist, and thereafter could carve, contour, and adjust contacts and occlusion of the restoration.

(4) Administer nitrous oxide analgesia.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-560, filed 10/10/95, effective 11/10/95.]

WAC 246-817-570 Acts that may not be performed by **dental hygienists.** No dentist shall allow a dental hygienist duly licensed under the provisions of chapter 18.29 RCW who is in his/her employ or is acting under his/her supervision or direction to perform any of the following procedures:

(1) Any surgical removal of tissue of the oral cavity, except for soft-tissue curettage, as defined in WAC 246-817-510.

(2) Any prescription of drugs or medications requiring the written order or prescription of a licensed dentist or physician.

(3) Any diagnosis for treatment or treatment planning.

(4) The taking of any impression of the teeth or jaw, or the relationship of the teeth or jaw, for the purpose of fabricating any intra-oral restoration, appliances, or prosthesis. Not prohibited are the taking of impressions solely for diagnostic and opposing models or taking wax bites solely for study casts.

(5) Intra-orally adjust occlusal of inlays, crowns, and bridges.

(6) Intra-orally finish margins of inlays, crowns, and bridges.

(7) Cement or recement, permanently, any cast restorations or stainless steel crowns.

(8) Incise gingiva or other soft tissue.

(9) Elevate soft tissue flap.

(10) Luxate teeth.

(11) Curette to sever epithelial attachment.

(12) Suture.

(13) Establish occlusal vertical dimension for dentures.

(14) Try-in of dentures set in wax.

(15) Insertion and post-insertion adjustments of dentures.

(16) Endodontic treatment—open, extirpate pulp, ream and file canals, establish length of tooth, and fill root canal.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-570, filed 10/10/95, effective 11/10/95.]

WAC 246-817-601 Purpose. The purpose of WAC 246-817-601 through 246-817-630 is to establish requirements for infection control in dental offices to protect the health and well-being of the people of the state of Washington. For purposes of infection control, all dental staff members and all patients shall be considered potential carriers of communicable diseases. Infection control procedures are required to prevent disease transmission from patient to doctor and staff, doctor and staff to patient, and from patient to patient. Every dentist is required to comply with the applicable standard of care in effect at the time of treatment. At a minimum, the dentist must comply with the requirements defined in WAC 246-817-620 and 246-817-630.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-601, filed 10/10/95, effective 11/10/95.]

WAC 246-817-610 Definitions. The following definitions pertain to WAC 246-817-601 through 246-817-660 which supersede WAC 246-816-701 through 246-816-740 which became effective May 15, 1992.

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

"Decontamination" means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.

"Direct care staff" are the dental staff who directly provide dental care to patients.

"Sterilize" means the use of a physical or chemical procedure to destroy all microbial life including highly resistant bacterial endospores.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-610, filed 10/10/95, effective 11/10/95.]

WAC 246-817-620 Use of barriers and sterilization techniques. The use of barriers and sterilization techniques is the primary means of assuring that there is the least possible chance of the transmission of communicable

diseases from doctor and staff to patients, from patient to patient and from patient to doctor and staff. To prevent patient to patient cross contamination, instruments and supplies contaminated or likely to be contaminated with blood or saliva and touched during treatment must be sterilized between patients or discarded except as otherwise set forth below. Surfaces and equipment which are likely to be contaminated with blood or saliva and touched during treatment must be decontaminated or covered with a barrier which is discarded and replaced between patients except as otherwise set forth below:

(1) Dentists shall comply with the following barrier techniques:

(a) Gloves shall be used by the dentist and direct care staff during treatment which involves intra-oral procedures or contact with items potentially contaminated with the patient's bodily fluids. Fresh gloves shall be used for every intraoral patient contact. Gloves shall not be washed or reused for any purpose. The same pair of gloves shall not be used, removed, and reused for the same patient at the same visit or for any other purpose. Gloves that have been used for dental treatment shall not be reused for any nondental purpose.

(b) Masks shall be worn by the dentist and direct care staff when splatter or aerosol is likely. Masks shall be worn during surgical procedures except in those specific instances in which the dentist determines that the use of a mask would prevent the delivery of health care services or would increase the hazard and risk to his/her patient. In those circumstances where a dentist determines not to wear a mask during a surgical procedure, such determination shall be documented in the patient record.

(c) Unless effective surface decontamination methods are used, protective barriers shall be placed over areas of the dental operatory which are likely to be touched during treatment, not removable to be sterilized, and likely to be contaminated by blood or saliva. These procedures must be followed between each patient. These include but are not limited to:

(i) Delivery unit.

(ii) Chair controls (not including foot controls).

(iii) Light handles.

(iv) High volume evacuator and air-water syringe controls.

(v) X-ray heads and controls.

(vi) Head rest.

(vii) Instrument trays.

(viii) Low speed handpiece motors.

(d) Protective eyewear shall be worn by the dentist and direct care staff and offered to all patients during times when splatter or aerosol is expected.

(2) Dentists shall comply with the following sterilization requirements:

(a) Every dental office shall have the capability to ultrasonically clean and sterilize contaminated items by autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide. Sterilizers shall be tested by biological spore test on at least a weekly basis. In the event of a positive biological spore test, the dentist shall take immediate remedial action to ensure the objectives of (a) of this subsection are accomplished. Documentation shall be maintained either in the form of a

log reflecting dates and person(s) conducting the testing or copies of reports from an independent testing entity. The documentation shall be maintained for a period of at least five years.

(b) The following items shall be sterilized by an appropriate autoclave, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilization method between patients:

(i) Low speed handpiece contra angles, prophy angles and nose cone sleeves.

(ii) High speed handpieces.

(iii) Hand instruments.

(iv) Burs.

(v) Endodontic instruments.

(vi) Air-water syringe tips.

(vii) High volume evacuator tips.

(viii) Surgical instruments.

(ix) Sonic or ultrasonic periodontal scalers and tips.

(x) Surgical handpieces.

(c) Gross debris shall be removed from items prior to sterilization. Ultrasonic cleaning shall be used whenever possible.

(d) Nondisposable items used in patient care which cannot be autoclaved, dry heat, unsaturated formaldehyde/alcohol vapor (such as MDT Chemiclave ®) or ethylene oxide sterilized shall be immersed in a chemical sterilant. If such a technique is used, the solution shall be approved by the Environmental Protection Agency and used in accordance with the manufacturer's directions for sterilization.

(e) Items such as impressions contaminated with blood or saliva shall be thoroughly rinsed, placed in and transported to the dental laboratory in an appropriate case containment device that is properly sealed and labeled.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-620, filed 10/10/95, effective 11/10/95.]

WAC 246-817-630 Management of single use items.

(1) Sterile disposable needles shall be used. The same needle may be recapped with a single-handed recapping technique or recapping device and subsequently reused for the same patient during the same visit.

(2) Single use items used in patient treatment which have been contaminated by saliva or blood shall be discarded and not reused. These include, but are not limited to, disposable needles, local anesthetic carpules, saliva ejectors, polishing discs, bonding agent brushes, prophy cups, prophy brushes, fluoride trays and interproximal wedges.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-630, filed 10/10/95, effective 11/10/95.]

WAC 246-817-701 Purpose. The purpose of WAC 246-817-701 through 246-817-795 is to govern the administration of sedation and general anesthesia by dentists licensed in the state of Washington in settings other than hospitals as defined in WAC 246-318-010(31) and ambulatory surgical facilities as defined in WAC 246-310-010(5), pursuant to the DQAC's authority in RCW 18.32.640(2).

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-701, filed 10/10/95, effective 11/10/95.]

WAC 246-817-710 Definitions for WAC 246-817-701 through 246-817-795. "Analgesia" is the diminution of pain in the conscious patient.

"Conscious sedation" is a minimally depressed level of consciousness that retains the patient's ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and/or verbal command, produced by a pharmacologic method, and that carries a margin of safety wide enough to render unintended loss of protective reflexes unlikely.

"General anesthesia" (to include deep sedation) is a controlled state of depressed consciousness or unconsciousness, accompanied by partial or complete loss of protective reflexes, including the ability to independently maintain an airway and respond purposefully to physical stimulation or verbal command, produced by a pharmacologic or nonpharmacologic method, or combination thereof.

"Local anesthesia" is the elimination of sensations especially pain, in one part of the body by the topical application or regional injection of a drug.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-710, filed 10/10/95, effective 11/10/95.]

WAC 246-817-720 Basic life support requirements.

Whenever a licensee administers local anesthesia, nitrous oxide sedation, conscious sedation, or general anesthesia (including deep sedation) in an in-office or out-patient setting, the dentist and his/her staff providing direct patient care must have a current basic life support (BLS) certification. New staff hired shall be allowed thirty days from the date they are hired to obtain BLS certification.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-720, filed 10/10/95, effective 11/10/95.]

WAC 246-817-730 Local anesthesia. (1) Procedures for administration: Local anesthesia shall be administered only by a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW.

(2) Equipment and emergency medications: All offices in which local anesthesia is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. Any adverse reactions shall be indicated.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(3) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-730, filed 10/10/95, effective 11/10/95.]

WAC 246-817-740 Nitrous oxide/oxygen sedation.

(1) Training requirements: To administer nitrous oxide sedation, a dentist must have completed a course containing

a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction.

(2) Procedures for administration: Nitrous oxide shall be administered under the close supervision of a person qualified under this chapter and dental hygienists as provided in chapter 18.29 RCW. When administering nitrous oxide sedation, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered.

(3) Equipment and emergency medications: All offices in which nitrous oxide sedation is administered must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain an appropriate medical history and patient evaluation. A notation must be made in the chart if any nitrous oxide and/or oxygen is dispensed.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched ventilation to the patient.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers nitrous oxide sedation to patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-740, filed 10/10/95, effective 11/10/95.]

WAC 246-817-750 Conscious sedation with an oral agent. Conscious sedation with an oral agent includes the administration or prescription for a single oral sedative agent used alone or in combination with nitrous oxide sedation.

(1) Training requirements: In order to administer oral sedative agents, a dentist must have completed a course containing a minimum of fourteen hours of either predoctoral dental school or postgraduate instruction in the fields of pharmacology and physiology of oral sedative medications. Dentists must possess a valid United States Department of Justice (DEA) registration for the prescription of controlled substances.

(2) Procedures for administration: Oral sedative agents can be administered in the treatment setting or prescribed for patient dosage prior to the appointment. When nitrous oxide is administered concurrently, a second individual shall be on the office premises who can immediately respond to any request from the person administering the nitrous oxide. The patient shall be continuously observed while nitrous oxide is administered. Any adverse reactions shall be indicated in the records. If purposeful response of the patient to verbal command cannot be maintained under medication, periodic monitoring of pulse, respiration, and blood pressure or pulse

oximetry shall be maintained. In such cases, these same parameters must be taken and recorded at appropriate intervals throughout the procedure and vital signs and level of consciousness shall be recorded prior to dismissal of the patient.

(3) Equipment and emergency medications: All offices in which oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Vital signs, dosage, and types of medications administered should be noted. If nitrous oxide-oxygen is used, proportions and duration of administration should be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(4) Continuing education: A dentist who administers or prescribes oral sedation for patients must participate in seven hours of continuing education or equivalent every five years. The education must include instruction in one or more of the following areas: Sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(5) A permit of authorization is not required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-750, filed 10/10/95, effective 11/10/95.]

WAC 246-817-760 Conscious sedation with parenteral or multiple oral agents. Conscious sedation with parenteral or multiple oral agents includes the prescription or administration of more than one oral agent to be used concurrently for the purposes of sedation either as a combined regimen or in association with nitrous oxide-oxygen. For purposes of this section, oral agents shall include any nonparenteral agents regardless of route of delivery. This also includes the parenteral administration of medications for the purpose of conscious sedation of dental patients.

(1) Procedures for administration: Multiple oral sedative agents may be administered in the treatment setting or prescribed for patient dosage prior to the appointment. In the treatment setting, a patient receiving conscious parenteral sedation must have that sedation administered by a person qualified under this chapter. Only a dentist meeting the above criteria for administration of conscious parenteral sedation may utilize the services of a nurse licensed pursuant to chapter 18.88 RCW to administer conscious parenteral sedation under the close supervision of the dentist as defined in WAC 246-817-510. An intravenous infusion shall be maintained during the administration of a parenteral agent. The person administering the medications must be continuously assisted by at least one individual experienced in monitoring sedated patients.

In the treatment setting, a patient experiencing conscious sedation with parenteral or multiple oral agents shall have visual and tactile observation as well as continual monitoring of pulse, respiration, and blood pressure and/or blood oxygen saturation. Unless prevented by the patient's physical or emotional condition, these vital sign parameters must be noted and recorded whenever possible prior to the procedure. In all cases these vital sign parameters must be noted and recorded at the conclusion of the procedure. Blood oxygen saturation must be continuously monitored and recorded at appropriate intervals throughout any period of time in which purposeful response of the patient to verbal command cannot be maintained. The patient's level of consciousness shall be recorded prior to the dismissal of the patient and individuals receiving these forms of sedation must be accompanied by a responsible individual upon departure from the treatment facility. When verbal contact cannot be maintained during the procedure, continuous monitoring of blood oxygen saturation is required.

(2) Equipment and emergency medications: All offices in which parenteral or multiple oral sedation is administered or prescribed must comply with the following recordkeeping and equipment standards:

(a) Dental records must contain appropriate medical history and patient evaluation. Dosage and forms of medications dispensed shall be noted.

(b) Office facilities and equipment shall include:

(i) Suction equipment capable of aspirating gastric contents from the mouth and pharynx.

(ii) Portable oxygen delivery system including full face masks and a bag-valve-mask combination with appropriate connectors capable of delivering positive pressure, oxygen-enriched patient ventilation and oral and nasal pharyngeal airways of appropriate size.

(iii) A blood pressure cuff (sphygmomanometer) of appropriate size and stethoscope; or equivalent monitoring devices.

(iv) An emergency drug kit with minimum contents of:

- Sterile needles, syringes, and tourniquet
- Narcotic antagonist
- A and B adrenergic stimulant
- Vasopressor
- Coronary vasodilator
- Antihistamine
- Parasympatholytic
- Intravenous fluids, tubing, and infusion set
- Sedative antagonists for drugs used if available.

(3) Continuing education: A dentist who administers conscious parenteral or multi-agent oral sedation must participate in eighteen hours of continuing education or equivalent every three years. The education must include instruction in one or more of the following areas: Venipuncture, intravenous sedation, physiology, pharmacology, nitrous oxide analgesia, patient evaluation, patient monitoring, medical emergencies, basic life support (BLS), or advanced cardiac life support (ACLS).

(4) A permit of authorization is required. (See WAC 246-817-175 for training requirements.)

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-760, filed 10/10/95, effective 11/10/95.]

WAC 246-817-770 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 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 this section. 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 this section or sponsored by an accredited school, medical or dental association or society, or dental specialty association.

(2) 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.

(3) 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.

(4) 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 DQAC 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).

(5) A permit of authorization is required.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-770, filed 10/10/95, effective 11/10/95.]

WAC 246-817-780 Mandatory reporting of death or significant complication. If a death or other life-threatening complication or permanent injury which may be a result of the administration of nitrous oxide, conscious sedation, deep sedation or general anesthesia, the dentist involved must submit a written report to the DQAC within thirty days of the incident.

The written report must include the following:

(1) Name, age, and address of the patient.

(2) Name of the dentist and other personnel present during the incident.

(3) Address of the facility or office where the incident took place.

(4) Description of the type of sedation or anesthetic being utilized at the time of the incident.

(5) Dosages, if any, of drugs administered to the patient.

(6) A narrative description of the incident including approximate times and evolution of symptoms.

(7) Additional information which the DQAC may require or request.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-780, filed 10/10/95, effective 11/10/95.]

WAC 246-817-790 Application of chapter 18.130 RCW. The provisions of the Uniform Disciplinary Act, chapter 18.130 RCW, apply to the permits of authorization that may be issued and renewed under this chapter.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-790, filed 10/10/95, effective 11/10/95.]

WAC 246-817-801 Intent. It is the intent of the legislature that the DQAC seek ways to identify and support the rehabilitation of dentists where practice or competency may be impaired due to the abuse of drugs including alcohol. The legislature intends that these dentists be treated so that they can return to or continue to practice dentistry in a way which safeguards the public. The legislature specifically intends that the DQAC establish an alternate program to the traditional administrative proceedings against such dentists.

In lieu of disciplinary action under RCW 18.130.160 and if the DQAC determines that the unprofessional conduct may be the result of substance abuse, the DQAC may refer the license holder to a voluntary substance abuse monitoring program approved by the DQAC.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-801, filed 10/10/95, effective 11/10/95.]

WAC 246-817-810 Terms used in WAC 246-817-801 through 246-817-830. "Aftercare" is that period of time after intensive treatment that provides the dentist or the dentist's family with group or individual counseling sessions, discussions with other families, ongoing contact and participation in self-help groups, and ongoing continued support of treatment and/or monitoring program staff.

"Approved substance abuse monitoring program" or "approved monitoring program" is a program the DQAC

has determined meets the requirements of the law and the criteria established by the DQAC in the Washington Administrative Code which enters into a contract with dentists who have substance abuse problems regarding the required components of the dentist's recovery activity and oversees the dentist's compliance with these requirements. Substance abuse monitoring programs may provide evaluation and/or treatment to participating dentists.

"Approved treatment facility" is a facility approved by the bureau of alcohol and substance abuse, department of social and health services according to RCW 18.130.175.

"Contract" is a comprehensive, structured agreement between the recovering dentist and the approved monitoring program wherein the dentist consents to comply with the monitoring program and the required components for the dentist's recovery activity.

"Dentist support group" is a group of dentists and/or other health professionals meeting regularly to support the recovery of its members. The group provides a confidential setting with a trained and experienced facilitator in which participants may safely discuss drug diversion, licensure issues, return to work, and other professional issues related to recovery.

"Random drug screens" are laboratory tests to detect the presence of drugs of abuse in bodily fluids collected under observation which are performed at irregular intervals not known in advance by the person to be tested.

"Substance abuse" is the impairment, as determined by the DQAC, of a dentist's professional services by an addiction to, a dependency on, or the use of alcohol, legend drugs, or controlled substances.

"Twelve-steps groups" are groups such as Alcoholics Anonymous, Narcotics Anonymous, and related organizations based on a philosophy of anonymity, belief in a power outside of oneself, peer group association, and self-help.

[Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-810, filed 10/10/95, effective 11/10/95.]

WAC 246-817-820 Approval of substance abuse monitoring programs. The DQAC will approve the monitoring program(s) which will participate in the recovery of dentists. The DQAC will enter into a contract with the approved substance abuse monitoring program(s) on an annual basis.

(1) An approved monitoring program may provide evaluations and/or treatment to the participating dentists.

(2) An approved monitoring program staff must have the qualifications and knowledge of both substance abuse and the practice of dentistry as defined in this chapter to be able to evaluate:

- (a) Drug screening laboratories;
- (b) Laboratory results;
- (c) Providers of substance abuse treatment, both individual and facilities;
- (d) Dentists' support groups;
- (e) The dentists' work environment; and
- (f) The ability of the dentist to practice with reasonable skill and safety.

(3) An approved monitoring program shall enter into a contract with the dentist and the DQAC to oversee the dentist's compliance with the requirements of the program.

(4) An approved monitoring program staff shall evaluate and recommend to the DQAC, on an individual basis, whether a dentist will be prohibited from engaging in the practice of dentistry for a period of time and restrictions, if any, on the dentist's access to controlled substances in the work place.

(5) An approved monitoring program shall maintain records on participants.

(6) An approved monitoring program shall be responsible for providing feedback to the dentist as to whether treatment progress is acceptable.

(7) An approved monitoring program shall report to the DQAC any dentist who fails to comply with the requirements of the monitoring program.

(8) An approved monitoring program shall provide the DQAC with a statistical report on the program, including progress of participants, at least annually, or more frequently as requested by the DQAC.

(9) The approved monitoring program shall receive from the DQAC guidelines on treatment, monitoring, and/or limitations on the practice of dentistry for those participating in the program.

(10) An approved monitoring program shall provide for the DQAC a complete financial breakdown of cost for each individual dental participant by usage at an interval determined by the DQAC in the annual contract.

(11) An approved monitoring program shall provide for the DQAC a complete annual audited financial statement.

(12) An approved monitoring program shall enter into a written contract with the DQAC and submit monthly billing statements supported by documentation.

[Statutory Authority: RCW 18.32.035, 95-21-041, § 246-817-820, filed 10/10/95, effective 11/10/95.]

WAC 246-817-830 Participation in approved substance abuse monitoring program. (1) In lieu of disciplinary action, the dentist may accept DQAC referral into an approved substance abuse monitoring program.

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professionals with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which shall include, but not be limited to the following:

(i) The dentist shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber, as defined in RCW 69.41.030 and 69.50.101.

(ii) The dentist shall submit to random drug screening as specified by the approved monitoring program.

(iii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the DQAC if the dentist does not comply with the requirements of this contract.

(iv) The dentist shall undergo intensive substance abuse treatment in an approved treatment facility.

(v) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(vi) The treatment counselor(s) shall provide reports, as requested by the dentist, to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(vii) The dentist shall attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(viii) The dentist shall comply with specified practice conditions and restrictions as defined by the contract.

(ix) Except for (b)(i) through (iii) of this subsection, an approved monitoring program may make an exception to the foregoing comments on individual contracts.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(d) The dentist may be subject to disciplinary action under RCW 18.130.160 and 18.130.180 if the dentist does not consent to be referred to the approved monitoring program, does not comply with specified practice restrictions, or does not successfully complete the program.

(2) A dentist who is not being investigated by the DQAC or subject to current disciplinary action, not currently being monitored by the DQAC for substance abuse, may voluntarily participate in the approved substance abuse monitoring program without being referred by the DQAC. Such voluntary participants shall not be subject to disciplinary action under RCW 18.130.160 and 18.130.180 for their substance abuse, and shall not have their participation made known to the DQAC if they meet the requirements of the approved monitoring program:

(a) The dentist shall undergo a complete physical and psychosocial evaluation before entering the approved monitoring program. This evaluation shall be performed by health care professional(s) with expertise in chemical dependency.

(b) The dentist shall enter into a contract with the approved substance abuse monitoring program to comply with the requirements of the program which may include, but not be limited to the following:

(i) The dentist shall undergo approved substance abuse treatment in an approved treatment facility.

(ii) The dentist shall agree to remain free of all mind-altering substances, including alcohol, except for medications prescribed by an authorized prescriber as defined in RCW 69.41.030 and 69.50.101.

(iii) The dentist must complete the prescribed aftercare program of the approved treatment facility, which may include individual and/or group psychotherapy.

(iv) The dentist must cause the treatment counselor(s) to provide reports to the approved monitoring program at specified intervals. Reports shall include treatment prognosis and goals.

(v) The dentist shall submit to random observed drug screening as specified by the approved monitoring program.

(vi) The dentist shall attend dentists' support groups and/or twelve-step group meetings as specified by the contract.

(vii) The dentist shall comply with practice conditions and restrictions as defined by the contract.

(viii) The dentist shall sign a waiver allowing the approved monitoring program to release information to the DQAC if the dentist does not comply with the requirements of this contract.

(c) The dentist is responsible for paying the costs of the physical and psychosocial evaluation, substance abuse treatment, random drug screens, and therapeutic group sessions.

(3) Treatment and pretreatment records shall be confidential as provided by law.

[Statutory Authority: RCW 18.32.035. 95-21-041, § 246-817-830, filed 10/10/95, effective 11/10/95.]

WAC 246-817-990 Dentist fees. The following fees shall be charged by the department of health:

Title of Fee	Fee
Original application by examination*	
Initial application	\$ 325.00
Faculty license application	325.00
Resident license application	60.00
Renewal:	
Annual birthdate renewal	215.00
Surcharge - impaired dentist	5.00
Late renewal penalty	110.00
Original application - License without examination	
Initial application	350.00
Initial license	350.00
Duplicate license	15.00
Certification	25.00
Anesthesia permit	
Initial application	50.00
Renewal - (three-year renewal cycle)	50.00
Late renewal penalty	50.00
On-site inspection fee	To be determined by future rule adoption.

* In addition to the initial application fee above, applicants for licensure via examination will be required to submit a separate application and examination fee directly to the dental testing agency accepted by the dental quality assurance commission.

All fees shall be made payable by check or money order, in U.S. funds, to the "department of health."

All application and renewal fees are nonrefundable.

New fees shall become effective September 1, 1995.

[Statutory Authority: RCW 43.70.040. 95-16-122, § 246-817-990, filed 8/2/95, effective 9/1/95.]

Chapter 246-818 WAC

DENTISTS—BOARD OF DENTAL EXAMINERS

WAC

246-818-015 through 246-818-991 Repealed.

DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER

- 246-818-015 Adjudicative proceedings—Procedural rules for the board of dental examiners. [Statutory Authority: RCW 18.32.035. 94-08-011, § 246-818-015, filed 3/28/94, effective 4/28/94.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-020 Examination eligibility and application. [Statutory Authority: RCW 18.32.035. 94-11-088, § 246-818-020, filed 5/17/94, effective 6/17/94; 92-01-122 (Order 228B), § 246-818-020, filed 12/19/91, effective 1/19/92; 91-01-007 (Order 101B), recodified as § 246-818-020, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-101, filed 6/22/88. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-101, filed 1/26/82. Statutory Authority: RCW 18.29.030 and 18.32.040. 81-08-043 (Order PL 374), § 308-40-101, filed 3/31/81; 80-05-063 (Order PL 342), § 308-40-101, filed 4/22/80. Statutory Authority: RCW 18.32.040. 79-04-011 (Order 295, Resolution No. 295), § 308-40-101, filed 3/13/79.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-030 Examination content. [Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-030, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040(4) and 18.32.120. 89-06-075 (Order PM 819), § 308-40-102, filed 3/1/89. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-102, filed 6/22/88. Statutory Authority: RCW 18.32.040. 87-09-097 (Order PM 649), § 308-40-102, filed 4/22/87; 86-08-046 (Order PL 583), § 308-40-102, filed 3/27/86; 84-07-050 (Order PL 462), § 308-40-102, filed 3/21/84; 83-08-021 (Order PL 431), § 308-40-102, filed 3/29/83; 82-04-024 (Order PL 391), § 308-40-102, filed 1/26/82; 79-04-011 (Order 295, Resolution No. 295), § 308-40-102, filed 3/13/79.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-040 Dismissal from examination. [Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-040, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-103, filed 6/22/88. Statutory Authority: RCW 18.32.040. 82-04-024 (Order PL 391), § 308-40-103, filed 1/26/82.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-050 Examination results. [Statutory Authority: RCW 18.32.120. 91-14-087 (Order 180B), § 246-818-050, filed 7/1/91, effective 8/1/91. Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-050, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.640. 89-01-083 (Order PM 809), § 308-40-104, filed 12/20/88. Statutory Authority: RCW 18.32.040. 85-16-113 (Order PL 547), § 308-40-104, filed 8/7/85; 84-11-025 (Order PL 467), § 308-40-104, filed 5/11/84; 82-04-024 (Order PL 391), § 308-40-104, filed 1/26/82.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-060 Practical examination review procedures. [Statutory Authority: RCW 18.32.035. 92-01-122 (Order 228B), § 246-818-060, filed 12/19/91, effective 1/19/92; 91-01-007 (Order 101B), recodified as § 246-818-060, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.32.120. 89-13-052 (Order PM 834), § 308-40-105, filed 6/19/89. Statutory Authority: RCW 18.32.040 and 18.130.050. 88-13-131 (Order PM 740), § 308-40-105, filed 6/22/88. Statutory Authority: RCW 18.32.040. 87-09-097 (Order PM 649), § 308-40-105, filed 4/22/87; 82-04-024 (Order PL 391), § 308-40-105, filed 1/26/82. Statutory Authority: RCW 18.29.030 and 18.32.040. 80-18-009 (Order 363), § 308-40-105, filed 11/24/80; 80-05-063 (Order PL 342), § 308-40-105, filed 4/22/80.]
- 246-818-070 Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-080 Written examination review procedures. [Statutory Authority: RCW 18.32.035. 92-01-122 (Order 228B), § 246-818-070, filed 12/19/91, effective 1/19/92; 91-01-007 (Order 101B), recodified as § 246-818-070, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040 and 18.32.120. 89-13-052 (Order PM 834), § 308-40-106, filed 6/19/89.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-090 Application for licensure—AIDS education requirements. [Statutory Authority: RCW 18.32.035. 92-01-122 (Order 228B), § 246-818-080, filed 12/19/91, effective 1/19/92. 91-01-007 (Order 101B), recodified as § 246-818-080, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 70.24.270. 90-08-011, § 308-40-107, filed 3/26/90, effective 4/26/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-100 Graduates of nonaccredited schools. [Statutory Authority: RCW 18.32.035. 92-01-122 (Order 228B), § 246-818-090, filed 12/19/91, effective 1/19/92; 91-01-007 (Order 101B), recodified as § 246-818-090, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.040. 84-23-062 (Order PL 496), § 308-40-110, filed 11/21/84; 83-08-021 (Order PL 431), § 308-40-110, filed 3/29/83; 82-04-024 (Order PL 391), § 308-40-110, filed 1/26/82; Order PL 253, § 308-40-110, filed 7/13/76; Order PL 194, § 308-40-110, filed 7/2/75.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-100 Licenses—Persons licensed or qualified out-of-state who are faculty at school of dentistry—Conditions. [Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-100, filed 12/6/90, effective 1/31/91. Statutory Authority: RCW 18.32.035 and 18.32.195. 90-11-083 (Order 057), § 308-40-115, filed 5/17/90, effective 6/17/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-120 Licensure without examination for dentists—Eligibility. [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.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-130 Licensure without examination for dentists—Application procedure. [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.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-140 Licensure without examination for dentists—Licensing examination standards. [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.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-142 Temporary practice permits—Eligibility. [Statutory Authority: RCW 18.32.0365 and 18.130.075. 94-22-072, § 246-818-142, filed 11/2/94, effective 12/3/94.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-143 Temporary practice permits—Issuance and duration. [Statutory Authority: RCW 18.32.0365 and 18.130.075. 94-22-072, § 246-818-143, filed 11/2/94, effective

- 12/3/94.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-150 Renewal of licenses. [Statutory Authority: RCW 18.32.035. 91-01-007 (Order 101B), recodified as § 246-818-150, filed 12/6/90, effective 1/31/91. Statutory Authority: 1989 c 202 § 22. 90-05-039 (Order 036), § 308-40-135, filed 2/14/90, effective 3/1/90.] Repealed by 96-01-083, filed 12/18/95, effective 1/18/96. Statutory Authority: RCW 18.32.035.
- 246-818-991 Dentist fees. [Statutory Authority: RCW 43.70.040. 94-02-058, § 246-818-991, filed 1/3/94, effective 3/1/94.] Repealed by 95-16-122 and 96-01-083, filed 8/2/95 and 12/18/95, effective 9/1/95 and 1/18/96. Statutory Authority: RCW 43.70.040 and 18.32.035.

Reviser's note: Later promulgation, see chapter 246-817 WAC.

WAC 246-818-015 through 246-818-991 Repealed.
See Disposition Table at beginning of this chapter.

Chapter 246-828 WAC

HEARING AID FITTERS AND DISPENSERS

WAC

- 246-828-040 Examination review and appeal procedures.
- 246-828-070 Trainees—Minimum standards of training.
- 246-828-075 Student supervisors—Scope and definitions.
- 246-828-080 Minimum standards of equipment.
- 246-828-090 Standards for equipment calibration.
- 246-828-100 Minimal standards of practice.
- 246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or material facts.
- 246-828-295 Inactive status license.
- 246-828-300 Licensure renewal, late penalty, reexamination required.
- 246-828-320 Minimum standards for fitting and dispensing locations.
- 246-828-360 Procedure for declaratory ruling.
- 246-828-370 AIDS prevention and information education requirements.
- 246-828-400 Temporary practice permits—Scope and purpose.
- 246-828-410 Definitions.
- 246-828-530 Exceptions.
- 246-828-550 Programs approved by the board on fitting and dispensing of hearing aids.
- 246-828-560 Certification of compliance.
- 246-828-990 Hearing aid fitter/dispenser fees.

WAC 246-828-040 Examination review and appeal procedures. (1) Each applicant who takes the examination for licensure and does not pass any part of the examination shall be provided information indicating the area of the examination in which the applicant was deficient with the notice of the examination results.

(2) Any applicant who does not pass a part of the examination may request an informal review by the board of his or her examination results. This request must be in writing and must be received by the department within thirty days of the postmark of the notice of examination results.

(3) The procedure for the informal review is as follows:

(a) An applicant submitting a written request for an informal review by the deadline described in subsection (2) of this section shall be contacted by the department to arrange an appointment to appear personally in the Olympia office to review the part or parts of the examination failed.

(b) The applicant shall be provided a form to complete in the Olympia office in defense of examination answers and/or examination performance.

(c) The applicant shall be identified only by applicant number for the purpose of this procedure. Letters of reference or requests for special consideration shall not be read or considered by the board.

(d) That applicant may bring textbooks or published material for use in completing the informal review, but such material must be retained by the Olympia office until the board has completed the informal review request submitted by the applicant.

(e) The applicant shall not be allowed to take any notes or materials from the office upon leaving.

(f) The information submitted to the board for its consideration in the informal review must state the specific reason or reasons why the results of the examination should be changed. The board shall not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The board shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reviewed could result in a passing score in the examination.

(g) The board shall schedule a closed session meeting to conduct the informal review of the material submitted by the applicant.

(h) The applicant shall be notified in writing of the results of the informal review.

(4) Any applicant who is not satisfied with the result of the examination review may request that a formal hearing be held before the board pursuant to the Administrative Procedure Act. Such a hearing request must be received by the department within thirty days of postmark of the notification of the result of the board's informal review of the applicant's examination results. The request must be in writing and must state the specific reasons why the results of the examination should be changed. The board shall not modify examination results unless the applicant can prove or show conclusive evidence of error in examination content or procedure, or bias, prejudice, or discrimination in the examination process. The board shall not consider a challenge to the examination unless the total revised score including the questions or sections to be reconsidered could result in a passing score in the examination.

(5) The hearing shall not be scheduled until the applicant and the state's attorney have appeared before an administrative law judge for a prehearing conference to consider the following:

- (a) The simplification of issues;
- (b) The necessity of amendments to the notice of specific reasons for the examination result modification;
- (c) The possibility of obtaining stipulations, admission of facts and documents;
- (d) The limitation of the number of expert witnesses;
- (e) A schedule for completion of all discovery; and,
- (f) Such other matters as may aid in the disposition of the proceeding.

(6) The administrative law judge shall enter an order which recites the actions taken at the conference, the amendments allowed to the pleadings and the agreements

made by the parties or their qualified representatives as to any of the matters considered, including the settlement or simplification of issues, and which limits the issues for hearing to those not disposed of by admissions or agreements; and such order shall control the subsequent course of the proceeding unless modified for good cause by subsequent rehearing order.

(7) Applicants shall receive at least twenty days notice of the time and place of the formal hearing. The hearing shall be restricted to the specific reasons the applicant has identified as the basis for a change in the examination score.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-040, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-040, filed 5/8/91, effective 6/8/91; 89-14-007 (Order PM 848), § 308-50-035, filed 6/22/89; 89-04-017 (Order PM 818), § 308-50-035, filed 1/23/89. Statutory Authority: RCW 18.35.161(3). 87-14-030 (Order PM 654), § 308-50-035, filed 6/26/87.]

WAC 246-828-070 Trainees—Minimum standards of training. (1) The sponsor shall provide training in the following areas during the direct supervision period:

- (a) Basic physics of sound;
 - (b) The human hearing mechanism, including the science of hearing and the causes and rehabilitation of abnormal hearing and hearing disorders;
 - (c) Structure and function of hearing aids;
 - (d) Pure tone audiometry, including air conduction testing and bone conduction testing;
 - (e) Live voice or recorded voice speech audiometry, including speech reception, threshold testing, most comfortable level, uncomfortable level, and speech discrimination testing;
 - (f) Effective masking;
 - (g) Recording and evaluation of audiograms and speech audiometry to determine hearing aid candidacy;
 - (h) Selection and adaptation of hearing aids and testing of hearing aids;
 - (i) Taking ear mold impressions;
 - (j) Otoscopy;
 - (k) Evidence of knowledge regarding the medical and rehabilitation facilities that are available for children and adults in the area served;
 - (l) Evidence of knowledge of grounds for revocation or suspension of license under the provisions of this chapter;
 - (m) Fitting verification and post-fitting follow-up.
- (2) Completion of the above training and competency of the trainee to perform such duties shall be documented by initial of both trainee and sponsor on a form provided by the department. The completed training verification form shall be submitted to the department upon completion of the direct supervision period. Failure to maintain a training log or to verify training to the department shall be a violation of this chapter and may subject the sponsor to disciplinary action by the board.

(3) Trainees who have met one of the following are exempt from the minimum standards of training requirement. Documentation of the exemption shall be certified by the sponsor and submitted on a form provided by the department.

(a) Successful completion of the National Institute for Hearing Instruments Studies (NIHIS) Basic Course for Independent Study;

(b) Documentation that the trainee is either licensed in audiology in another state, or certified as an audiologist by the American Speech and Hearing Association, or holds a masters degree in audiology;

(c) Certification by the sponsor that the trainee has received the required minimum training from a previous sponsor.

(d) Successful completion of a vocational training program approved by the board.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-070, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 94-11-108, § 246-828-070, filed 5/18/94, effective 6/18/94; 91-11-031 (Order 165B), recodified as § 246-828-070, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-100, filed 4/4/84; Order PL 159, § 308-50-100, filed 2/8/74.]

WAC 246-828-075 Student supervisors—Scope and definitions. (1) Students enrolled in an accredited education or training program may perform the duties of a hearing aid fitter dispenser in the course of their training if under the supervision of a Washington state licensed hearing aid fitter dispenser. Supervision shall mean that the licensee is physically present on the premises at all times.

(2) An accredited education or training program shall be defined as any course of study in the field of fitting and dispensing hearing aids that is offered by a school or program recognized by the state of Washington.

(3) The student shall at all times wear an identification badge readily visible to the public which identifies him or her as a student.

(4) The licensed supervisor shall be responsible for all acts of the student.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-075, filed 9/7/95, effective 10/8/95.]

WAC 246-828-080 Minimum standards of equipment. Minimum equipment in the fitting and dispensing of hearing aids shall include:

- (1) Access to a selection of hearing aid models, and hearing aid supplies and services sufficiently complete to accommodate the various user needs.
- (2) Facilities for the personal comfort of customers.
- (3) A test environment with background noise no greater than American National Standards Institute specifications (S3.1-1960 (R-1971)) plus 15 dB.
- (4) Pure tone audiometer calibrated in accordance with WAC 246-828-090.

(5) Equipment appropriate for conducting speech audiometry (testing).

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-080, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-080, filed 5/8/91, effective 6/8/91; 84-19-019 (Order PL 479), § 308-50-110, filed 9/12/84; Order PL 159, § 308-50-110, filed 2/8/74.]

WAC 246-828-090 Standards for equipment calibration. All electronic equipment utilized by licensees for the determination of audiometric thresholds for pure tones and for speech shall conform to all current standards of the American National Standards Institute. Licensees shall insure that all such audiometric equipment has been evaluated electrically and acoustically at least once each

year, adjusted or repaired if necessary, and that conformity with such standards was determined at that time. Records of such calibration shall be permanently maintained by licensees and shall be available for inspection at any time by the department. No licensee shall be permitted to certify as to the calibration of his own equipment unless authorized to do so by the department. In addition, all licensees shall utilize routine procedures for the daily inspection of audiometric equipment, or prior to use if used less often than on a daily basis, to generally determine that it is in normal working order.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-090, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-090, filed 5/8/91, effective 6/8/91; 84-08-062 (Order PL 463), § 308-50-120, filed 4/4/84; Order PL 159, § 308-50-120, filed 2/8/74.]

WAC 246-828-100 Minimal standards of practice.

Minimum procedures in the fitting and dispensing of hearing aids shall include:

(1) Obtain case history to include the following:

(a) As required by WAC 246-828-280, documentation of referrals, or as otherwise required by this chapter.

(b) Historical evaluation to include inquiry regarding hearing loss, onset of loss, and any associated symptoms including significant noise in the ears, vertigo, acute or chronic dizziness, nausea, earaches, or other such discomfort which may indicate the presence of medical illness. Specific inquiry should be made to determine if hearing loss has been sudden or rapidly progressive in the past ninety days, if there has been any active drainage or infection in ears during the past ninety days, and if there are any specific physical problems which may relate to the use of a hearing aid.

(2) Examination of the ears should be done to reasonably determine if any of the following conditions exist:

(a) Impacted ear wax.

(b) Foreign body within the ear canal.

(c) Discharge in the ear canal.

(d) Presence of inflammation or irritation of the ear canal.

(e) Perforation of the ear drum.

(f) Any other abnormality.

(3) Hearing testing shall be performed to include the following:

(a) Hearing loss, or residual hearing, shall be established for each ear using puretone threshold audiometry by air and bone conduction with effective masking as required.

(b) Appropriate live voice or recorded speech audiometry by ear phones to determine the following: Speech reception threshold, most comfortable level, uncomfortable level, and the speech discrimination percent.

(c) Hearing testing shall be conducted in the appropriate environment as required by WAC 246-828-080, minimum standards of equipment, or as otherwise required by this chapter.

(d) When puretone audiometry indicates an air-bone gap of 15db or more, 500, 1000, and 2000 Hz, the presence of unilateral hearing loss, or any inconsistent audiometric findings, the client shall be advised of the potential help available through medical treatment. Should the client decline to consider such methods, or if the client has previously been appropriately treated or has been advised

against such procedures, an appropriate notation shall be made in the client's record.

(e) In the event a client is referred to a licensee by an M.A. audiologist, otologist, otolaryngologist, or by a fitter/dispenser duly licensed under chapter 18.35 RCW, and the audiometric results obtained within the previous six months are provided to the licensee as a part of this referral, the applicable provisions of WAC 246-828-100 shall not be required. However, a confirmatory audiometric examination is recommended.

(4) Medical evaluation requirements:

(a) If the prospective hearing aid user is eighteen years of age or older, the hearing aid dispenser may afford the prospective user an opportunity to waive the medical evaluation requirements of (b) of this subsection provided that the hearing aid dispenser:

(i) Informs the prospective user that the exercise of the waiver is not in the user's best health interest;

(ii) Does not in any way actively encourage the prospective user to waive such a medical evaluation;

(iii) Affords the prospective user the opportunity to sign the following statement:

I have been advised by (hearing aid fitter/dispenser name) that the Food and Drug Administration has determined that my best health interest would be served if I had a medical evaluation before purchasing a hearing aid; and

(iv) Provides the prospective user with a copy of the signed waiver statement.

(b) Except as provided in (a) of this subsection, a hearing aid dispenser shall not sell a hearing aid unless the prospective user has presented to the hearing aid dispenser a written statement signed by a licensed physician that states that the patient's hearing loss has been medically evaluated and the patient may be considered a candidate for a hearing aid. The medical evaluation must have taken place within the preceding six months.

(5) Selection and fitting of the hearing aid shall include the following:

(a) Provide information regarding the selection of the most appropriate method and model for amplification for the needs of the client.

(b) Provide the user with the cost of the recommended aids and services.

(c) Provide for or have available an appropriate custom made ear mold.

(d) Provide final fitting of the hearing aid to ensure physical and operational comfort.

(e) Provide adequate instructions and appropriate post-fitting adjustments to ensure the most successful use of the hearing aid.

(6) Keeping records on every client to whom the licensee renders service in connection with the dispensing of a hearing aid. Such records shall be preserved for at least three years after the dispensing of the first hearing aid to the client. If other hearing aids are subsequently dispensed to that client, cumulative records must be maintained for at least three years after the latest dispensing of an aid to that client. The records must be available for the department inspection and will include:

(a) Client's case history.

(b) Source of referral and appropriate documents.

(c) Medical clearance for the hearing aid user or the waiver set forth in subsection (4)(a)(iii) of this section which has been signed after being fully informed that it is in the best health interest to seek medical evaluation.

(d) Copies of any contracts and receipts executed in connection with the fitting and dispensing of each hearing aid provided.

(e) A complete record of tests, test results, and services provided except for minor services.

(f) All correspondence specifically related to the service given the client or the hearing aid or aids dispensed to the client.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-100, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-100, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-130, filed 1/23/89; 84-19-018 (Order PL 478), § 308-50-130, filed 9/12/84; Order PL 159, § 308-50-130, filed 2/8/74.]

WAC 246-828-120 Unfair or deceptive practices, unethical conduct and unfair methods of competition—Misrepresenting products, services, personnel or material facts. It shall be an unfair or deceptive practice, unethical conduct or unfair method of competition for a licensee to misrepresent:

(1) The grade, quality, quantity, origin, novelty, price, cost, terms of sale, use, construction, size, composition, dimensions, type, design, development, visibility, durability, performance, fit, appearance, efficacy, benefits, cost of operation, resistance to climatic conditions, or physiological benefits of any hearing aid or the psychological well-being induced by a hearing aid;

(2) Any service or adjustment offered, promised, or to be supplied to purchasers of any hearing aid;

(3) Any material fact pertaining to the manufacture, distribution or marketing of any hearing aid; or

(4) The scientific or technical knowledge, training, experience or other qualifications of a licensee, or of his employees, relating to the selection, fitting, adjustment, maintenance or repair of industry products;

(5) Misrepresent shall mean making misleading, deceiving, improbable or untruthful representations or in any other material respect, the character, extent or type of his/her business except as provided in WAC 246-828-140.

(6) The reparability, including the cost thereof, or the adequacy of a prospective purchaser's own hearing aid(s) or ancillary equipment.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-120, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-120, filed 5/8/91, effective 6/8/91; 84-19-018 (Order PL 478), § 308-50-150, filed 9/12/84; Order PL 159, § 308-50-150, filed 2/8/74.]

WAC 246-828-295 Inactive status license. An inactive license shall be issued to a currently licensed fitter and dispenser at the time of his or her annual renewal upon the department's receipt of the licensee's written request and payment of the inactive license fee. An inactive license may be returned to active status upon written request of the licensee in accordance with RCW 18.35.095. An inactive license shall be renewed annually on the licensee's birthdate by submitting to the department the inactive status fee.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-295, filed 9/7/95, effective 10/8/95.]

WAC 246-828-300 Licensure renewal, late penalty, reexamination required. (1) A license shall be renewed annually on or before the licensee's birthdate. An initial license shall expire on the licensee's next birthdate. Unless otherwise specified in statute, the secretary may prorate the renewal fee based on 1/12 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 licensee may renew his/her license at the annual renewal rate, for one year. 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 its expiration date, shall be subject to investigation for unprofessional conduct in accordance with RCW 18.130.180(7) for unlicensed practice.

(4) Late renewal penalty fees, reinstatement of licensure. A license holder who fails to renew his or her license on or before its expiration date may be issued a license to practice during the first three years that the license has been allowed to lapse. The licensee shall remit to the department a completed reinstatement application, late penalty fee, all back annual renewal fees, and proof of completion of the continuing education requirement for the time the license was lapsed. Late renewal penalty fees shall be based on the following formula:

If the annual renewal The late renewal penalty fee is:

From \$1 to \$50	100% of the renewal fee
From \$51 to \$100	\$50 flat fee
\$101 or more	50% of the renewal fee, but no more than \$300

(5) If a licensee has allowed his or her license to lapse for more than three years the licensee shall, before the license may be reinstated to active status, satisfactorily complete all portions of the licensing examination and pay the applicable examination and licensing fees.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-300, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-300, filed 5/8/91, effective 6/8/91; 89-04-017 (Order PM 818), § 308-50-350, filed 1/23/89. Statutory Authority: 1983 c 39 § 7. 83-23-056 (Order PL 447), § 308-50-350, filed 11/15/83.]

WAC 246-828-320 Minimum standards for fitting and dispensing locations. (1) The hours of business of each hearing aid establishment shall be prominently and continuously displayed and visible to the public at each regular place or places of business owned or operated by that establishment.

(2) All such regular place or places of business or any activities emanating therefrom shall meet the minimum standards for facilities and equipment essential for the testing of hearing and the fitting and dispensing of hearing aids as set forth in WAC 246-828-080.

(3) The term "place or places of business" means a location where a licensee engages or intends to engage in the fitting and dispensing of hearing aids at a permanent address(es) open to the public on a regular basis.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-320, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-320, filed 5/8/91, effective 6/8/91; 85-10-024 (Order PL 526), § 308-50-390, filed 4/24/85.]

WAC 246-828-360 Procedure for declaratory ruling. (1) In accord with RCW 34.05.240, on petition of any interested person, the board may issue a declaratory ruling with respect to the applicability to any person, property, or state of facts of any rule or statute enforceable by it.

(2) Such interested person shall submit the petition for declaratory ruling in written form to the board's departmental staff.

(3) The petition shall set forth, at a minimum, the following:

- (a) The name of the person(s) seeking the ruling,
- (b) The person's or persons' interest in the subject matter of the petition,
- (c) The rule or statute at issue,
- (d) A concise statement of the facts at issue, and
- (e) A statement by the petitioner that he or she understands that he or she waives any possible objections to the board's fitness to hear the same matter as a disciplinary case should the board decline to issue a declaratory ruling or should the board issue a ruling contrary to the petitioner(s) argument and the facts otherwise warrant prosecution.

(4) The board shall make the preliminary decision whether or not to accept the petition at the first meeting subsequent to the department's receipt of the request or as soon thereafter as reasonably possible.

(5) If the board accepts the petition, the matter may be referred to committee, but shall ultimately be decided by a quorum of the board.

(6) The party or parties to the petition may request leave to present argument which may or may not be heard at the discretion of the board.

(7) The ruling shall be binding, pursuant to RCW 34.05.240, if issued after argument and stated to be binding between the board and the petitioner.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-360, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-360, filed 5/8/91, effective 6/8/91; 86-09-064 (Order PL 586), § 308-50-430, filed 4/17/86.]

WAC 246-828-370 AIDS prevention and information education requirements. (1) Definitions.

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of social and health services or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for licensure. Effective July 1, 1989, persons who submit an application for a license to fit/dispense hearing aids or who submit an application for a trainee permit shall submit, prior to being granted a license

and in addition to the other requirements for licensure, evidence to show compliance with the educational requirements of subsection (4) of this section.

(3) Renewal of licenses. Effective with the renewal period beginning July 1, 1989, and ending June 30, 1990, all persons making application of licensure renewal shall submit, in addition to the other requirements, evidence to show compliance with the education requirements of subsection (4) of this section.

(4) AIDS education and training.

(a) Acceptable education and training. The board will accept education and training that is consistent with the topical outline available from the office on AIDS. Such education and training shall be a minimum of four clock hours regarding the prevention, transmission and treatment of AIDS, and may include, but is not limited to, the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues to include confidentiality; and psychosocial issues to include special population considerations.

(b) Implementation. Effective July 1, 1989, the requirement for licensure, renewal, or reinstatement of any license on lapsed, inactive, or disciplinary status shall include completion of AIDS education and training. All persons affected by this section shall show evidence of completion of an education and training program, which meets the requirements of (a) of this subsection.

(c) Documentation. The licensee or applicant for licensure shall:

(i) Certify, on forms provided, that the minimum education and training has been completed after January 1, 1987;

(ii) Keep records for two years documenting attendance and description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance has taken place.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-370, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161. 91-11-031 (Order 165B), recodified as § 246-828-370, filed 5/8/91, effective 6/8/91. Statutory Authority: 1988 c 206 § 604. 88-23-106 (Order PM 797), § 308-50-500, filed 11/22/88.]

WAC 246-828-400 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 board. All licensing requirements established for obtaining a fitter dispenser license shall be completed as part of the application for a temporary practice permit.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-400, filed 9/7/95, effective 10/8/95. 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 board.

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-410, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-008 (Order 341B), § 246-828-410, filed 3/5/93, effective 4/5/93.]

WAC 246-828-530 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 board, 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 (1) and (3). 95-19-017 § 246-828-530, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-530, filed 3/5/93, effective 4/5/93.]

WAC 246-828-550 Programs approved by the board on fitting and dispensing of 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 (1) and (3). 95-19-017 § 246-828-550, filed 9/7/95, effective 10/8/95. 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 board, 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 (1) and (3). 95-19-017 § 246-828-560, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 18.35.161(3). 93-07-007 (Order 342B), § 246-828-560, filed 3/5/93, effective 4/5/93.]

WAC 246-828-990 Hearing aid fitter/dispenser fees.

The following fees shall be charged by the health professions quality assurance division 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
Inactive Status and renewal	175.00

[Statutory Authority: RCW 18.35.161 (1) and (3). 95-19-017 § 246-828-990, filed 9/7/95, effective 10/8/95. Statutory Authority: RCW 43.70.250. 94-08-038, § 246-828-990, filed 3/31/94, effective 5/1/94; 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.]

Chapter 246-830 WAC MASSAGE PRACTITIONERS

WAC

246-830-005	Definitions.
246-830-230	Frequency and location of examinations.
246-830-401	Scope and purpose.
246-830-410	Repealed.
246-830-420	Approval of school, program, or apprenticeship program.
246-830-430	Training.
246-830-440	Curriculum—Academic standards—Faculty—Student clinic.
246-830-450	Health, sanitation, and facility standards.
246-830-475	Qualification of program for continuing education credit.
246-830-610	Definitions.
246-830-990	Massage fees.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

246-830-410 Definitions. [Statutory Authority: RCW 18.108.025(1), 94-13-181, § 246-830-410, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-410, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-410, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-010, filed 6/9/88.] Repealed by 95-11-108, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025(1).

WAC 246-830-005 Definitions. For the purpose of administering chapter 18.108 RCW, the following definitions shall apply:

(1) "Massage" as defined by RCW 18.108.010 includes but is not limited to the techniques of Swedish massage, bodywork, soft tissue manipulation and somatic practice and education.

(2) "Massage school" is an institution which has the sole purpose of offering training in massage therapy.

(3) "Massage program" is training in massage therapy offered by an academic institution which also offers training in other areas of study. A program is an established area of study offered on a continuing basis.

(4) "Apprenticeship program" is defined for the purposes of this chapter as training in massage administered by an apprenticeship trainer that satisfies the educational requirements for massage set forth in WAC 246-830-430, 246-830-440, and 246-830-450. This training shall be offered by an apprenticeship trainer to no more than three apprentices at one time and shall be completed within two years.

(5) "Apprenticeship trainer" is defined as a massage practitioner licensed in the state of Washington with not less than five current years of experience in full-time practice.

(6) "Apprentice" is defined as an individual enrolled in an apprenticeship program, and shall be held to the same standards as students in schools or programs.

(7) "Student" shall mean an individual currently enrolled in an approved school, program, or apprenticeship program, who is practicing massage solely for the purposes of education as is incidental to their current course work and who is not receiving compensation for said practice.

(8) "Direct supervision" shall mean a faculty member is on the premises, is quickly and easily available and the client has been examined by the faculty member at such time as acceptable massage practice requires.

[Statutory Authority: RCW 18.108.025(1), 95-11-108, § 246-830-005, filed 5/23/95, effective 6/23/95.]

WAC 246-830-230 Frequency and location of examinations. (1) The board will normally conduct examinations twice a year.

(2) Written examinations will be conducted prior to the practical examinations. Applicants will be required to pass the written examination and the practical examination.

(3) Written and practical examinations will be conducted at a location within the state as determined by the secretary.

(4) A notification will be sent to the address of record of each examination applicant at least fifteen days prior to each applicant's scheduled examination dates. Such notification will contain appropriate instructions or information and will reflect the time, date and location at which the applicant

is expected to appear for examination. Examination fees are nonrefundable. Should an applicant fail to appear for examination at the designated time and place, the applicant shall forfeit the examination fee unless he/she has notified the division of professional licensing of his/her inability to appear for the scheduled examination. Notification must reach the department of health at least five days before the designated time. With the required five days notice, a candidate may request to be rescheduled for examination any time within two years of the time he/she submitted his/her original application.

[Statutory Authority: RCW 18.108.025(1), 95-11-108, § 246-830-230, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.085, 92-02-018 (Order 224), § 246-830-230, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 18.108.025, 91-01-077 (Order 102B), recodified as § 246-830-230, filed 12/17/90, effective 1/31/91; 90-13-005 (Order 053), § 308-51-120, filed 6/7/90, effective 7/8/90. Statutory Authority: RCW 18.108.020, 83-23-077 (Order PL 448), § 308-51-120, filed 11/18/83; 80-01-017 (Order PL 330, Resolution No. 12/79), § 308-51-120, filed 12/13/79; Order PL 248, § 308-51-120, filed 5/25/76.]

WAC 246-830-401 Scope and purpose. (1) The minimum educational requirements for licensure to practice massage therapy in Washington is successful completion of a course of study from a massage school, program, or apprenticeship program approved by the board.

(2) The purpose of this chapter is to provide a set of standards and procedures by which massage schools, programs, or apprenticeship programs may obtain approval by the board in order that graduates of those schools, programs, or apprenticeship programs may be permitted to take examinations for licensure.

[Statutory Authority: RCW 18.108.025(1), 95-11-108, § 246-830-401, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025, 92-15-153 (Order 291B), § 246-830-401, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-401, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-030, filed 6/9/88.]

WAC 246-830-410 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-830-420 Approval of school, program, or apprenticeship program. The board may accept proof of a national professional association's approval of a school or program based on standards and requirements which are substantially equivalent to those identified in this chapter, in lieu of the requirements contained in this chapter. Approval in this manner may be requested on a form provided by the department. The board will consider for approval any school, program, or apprenticeship program which meets the requirements as outlined in this chapter.

(1) Approval of any other school or program may be requested on a form provided by the department.

(2) Application for approval of a school or program, shall be made by the authorized representative of the school or the administrator of the apprenticeship agreement.

(3) The authorized representative of the school or the administrator of the apprenticeship program may request approval of the school or program, as of the date of the application or retroactively to a specified date.

(4) The application for approval of a school, program, or apprenticeship program shall include, but not be limited to, documentation required by the board pertaining to:

Syllabus, qualifications of instructors, training locations, and facilities, outline of curriculum plan specifying all subjects and length in hours such subjects are taught, class objectives, and a sample copy of one of each of the following exams: Anatomy, physiology, and massage therapy.

(5) Any school, program, or apprenticeship program that is required to be licensed by private vocational education (see chapter 28C.10 RCW or Title 28B RCW), or any other statute, must complete these requirements before being considered by the board for approval.

(6) The board will evaluate the application and, if necessary, conduct a site inspection of the school, program, or apprenticeship program, prior to granting approval by the board.

(7) Upon completion of the evaluation of the application, the board may grant or deny approval or grant approval conditioned upon appropriate modification to the application.

(8) In the event the department denies an application or grants conditional approval, the authorized representative of the applicant's school or program may request a review within thirty days of the board's adverse decision/action. Should a request for review of an adverse action be made after thirty days following the board's action, the contesting party may obtain review only by submitting a new application.

(9) The authorized representative of an approved school, program or the administrator of an apprenticeship agreement shall notify the board of significant changes with respect to information provided on the application within sixty days.

(10) The board may inspect or review an approved school, program, or apprenticeship program at reasonable intervals for compliance. Approval may be withdrawn if the board finds failure to comply with the requirements of law, administrative rules, or representations in the application.

(11) The authorized representative of a school, program or administrator of an apprenticeship agreement must immediately correct the deficiencies which resulted in withdrawal of the board's approval.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-420, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-420, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-420, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-020, filed 6/9/88.]

WAC 246-830-430 Training. (1) A massage education program shall have a curriculum and system of training consistent with its particular area of practice. The training in massage therapy shall consist of a minimum of five hundred hours. An hour of training is defined as fifty minutes of actual instructional time. Certification in American Red Cross first aid and American Heart Association CPR or the equivalent shall be required. This requirement is in addition to the five hundred hours of training in massage therapy. These five hundred hours are not to be completed in less than six months and shall consist of the following:

(a) One hundred thirty hours of anatomy, physiology, and kinesiology including palpation, range of motion, and physics of joint function. There must be a minimum of forty hours of kinesiology.

(b) Fifty hours of pathology including indications and contraindications consistent with the particular area of practice.

(c) Two hundred sixty-five hours of theory and practice of massage to include techniques, remedial movements, body mechanics of the practitioner, and the impact of techniques on pathologies. A maximum of fifty of these hours may include time spent in a student clinic. Hydrotherapy shall be included when consistent with the particular area of practice.

(d) Fifty-five hours of clinical/business practices, at a minimum to include hygiene, recordkeeping, medical terminology, professional ethics, business management, human behavior, client interaction, and state and local laws.

(2) To receive credit in an apprenticeship program for previous education, this education must have been completed within the five-year period prior to enrollment in the apprenticeship program.

(3) Students attending schools and programs outside the state of Washington shall acquire a working knowledge of the laws of Washington state applying to massage therapy.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-430, filed 5/23/95, effective 6/23/95; 94-13-181, § 246-830-430, filed 6/21/94, effective 7/22/94. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-430, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-430, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-040, filed 6/9/88.]

WAC 246-830-440 Curriculum—Academic standards—Faculty—Student clinic. (1) The curriculum of the school, program, or apprenticeship program shall be designed and presented to meet or exceed the requirement of five hundred hours.

(2) Academic standards. The school, program or apprenticeship trainer shall regularly evaluate the quality of its instruction and have a clearly defined set of standards of competence required of its students. Promotion to each successive phase of the program and graduation shall be dependent on mastery of the knowledge and skills presented in the program.

(3) Faculty. Apprenticeship trainers and faculty members shall be qualified by training and experience to give effective instruction in the subject(s) taught. The apprenticeship trainer and faculty should develop and evaluate the curriculum instructional methods and facilities; student discipline, welfare, and counseling; assist in the establishment of administrative and educational policies, and scholarly and professional growth. Schools, programs, or apprenticeship programs shall not discriminate on the basis of sex, race, age, color, religion, physical handicap, or national or ethnic origin in the recruitment and hiring of faculty.

(4) Student clinic (optional program). The clinical facilities shall be adequate in size, number, and resources to provide for student practice of massage on the general public. There shall be properly equipped rooms for consultations, massage therapy or treatment, and equipment as required in the practice of massage. A faculty member who is a licensed massage practitioner and adequately experienced in massage therapy must be present in the clinic at all times the clinic is open and in direct supervision of, and have final decision in, the massage therapy which is rendered to clients by students.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-440, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-440, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-440, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-050, filed 6/9/88.]

WAC 246-830-450 Health, sanitation, and facility standards. All schools, programs, and apprenticeship programs shall have adequate facilities and equipment available for students learning massage therapy. All facility equipment shall be maintained in accordance with local rules and ordinances in addition to those imposed by chapter 246-830 WAC. Instructional and practice equipment shall be similar to that found in common occupational practice. An adequate reference library, appropriate to the subjects being taught, shall be available.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-450, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.025. 92-15-153 (Order 291B), § 246-830-450, filed 7/22/92, effective 8/22/92; 91-01-077 (Order 102B), recodified as § 246-830-450, filed 12/17/90, effective 1/31/91; 88-13-038 (Order PM 739), § 308-51A-060, filed 6/9/88.]

WAC 246-830-475 Qualification of program for continuing education credit. Completion of a formal program of learning which serves to enhance the professional knowledge and development of the licensee shall qualify as continuing education credit. For the purposes of this chapter, a formal program of learning shall be defined as any of the following:

- (1) Attendance at a local, state, national or international continuing education program having a featured speaker;
- (2) First aid, CPR or emergency related classes;
- (3) Viewing of educational video tapes not to exceed four credits;
- (4) Teaching a seminar for the first time, not to exceed eight hours;
- (5) Business and management courses not to exceed six hours;
- (6) Specialized training in an aspect of massage therapy provided by an individual who has expertise in that area, has been licensed in this state for no less than three years, and who charges a fee;
- (7) Courses from a state, county, or city school or program or approved massage school, program, or apprenticeship trainer in massage therapy or related topics; or
- (8) Training provided by a health care professional certified or licensed in their area of expertise.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-475, filed 5/23/95, effective 6/23/95; 94-13-181, § 246-830-475, filed 6/21/94, effective 7/22/94.]

WAC 246-830-610 Definitions. For the purposes of WAC 246-830-610 through 246-830-690, the following words and phrases shall have the following meanings unless the context clearly indicates otherwise.

- (1) "Department" means the department of health, whose address is:

Department of Health
Health Professions Quality Assurance Division
P.O. Box 1099
Olympia, Washington 98507-1099

(2) "Hospital" means any health care institution licensed pursuant to chapter 70.41 RCW.

(3) "Massage practitioner" means an individual licensed under chapter 18.108 RCW.

(4) "Mentally or physically disabled massage practitioner" means a massage practitioner who is currently mentally incompetent or mentally ill as determined by a court, or who is unable to practice massage therapy with reasonable skill and safety to patients by reason of any mental or physical condition and who continues to practice while so impaired.

(5) "Nursing home" means any health care institution which comes under chapter 18.51 RCW.

(6) "Unprofessional conduct" means the conduct described in RCW 18.130.180.

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-610, filed 5/23/95, effective 6/23/95. Statutory Authority: RCW 18.108.085 and 18.130.050. 92-02-018 (Order 224), § 246-830-610, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-830-610, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 18.130.070. 89-14-092 (Order PM 842), § 308-51-230, filed 6/30/89.]

WAC 246-830-990 Massage fees. The following fees shall be charged by the health professions quality assurance division of the department of health:

Title of Fee	Fee
Written examination and reexamination	\$ 65.00
Practical examination and reexamination	50.00
Initial license	55.00
Renewal	65.00
Late renewal penalty	50.00
Certification	15.00
Duplicate license	15.00

[Statutory Authority: RCW 18.108.025(1). 95-11-108, § 246-830-990, filed 5/23/95, effective 6/23/95. 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 246-838 WAC PRACTICAL NURSES

WAC

246-838-140	Repealed.
246-838-150	Repealed.
246-838-160	Repealed.
246-838-170	Repealed.
246-838-180	Repealed.
246-838-190	Repealed.
246-838-200	Repealed.
246-838-210	Repealed.
246-838-220	Repealed.
246-838-230	Repealed.
246-838-240	Repealed.
246-838-990	Repealed.

**DISPOSITION OF SECTIONS FORMERLY
CODIFIED IN THIS CHAPTER**

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| <p>246-838-140 Establishment of new practical nursing program. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-140, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-110, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-150 Survey visits. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-150, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-120, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-160 Board action following survey visits. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-160, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-130, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-130, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-170 Termination of a suspension. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-170, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-140, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-180 Student records. [Statutory Authority: RCW 18.130.050 and 18.78.050. 94-08-050 § 246-838-180, filed 4/1/94, effective 5/2/94. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-180, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-150, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-190 Statement of completion of the course. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-190, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-160, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-200 Readmissions, transfers. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-200, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-170, filed 12/19/83. Formerly WAC 308-116-098.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-210 Clinical practice areas. [Statutory Authority: RCW 18.78.050. 91-13-023 (Order 175B), § 246-838-210, filed 6/11/91, effective 7/12/91; 91-01-078 (Order 109B), recodified as § 246-838-210, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-180, filed 12/19/83. Formerly WAC 308-116-052.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-220 Structure for curriculum implementation. [Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-220, filed 12/17/90, effective 1/31/91; 84-01-061 (Order PL 452), § 308-117-190, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-230 Curriculum standards in an approved practical nursing program. [Statutory Authority: RCW 18.78.050 and 18.130.050. 92-02-046 (Order 231B), § 246-838-230, filed 12/27/91, effective 1/27/92. Statutory Authority: RCW 18.78.050. 91-01-078 (Order 109B), recodified as § 246-838-230, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-200, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-200, filed 12/19/83.] Repealed by 95-</p> | <p>21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-240 Curriculum content. [Statutory Authority: RCW 18.78.050. 92-17-023 (Order 296B), § 246-838-240, filed 8/10/92, effective 9/10/92; 91-01-078 (Order 109B), recodified as § 246-838-240, filed 12/17/90, effective 1/31/91. Statutory Authority: RCW 18.78.050 and 18.130.050. 87-17-021 (Order PM 672), § 308-117-300, filed 8/12/87. Statutory Authority: RCW 18.78.050. 84-01-061 (Order PL 452), § 308-117-300, filed 12/19/83.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.</p> <p>246-838-990 Practical nurse fees. [Statutory Authority: RCW 43.70.250. 94-08-102, § 246-838-990, filed 4/6/94, effective 5/7/94; 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.] Repealed by 95-12-021, filed 5/31/95, effective 7/1/95. Statutory Authority: RCW 18.79.200.</p> |
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WAC 246-838-140 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-150 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-160 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-170 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-180 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-190 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-200 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-210 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-220 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-230 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-240 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-838-990 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-839 WAC REGISTERED NURSES

WAC

246-839-505	Repealed.
246-839-506	Repealed.
246-839-525	Repealed.
246-839-530	Repealed.
246-839-535	Repealed.
246-839-540	Repealed.
246-839-545	Repealed.
246-839-550	Repealed.
246-839-555	Repealed.
246-839-560	Repealed.
246-839-565	Repealed.
246-839-570	Repealed.
246-839-575	Repealed.
246-839-990	Repealed.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-839-505 Philosophophy governing approval of nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-505, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-505, filed 7/28/88. Statutory Authority: RCW 18.88.080. 80-04-072 (Order PL 339), § 308-120-505, filed 3/27/80. Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-506 Purposes of board approval of nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-506, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-506, filed 7/28/88. Statutory Authority: RCW 18.88.080. 80-04-072 (Order PL 339), § 308-120-506, filed 3/27/80.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-525 Approval of nursing education programs. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-525, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-525, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-525, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-530 Denial, conditional approval or withdrawal of approval. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-530, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-530, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-530, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-535 Reinstatement of approval. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-535, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-535, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-535, filed 7/28/88.]

Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-540 Appeal of board decisions. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-540, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-540, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-540, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-545 Closing of an approved nursing education program. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-545, filed 11/19/91, effective 12/20/91; 91-07-049 (Order 116B), recodified as § 246-839-545, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-545, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-550 Purpose, philosophy, and objectives for approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-550, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-550, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-555 Organization and administration for approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-555, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-555, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-560 Resources, facilities, and services for approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-560, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-560, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-565 Students in approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-23-077 (Order 214B), § 246-839-565, filed 11/19/91, effective 12/20/91; 91-07-067 (Order 152B), § 246-839-565, filed 3/20/91, effective 4/20/91; 91-07-049 (Order 116B), recodified as § 246-839-565, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-565, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-570 Faculty in approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order 116B), recodified as § 246-839-570, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-570, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-575 Curriculum for approved nursing education programs. [Statutory Authority: RCW 18.88.080. 91-07-049 (Order

116B), recodified as § 246-839-575, filed 3/18/91, effective 4/18/91. Statutory Authority: RCW 18.88.080, 18.88.086, 18.88.110, 18.88.120, 18.88.140, 18.88.160, 18.88.190, 18.88.200, 18.88.220, 18.130.050 and 1988 c 211. 88-16-034 (Order PM 751), § 308-120-575, filed 7/28/88.] Repealed by 95-21-072, filed 10/16/95, effective 11/16/95. Statutory Authority: RCW 18.79.110.

246-839-990 Registered nurse fees. [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.] Repealed by 95-12-021, filed 5/31/95, effective 7/1/95. Statutory Authority: RCW 18.79.200.

WAC 246-839-505 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-506 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-525 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-530 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-535 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-540 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-545 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-550 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-555 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-560 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-565 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-570 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-575 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-839-990 Repealed. See Disposition Table at beginning of this chapter.

Chapter 246-840 WAC NURSING EDUCATION

WAC

246-840-500	Philosophy governing approval of nursing education programs.
246-840-505	Purposes of commission approval of nursing education programs.
246-840-510	Approval of nursing education programs.
246-840-520	Periodic evaluation of approved programs.
246-840-525	Commission action following survey visits.
246-840-530	Denial, conditional approval or withdrawal of approval.
246-840-535	Reinstatement of approval.
246-840-540	Appeal of commission decisions.
246-840-545	Closing of an approved nursing education program.
246-840-550	Purpose, philosophy, and objectives for approved nursing education programs.
246-840-555	Organization and administration for approved nursing education programs.
246-840-560	Resources, facilities, and services for approved nursing education programs.
246-840-565	Students in approved nursing education programs.
246-840-570	Faculty in approved nursing education programs.
246-840-575	Curriculum for approved nursing education programs.
246-840-990	Fees.

WAC 246-840-500 Philosophy governing approval of nursing education programs. While the commission herein has established minimum standards for approved schools of nursing, it believes that each school of nursing should have flexibility in developing and implementing its philosophy, purposes, and objectives. Such development and implementation should be based not only upon the minimum standards for approved schools of nursing, but also upon sound educational and professional principles for the preparation of registered and practical nurses to meet current and future nursing needs of the public. The commission believes that there must be congruence between the total program activities of the school of nursing and its stated philosophy, purpose and objectives.

The commission further believes that the minimum standards for approved schools of nursing can be useful to schools of nursing by promoting self-evaluation which may lead to program development and improvement.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-500, filed 10/16/95, effective 11/16/95.]

WAC 246-840-505 Purposes of commission approval of nursing education programs. The commission approves nursing education programs for the following purposes:

(1) To assure preparation for the safe practice of nursing by setting minimum standards for nursing education programs preparing persons for licensure as registered nurses or practical nurses;

(2) To provide guidance for the development of new nursing education programs;

(3) To foster continued improvement of established nursing education programs;

(4) To provide criteria for the commission to evaluate new or established nursing education programs;

(5) To assure the student adequate educational preparation;

(6) To assure eligibility for admission to the licensing examinations for registered or practical nurses, and to facilitate interstate endorsement of graduates of commission approved schools of nursing.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-505, filed 10/16/95, effective 11/16/95.]

WAC 246-840-510 Approval of nursing education programs. (1) Application for program development.

(a) An educational institution wishing to establish a program in nursing shall:

(i) Submit to the commission at least eighteen months in advance of expected opening date a statement of intent to establish a nursing education program.

(ii) Submit to the commission, along with the statement of intent, a feasibility study to include at least the following information:

(A) Nursing studies documenting the need for entry level nurses in the area.

(B) Purposes and classification of the program.

(C) Availability of qualified faculty.

(D) Budgeted faculty positions.

(E) Availability of adequate clinical facilities for the program.

(F) Availability of adequate academic facilities for the program.

(G) Potential effect on other nursing programs in the area.

(H) Evidence of financial resources adequate for the planning, implementation, and continuation of the program.

(I) Anticipated student population.

(J) Tentative time schedule for planning and initiating the program.

(iii) Respond to the commission's request(s) for additional information.

(b) The commission shall either grant or withhold approval for program development.

(2) Program development.

(a) At least twelve months in advance of the anticipated admission of students, the organization shall appoint a qualified nurse administrator to develop a proposed nursing education program. The proposed program plan shall include:

(i) Purpose, philosophy, and objectives.

(ii) Organization and administration.

(iii) Budget.

(iv) Resources, facilities, and services.

(v) Provisions for faculty, including qualifications, responsibilities, organization, and faculty/student ratio.

(vi) Curriculum, including course descriptions and course outlines.

(vii) Policies and procedures for student selection, admission, progression, withdrawal and graduation, and record system.

(viii) Projected plans for the orderly expansion of the program.

(b) The nurse administrator shall submit to the commission a written report of the proposed program plan at least five weeks prior to a scheduled commission meeting at which time the plan is to be reviewed. This review shall take place six months prior to the scheduled opening date of the program.

(c) A survey visit will be conducted by a representative of the commission before a decision regarding approval is rendered.

(d) Students may not be admitted to the program until approval has been granted by the commission.

(e) The nurse administrator of the program and other administrative officers of the organization shall attend the commission meeting to present the formal application and clarify and amplify materials included in the written report of the proposed program plan.

(f) The commission shall either grant or withhold provisional approval of the proposed nursing program.

(3) Provisional approval.

(a) The school shall submit course outlines to the commission for review and approval at least three months prior to offering the course;

(b) The school shall submit progress reports as requested by the commission; and

(c) Survey visits shall be scheduled as deemed necessary by the commission during the period of provisional approval.

(4) Full approval.

(a) A self-evaluation report of compliance with the standards for nursing education shall as identified in WAC 246-840-550 through 246-840-575 be submitted within three months following graduation of the first class, and a survey visit shall be made for consideration of full approval of the program.

(b) The commission will review the self-evaluation report, survey reports and added materials for full approval of the nursing education program only at scheduled commission meetings.

(c) The self-evaluation report, added materials and survey reports shall be in the commission office at least five weeks prior to the commission meeting.

(5) Satellite nursing education programs. An approved nursing education program wishing to initiate an off-campus, extended or satellite nursing program must submit a plan to the commission demonstrating that:

(a) A need for entry level nurses exists in the area.

(b) Faculty on-site meet all the requirements and qualifications of the parent nursing education program.

(c) Adequate clinical facilities are available and meet the requirements of the parent program.

(d) Academic facilities and resources are comparable to those of the parent program.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-510, filed 10/16/95, effective 11/16/95.]

WAC 246-840-520 Periodic evaluation of approved programs. (1) To ensure continuing compliance with the plan and standards of nursing education, all nursing education programs will be surveyed and reevaluated for continued approval every eight years. More frequent visits may occur as deemed necessary by the commission or at the request of the nursing education program.

(a) The survey visit will be made by representative(s) of the commission on dates mutually agreeable to the commission and the nursing education program.

(b) Announcement of a survey visit will be sent to programs at least twelve months in advance of the visit.

(c) Prior to the survey a program shall submit a self-evaluation report which provides evidence of compliance with the standards of nursing education as identified in WAC 246-840-550 through 246-840-575.

(d) The self-evaluation report prepared for the national nursing accreditation body may be substituted in lieu of the commission's survey report for that year if a national accreditation survey is scheduled concurrently. Where appropriate the survey will be made in conjunction with a national accreditation visit. An addendum to the report for the national accreditation survey must be submitted to address requirements of the state not considered by the national accrediting body.

(e) A draft of the survey visit report will be made available to the school for review and corrections in statistical data and for response to issues raised.

(f) Following the commission's review and decision, written notification regarding approval of the program and the commission comments and recommendations will be sent to the administrator of the nursing education program.

(2) Any proposed major curriculum revision, such as changes affecting the philosophy and objectives, significant course content changes, or changes in the length of the program, shall be presented to the commission for approval at least three months prior to implementation.

(3) Annual reports will be submitted on forms provided by the commission.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-520, filed 10/16/95, effective 11/16/95.]

WAC 246-840-525 Commission action following survey visits. (1) Whenever a matter directly concerning a nursing program is being considered by the commission, any commission member who is associated with the program shall not participate in the deliberation or decision-making action of the commission.

(2) Each program shall be evaluated in terms of its conformance to the curriculum standards as provided in this chapter.

(3) The commission shall give written notice to the educational institution and the nurse administrator of the nursing program information regarding its decision on the program's approval status.

(4) Continuing full approval shall be granted a nursing program that meets the requirements of the law and rules and regulations of the commission. Full approval may carry recommendations for improvement and for correcting deficiencies.

(5) If the commission determines that an approved nursing program is not maintaining the curriculum standards required for approval, the commission shall give written notice specifying the deficiencies and shall designate the period of time in which the deficiencies must be corrected. The program's approval shall be suspended if a program fails to correct the deficiencies within the specified period of time.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-525, filed 10/16/95, effective 11/16/95.]

WAC 246-840-530 Denial, conditional approval or withdrawal of approval. (1) The commission may deny approval to new programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575. All such commission actions shall be in accordance with the Washington Administrative Procedure Act and/or the administrative rules and regulations of the commission.

(2) Conditional approval shall be granted a nursing education program that has failed to meet the minimum standards contained in the law and the rules and regulations of the commission.

(a) Conditions that must be met within a designated time period shall be specified in writing.

(b) A conditionally approved program shall be reviewed at the end of the designated time period. Such review shall result in one of the following actions:

(i) Restoration of full approval;

(ii) Continuation of conditional approval for a specified period of time; or

(iii) Withdrawal of approval.

(3) The commission may withdraw approval from existing programs when it determines that a nursing education program fails substantially to meet the standards for nursing education as contained in WAC 246-840-550 through 246-840-575. All such actions shall be effected in accordance with the Administrative Procedure Act and/or the administrative rules and regulations of the commission.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-530, filed 10/16/95, effective 11/16/95.]

WAC 246-840-535 Reinstatement of approval. The commission may consider reinstatement of withdrawn approval of a nursing education program upon submission of satisfactory evidence that the program meets the standards of nursing education, WAC 246-840-550 through 246-840-575.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-535, filed 10/16/95, effective 11/16/95.]

WAC 246-840-540 Appeal of commission decisions. A nursing education program deeming itself aggrieved by a decision of the commission affecting its approval status shall have the right to appeal the commission's decision in accordance with the provisions of chapter 18.88 RCW and the Administrative Procedure Act, chapter 34.05 RCW.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-540, filed 10/16/95, effective 11/16/95.]

WAC 246-840-545 Closing of an approved nursing education program. (1) Voluntary closing. When a governing institution decides to close a program it shall notify the commission in writing, stating the reason, plan, and date of intended closing. The governing institution may choose one of the following closing procedures:

(a) The program shall continue until the last class enrolled is graduated.

(i) The program shall continue to meet the standards for approval, WAC 246-840-550 through 246-840-575 until all of the enrolled students have graduated.

(ii) The date of closure is the date on the degree, diploma, or certificate of the last graduate.

(iii) The commission shall be notified by the governing institution of the closing date.

(b) The program shall close after assisting in the transfer of students to other approved programs.

(i) The program shall continue to meet the standard required for approval, WAC 246-840-550 through 246-840-575 until all students are transferred.

(ii) A list of the names of students who have been transferred to approved programs and the date on which the last student was transferred shall be submitted to the commission by the governing institution.

(iii) The date on which the last student was transferred shall be the closing date of the program.

(c) Custody of records.

(i) If the program closes but the governing institution continues to function, it shall assume responsibility for the records of the students and graduates. The commission shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the commission for safekeeping.

(iii) The commission shall be consulted about the disposition of all other records.

(2) Closing as a result of withdrawal of approval. When the commission withdraws approval of a nursing education program, the governing institution shall comply with the following procedures:

(a) Students of the program shall be notified in writing of their status and options for transfer to an approved program.

(b) The program shall close after assisting in the transfer of students to other approved programs. A time frame for the transfer process will be established by the commission.

(c) A list of the names of students who have transferred to approved programs and the date on which the last student was transferred shall be submitted to the commission by the governing institution.

(d) Custody of records.

(i) If the governing institution continues to function, it shall assume responsibility for the records of the students and the graduates. The commission shall be advised of the arrangements made to safeguard the records.

(ii) If the governing institution ceases to exist, the academic records of each student and graduate shall be transferred to the commission for safekeeping.

(iii) The commission shall be consulted about the disposition of all other records.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-545, filed 10/16/95, effective 11/16/95.]

WAC 246-840-550 Purpose, philosophy, and objectives for approved nursing education programs. (1) The purpose, philosophy, and objectives of the program shall be stated clearly and shall be available in written form.

They shall be consistent with the definitions of nursing practice as outlined in RCW 18.79.040 and 18.79.060.

(2) The nursing education program shall have a statement of philosophy that is consistent with the philosophy of the governing institution.

(3) The objectives shall be consistent with the philosophy and shall describe the cognitive, affective, and psychomotor capabilities of the graduate.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-550, filed 10/16/95, effective 11/16/95.]

WAC 246-840-555 Organization and administration for approved nursing education programs. (1) The nursing education program shall be an integral part of the accredited governing institution. The governing institution accreditation must be by an approved accrediting body.

(2) The relationship of the nursing education program to other units within the governing institution shall be clearly delineated.

(3) The nursing education program shall be organized with clearly defined authority, responsibility, and channels of communication.

(4) The nursing education faculty shall be involved in determining academic policies and procedures of the nursing program.

(5) The nursing education program shall allow student participation in committees in the determination of program policies and procedures, curriculum planning and evaluation.

(6) The nursing education program shall be administered by a registered nurse currently licensed in this state with the following qualifications:

(a) In a program offering practical nursing education or associate degree, a minimum of a masters with a major in nursing, preparation in education and administration, and at least five years of professional experience as a registered nurse including two years of experience in nursing education. Exceptions allowed without prior commission approval:

(i) Current tenured faculty.

(ii) Ongoing reappointment of instructors or faculty prior to November 16, 1995.

(b) In a program offering the baccalaureate degree in nursing, a masters degree with a major in nursing, a doctoral degree in nursing or a related field, preparation in education and administration, and at least five years of experience as a registered nurse including two years of experience in nursing education at the baccalaureate level.

(7) The administrator of the nursing education program shall be responsible for creation and maintenance of an environment conducive to teaching and learning through:

(a) Facilitation of the development, implementation and evaluation of the curriculum.

(b) Liaison with central administration and other units of the governing institution.

(c) Facilitation of faculty development and performance review consistent with the policies of the institution. Encourage faculty to seek ways of improving clinical skills and methods of demonstrating continued clinical competence.

(d) Facilitation of faculty recruitment and appointment. The administration of the program is encouraged to establish a goal for acquiring faculty with diversity in ethnicity,

gender, clinical specialty and experience that would be representative of the students enrolled in the program.

(e) Recommendation of faculty for appointment, promotion, tenure, and retention consistent with the policies of the institution.

(f) Facilitation of the development of long-range goals and objectives for the nursing program.

(g) Facilitation of recruitment, selection, and advisement of students.

(h) Assurance that the rules and regulations of the state nursing commission are effectively implemented.

(i) Notifying the commission of any major changes in the program or its administration.

(8) The administrator of the nursing education program shall have designated time provided to conduct relevant administrative duties and responsibilities.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-555, filed 10/16/95, effective 11/16/95.]

WAC 246-840-560 Resources, facilities, and services for approved nursing education programs. (1) Classrooms, laboratories, and conference rooms shall be available and shall be adequate in size, number, and type according to the number of students and the educational purposes for which the rooms are to be used.

(2) Offices shall be available and adequate in size, number, and type to provide faculty with opportunity for uninterrupted work and privacy for the conferences with students. Adequate space shall be provided for clerical staff, records, files, and other equipment.

(3) Clinical facilities.

(a) A variety of sites shall be utilized for learning experiences to enable the student to observe and practice safe nursing care of persons at each stage of the human life cycle. These experiences shall include opportunities for the student to learn and provide nursing care to clients in the areas of acute and chronic illnesses, promotion and maintenance of wellness, prevention of illness, rehabilitation and support in death. Clinical experiences shall include opportunities to learn and provide care to clients from diverse ethnic and cultural backgrounds. The emphasis placed on these areas and the scope encompassed shall be in keeping with the purpose, philosophy and objectives of the program. The experiences may include, but need not be limited to, hospitals, clinics, offices of health professionals, health centers, nursery schools, elementary and secondary schools, rehabilitation centers, mental health clinics, public health departments, and extended care resources.

(b) Clinical facilities shall be selected to provide learning experience of sufficient number and kind for student achievement of the course/curriculum objectives. The number of hours of class and clinical practice opportunities and distribution of these shall be in direct ratio to the amount of time necessary for the student at the particular stage of development to accomplish the objectives.

(c) Clinical facilities shall be approved by the appropriate accreditation or licensing evaluation bodies, if such exist.

(d) Throughout the program the total hours of class and required clinical practice opportunities shall not exceed forty hours per week.

(4) Library facilities shall be provided for use by the faculty and students. Physical facilities, hours, and scope and currency of learning resources shall be appropriate for the purpose of the program and for the number of faculty and students.

(5) Periodic evaluations of resources, facilities, and services shall be conducted by the administration, faculty, and/or students.

(6) Adequate financial support for faculty, support personnel, equipment, supplies, and services shall be demonstrated.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-560, filed 10/16/95, effective 11/16/95.]

WAC 246-840-565 Students in approved nursing education programs. (1) The approved nursing education program shall:

(a) Provide in writing policies and procedures for selection, admission, progression, graduation, withdrawal, and dismissal. These policies shall be consistent with the policies of the governing institution. Where necessary, policies specific to nursing students may be adopted if justified by the nature and purposes of the nursing program.

(b) Maintain a system of student records.

(c) Provide a written statement of student rights and responsibilities.

(d) Require that students who seek admission by transfer from another approved nursing education program, or readmission for completion of the program, shall meet the equivalent of the program's current standards.

(2) The nursing education program shall provide the student in an ADN or BSN program with information on the legal definition and parameters of the nursing technician role, as in WAC 246-839-010(10) and 246-839-840. Such information shall be provided prior to the time of completion of the first clinical course and shall clearly advise the student of their responsibilities, should they choose to be employed as a nursing technician.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-565, filed 10/16/95, effective 11/16/95.]

WAC 246-840-570 Faculty in approved nursing education programs. (1) There shall be a sufficient number of qualified faculty with adequate diversity of expertise in nursing to meet the purposes and objectives of the nursing education program.

(2) The maximum ratio of faculty to students in clinical areas involving direct care of patients or clients shall be one faculty member to twelve students. A lower ratio may be required by the commission of nursing for students in initial or highly complex learning situations. Factors to be considered in determining the ratio are:

(a) The preparation and expertise of the faculty member;

(b) The objectives to be achieved;

(c) The level of students;

(d) The number, type, and conditions of patients;

(e) The number, type, location, and physical layout of clinical facilities being used for a particular course(s).

(3) Nursing faculty, including those in career ladder programs, shall have the following qualifications:

(a) A current license to practice as a registered nurse in Washington.

(b) A masters degree with a major in nursing from an accredited college or university shall be the minimum requirement for faculty appointment in a program preparing registered nurses.

A Baccalaureate degree with a major in nursing from an accredited college or university shall be the minimum requirement for faculty appointment in program preparing practical nurses only.

(i) Exceptions allowed without prior commission approval:

(A) Current tenured faculty.

(B) Ongoing reappointment of instructors or faculty prior to November 3, 1995.

(C) Temporary faculty replacement for less than three quarters or two semesters.

(ii) Exceptions allowed with prior commission approval:

(A) Temporary short-term faculty appointment of less than one academic year.

(B) Faculty specializing in a highly selected clinical area such as an operating room.

(c) Clinical experience as a registered nurse relevant to area(s) of responsibility.

(4) Nonnurse faculty must have academic and professional education and experience in their field of specialization.

(5) Faculty shall be responsible for:

(a) Developing, implementing, and evaluating the purpose, philosophy, and objectives of the nursing education program.

(b) Designing, implementing, and evaluating the curriculum.

(c) Developing and evaluating student admission, progression, retention, and graduation policies within the framework of the policies of the governing institution.

(d) Participating in or providing for academic advising and guidance of students.

(e) Evaluating student achievement, in terms of curricular objectives as related to both nursing knowledge and practice.

(f) Selecting, guiding, and evaluating student learning.

(g) Participating in activities to improve their own nursing competency in area(s) of responsibility and to demonstrate current clinical competency.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-570, filed 10/16/95, effective 11/16/95.]

WAC 246-840-575 Curriculum for approved nursing education programs. (1) The basic curriculum shall not be less than two academic years for preparation of a registered nurse. The basic curriculum shall not be less than nine months or forty weeks for preparation of a practical nurse.

(2) The length, organization, content, methods of instruction, and placement of courses shall be consistent with the philosophy of the program.

(3) The curriculum shall include:

FOR PRACTICAL NURSE PROGRAMS:

(a) Concepts of social, behavioral, and related foundation subjects which may be integrated, combined or presented as separate courses.

(i) Normal growth and development.

(ii) Psychology - social facts and principles; communication techniques and defense mechanisms, normal and abnormal behavior; loss, grief and dying.

(iii) Personal and vocational relationships.

(b) Biological and related foundation subjects, which may be integrated, combined or presented as separate courses.

(i) Anatomy and physiology.

(ii) Microbiology - elementary concepts.

(iii) Chemistry and physics - elementary concepts.

(iv) Nutrition and diet therapy.

(v) Pharmacology and applied mathematics.

(c) Principles and practice of practical nursing consistent with the practical nursing role of the beginning practitioner as provided by the standards of competency identified in WAC 246-838-260.

(i) Nursing ethics, nursing history and trends, vocational and legal aspects of nursing.

(ii) Medical and surgical nursing.

(iii) Parent/child nursing with only an assisting role in the care of clients during labor and delivery and those with complications.

(iv) Geriatric nursing.

(v) Mental health nursing.

(vi) All nursing courses shall include components of restorative, rehabilitative and supportive care.

(vii) Laboratory and clinical practice in the functions of the practical nurse, including but not limited to, administration of medications, common medical surgical techniques and related client teaching.

(viii) Concepts of client care management.

FOR REGISTERED NURSE PROGRAMS:

(a) Instruction in the physical and biological sciences and shall include content drawn from the areas of anatomy and physiology, physics, chemistry, microbiology, pharmacology and nutrition, which may be integrated, combined, or presented as separate courses.

(b) Instruction in the social and behavioral sciences and shall include content drawn from the areas of communications, psychology, sociology and anthropology, which may be integrated, combined, or presented as separate courses.

(c) Theory and clinical experiences in the areas of medical nursing, surgical nursing, obstetric nursing, nursing of children and psychiatric nursing, which may be integrated, combined, or presented as separate courses. Baccalaureate programs also shall include theory and clinical experiences in community health nursing.

(d) History, trends, and legal and ethical issues pertaining to the nursing profession, which may be integrated, combined, or presented as separate courses. Baccalaureate programs shall include study of research principles.

(e) Opportunities for the student to learn assessment of needs, planning, implementation, and evaluation of nursing care for diverse individuals and groups. Baccalaureate programs shall include the study and practice of leadership.

(f) Clinical experiences in the care of persons at each stage of the human life cycle. These experiences shall include opportunities for the student to learn and have direct involvement in, responsibility and accountability for nursing care in the areas of acute and chronic illnesses, promotion and maintenance of wellness. The emphasis placed on these areas, the scope encompassed, and other allied experiences offered shall be in keeping with the purpose, philosophy, and objectives of the program.

(g) Opportunities for the student to participate in multidisciplinary health care.

[Statutory Authority: RCW 18.79.110. 95-21-072, § 246-840-575, filed 10/16/95, effective 11/16/95.]

WAC 246-840-990 Fees. The following fees shall be charged by the health professions quality assurance commission division of the department of health:

(1) Practical nurse fees:

Title of Fee	Fee
Application (examination and reexamination)	\$69.00
License renewal	37.00
Impaired practical nurse assessment	4.00
Late renewal penalty	37.00
Inactive renewal	21.00
Inactive late renewal penalty	21.00
Endorsement - reciprocity	69.00
Duplicate license	21.00
Verification of licensure/education (written)	42.00

(2) Registered nurse fees:

Title of Fee	Fee
Application (examination)	\$40.00
License renewal	35.00
Late renewal penalty	100.00
Inactive renewal	10.00
Inactive late renewal penalty	5.00
Endorsement - reciprocity	40.00
Duplicate license	20.00
Examination retake	40.00
Verification of licensure/education (written)	25.00

(3) Advanced registered nurse fees:

Title of Fee	Fee
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 18.79.200. 95-12-021, § 246-840-990, filed 5/31/95, effective 7/1/95.]

Chapter 246-843 WAC NURSING HOME ADMINISTRATORS

WAC

246-843-010	General definitions.
246-843-090	Preexamination requirements.
246-843-205	Standards of conduct.
246-843-240	Repealed.
246-843-320	Renewal of licenses.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-843-240	Restoration and reinstatement of licenses. [Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-240, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-240, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14) and 18.52.120. 78-02-009 (Order PL 282), § 308-54-240, filed 1/6/78; Order PL 107, § 308-54-240, filed 3/3/71.] Repealed by 95-07-128, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.061.
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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 Washington licensed administrator who shall be available to consult with such person.

[Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-010, filed 3/22/95, effective 4/22/95; 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 246-843-090 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 from a recognized educational institution, 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 administrator;

Assistant administrator in a hospital or large health care facility;

Director of a hospital based skilled nursing 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; or

(d) No administrator-in-training program is required for individuals with a minimum of five years experience in the last seven years with extensive supervisory and budgetary

responsibility in one of the following positions or their equivalent:

Hospital administrator;

Assistant administrator in a hospital or large health care facility or agency;

Director of a hospital based skilled nursing facility;

Director of a subacute or transitional care unit; or

An individual who worked as a licensed nursing home administrator for a minimum of five years, in the past ten years, and whose license did not expire more than three years prior to application date.

(5) The AIT program, if required, shall include without limitations, the following:

(a) The program shall be under the guidance and supervision of a qualified 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 minimum of ninety percent of the required administrator-in-training hours are spent in a planned systematic rotation through each department of a resident occupied 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. 95-07-128, § 246-843-090, filed 3/22/95, effective 4/22/95; 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 246-843-205 Standards of conduct. Licensed nursing home administrators 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. 95-07-128, § 246-843-205, filed 3/22/95, effective 4/22/95; 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 246-843-240 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-843-320 Renewal of licenses. New or initial nursing home administrator licenses shall expire on the applicant's next birth anniversary date. Licensees may then annually renew their license from birth anniversary date to the next birth anniversary date.

[Statutory Authority: RCW 18.52.061. 95-07-128, § 246-843-320, filed 3/22/95, effective 4/22/95. Statutory Authority: RCW 18.52.100. 91-24-050 (Order 217B), § 246-843-320, filed 11/27/91, effective 12/28/91; 91-06-060 (Order 141B), § 246-843-320, filed 3/1/91, effective 4/1/91. Statutory Authority: RCW 18.52.100(14). 87-02-008 (Order PM 633), § 308-54-320, filed 12/29/86. Statutory Authority: RCW 43.24.140. 80-04-057 (Order 337), § 308-54-320, filed 3/24/80.]

Chapter 246-851 WAC OPTOMETRISTS

WAC

246-851-060	Repealed.
246-851-070	Repealed.
246-851-490	Examination and licensure.
246-851-500	Credentialing by endorsement.
246-851-560	Adjudicative proceedings.
246-851-990	Optometry fees.

DISPOSITION OF SECTIONS FORMERLY CODIFIED IN THIS CHAPTER

246-851-060	Examination subjects. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-060, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-084, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-084, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-084, filed 6/5/86.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.
246-851-070	Grading examinations. [Statutory Authority: RCW 18.54.070. 91-06-025 (Order 119B), recodified as § 246-851-070, filed 2/26/91, effective 3/29/91; 90-11-080 (Order 056), § 308-53-085, filed 5/16/90, effective 6/16/90. Statutory Authority: RCW 18.54.070(5). 87-09-046 (Order PM 646), § 308-53-085, filed 4/14/87; 86-13-008 (Order PM 598), § 308-53-085, filed 6/5/86; 84-09-082 (Order PL 465), § 308-53-085, filed 4/18/84; 83-10-052 (Order PL 433), § 308-53-085, filed 5/3/83; 82-12-077 (Order PL 399), § 308-53-085, filed 6/2/82.] Repealed by 95-14-114, filed 6/30/95, effective 7/31/95. Statutory Authority: RCW 18.54.070.

WAC 245-851-060 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-851-070 Repealed. See Disposition Table at beginning of this chapter.

WAC 246-851-490 Examination and licensure. Except for a candidate seeking licensure by credential or a candidate seeking a temporary license, to qualify for licensure in this state a candidate must:

(1) Successfully complete Parts I, II, and III of the National Board of Examiners in Optometry (NBEO) examinations; the Part III having been administered and successfully completed after January 1, 1993;

(2) Applicants who completed the NBEO Part II examination prior to January 1, 1993, must successfully complete the International Association of Examiners in Optometry (IAB) examination in treatment and management of ocular disease; and

(3) Successfully complete a jurisprudence examination; and

(4) Be a graduate of a state accredited high school or equivalent; and

(5) Be a graduate of a school or college of optometry accredited by the Council on Optometric Education of the American Optometric Association and approved by the Washington state board of optometry; and

(6) Be of good moral character.

[Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-490, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-490, filed 9/25/92, effective 10/26/92; 92-06-030 (Order 248B), § 246-851-490, filed 2/26/92, effective 3/28/92.]

WAC 246-851-500 Credentialing by endorsement. A license to practice optometry may be issued without examination to an individual licensed in another state that has licensing standards substantially equivalent to those in Washington.

(1) The license may be issued upon receipt of:

(a) Documentation from the state in which the applicant is licensed indicating that the state's licensing standards are substantially equivalent to the licensing standards currently applicable in Washington state;

(b) A completed application form with application fees;

(c) Verification from all states in which the applicant holds a license, whether active or inactive, indicating that the applicant is not subject to charges or disciplinary action for unprofessional conduct or impairment; and

(d) Certification that the applicant has read chapters 18.53, 18.54, 18.195 and 18.130 RCW, and chapters 246-851 and 246-852 WAC.

(2) No individual who has at any time failed to successfully complete the board administered examination is eligible for credentialing by endorsement under this section.

(3) The board may require additional information as needed to determine if an applicant is eligible for credentialing by endorsement.

[Statutory Authority: RCW 18.54.070. 95-14-114, § 246-851-500, filed 6/30/95, effective 7/31/95; 92-20-019 (Order 305B), § 246-851-500, filed 9/25/92, effective 10/26/92.]

WAC 246-851-560 Adjudicative proceedings. The board of optometry adopts the model procedural rules for adjudicative proceedings of the department of health contained in chapter 246-11 WAC.

[Statutory Authority: RCW 18.54.070, 18.130.050(1), 95-04-084, § 246-851-560, filed 1/31/95, effective 3/3/95.]

WAC 246-851-990 Optometry fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application—Nonrefundable	\$250.00
Temporary permit	50.00
Out-of-state seminar	100.00
License renewal	160.00
Late renewal	45.00
Duplicate license	15.00
Certification	25.00

[Statutory Authority: RCW 43.70.250, 95-14-111, § 246-851-990, filed 6/30/95, effective 7/31/95; 92-23-006 (Order 311), § 246-851-990, filed 11/5/92, effective 12/6/92; 92-06-029 (Order 246), § 246-851-990, filed 2/26/92, effective 3/28/92. Statutory Authority: RCW 43.70.250, 91-13-002 (Order 173), § 246-851-990, filed 6/6/91, effective 7/7/91. Statutory Authority: RCW 43.70.040, 91-06-028 (Order 137), recodified as § 246-851-990, filed 2/26/91, effective 3/29/91. Statutory Authority: RCW 43.24.086, 87-10-028 (Order PM 650), § 308-53-020, filed 5/1/87. Statutory Authority: 1983 c 168 § 12, 83-17-031 (Order PL 442), § 308-53-020, filed 8/10/83. Formerly WAC 308-53-310.]

Chapter 246-858 WAC

PHARMACISTS—INTERNSHIP REQUIREMENTS

WAC

246-858-020 General requirements.

WAC 246-858-020 General requirements. (1) RCW 18.64.080(3) states: "Any person enrolled as a student of pharmacy in an accredited college may file with the department an application for registration as a pharmacy intern —." A student of pharmacy shall be defined as any person enrolled in a college or school of pharmacy accredited by the board of pharmacy or any graduate of any accredited college or school of pharmacy.

(2) As provided for in RCW 18.64.080(3) the board of pharmacy hereby establishes fifteen hundred hours for the internship requirement.

(a) For graduates prior to January 1, 1999, credit may be allowed:

(i) Up to seven hundred hours for experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Eight hundred hours or more for experience obtained after completing the first quarter/semester of pharmacy education.

(b) For graduates after January 1, 1999, credit may be allowed:

(i) Up to twelve hundred hours of experiential classes as part of the curriculum of an accredited college or school of pharmacy commonly referred to as externship/clerkship;

(ii) Three hundred or more hours for experience obtained after completing the first quarter/semester of pharmacy education.

(c) The board will document hours in excess of these requirements for students qualifying for out-of-state licensure.

(3) An applicant for licensure as a pharmacist who has completed seven hundred internship hours will be permitted to take the state board examination for licensure; however, no pharmacist license will be issued to the applicant until the fifteen hundred internship hours have been completed. The hours must be completed and a pharmacist license issued within eighteen months of the date of graduation.

(4) To retain a certificate as a pharmacy intern, the intern must make continuing satisfactory progress in completing the pharmacy course.

(5) Experience must be obtained under the guidance of a preceptor who has met certification requirements prescribed in WAC 246-858-060 and has a certificate except as hereinafter provided for experience gained outside the state of Washington.

(6) Experience obtained in another state may be accepted toward the fulfillment of the fifteen hundred hour requirement provided that a letter is received from the board of pharmacy of that state in which the experience is gained and such letter indicates the experience gained would have been acceptable internship experience to the board of pharmacy in that state.

[Statutory Authority: RCW 18.64.005, 96-02-006, § 246-858-020, filed 12/20/95, effective 1/20/96; 92-12-035 (Order 277B), § 246-858-020, filed 5/28/92, effective 6/28/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-858-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(11), 88-06-060 (Order 211), § 360-10-010, filed 3/2/88; Order 139, § 360-10-010, filed 12/9/77; Order 106, § 360-10-010, filed 6/3/71; Regulation 48, § I, filed 6/17/66.]

Chapter 246-861 WAC

PHARMACISTS—PROFESSIONAL PHARMACEUTICAL EDUCATION

WAC

246-861-010	Definitions.
246-861-020	Renewal requirements.
246-861-040	Applications for approval of continuing education program—Post-approval of continuing education program.
246-861-050	Continuing education program approved providers.
246-861-055	Continuing education program.
246-861-060	Instructors' credit toward continuing education unit.
246-861-090	Amount of continuing education.

WAC 246-861-010 Definitions. (1) "Accredited programs/courses" means continuing education sponsored by providers which are approved by the American Council on Pharmaceutical Education (ACPE).

(2) "Board approved programs/courses" means continuing education which has been reviewed and approved by the board office.

(3) "Approved provider" means any person, corporation, or association approved either by the board or ACPE to conduct continuing professional education programs.

(4) "Continuing education" means accredited or approved post-licensure professional pharmaceutical education designed to maintain and improve competence in the practice of pharmacy, pharmacy skills, and preserve pharmaceutical standards for the purpose of protecting the public health, safety, and welfare.

(5) "Continuing education unit (CEU)" means one CEU is equivalent to ten contact hours of participation in accredited or board approved continuing education programs/courses.

[Statutory Authority: RCW 18.64.005, 95-08-019, § 246-861-010, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-010, filed 1/8/92, effective 2/8/92.]

WAC 246-861-020 Renewal requirements. (1) No renewal certificate of licensure shall be issued by the board of pharmacy until the applicant submits satisfactory proof to the board that during the twelve months preceding his or her application for renewal he or she has participated in courses of continuing professional pharmaceutical education of the types and number of continuing education credits specified by the board. Such continuing education is hereby declared to be a mandatory requirement for license renewal, except that pharmacists applying for the first annual renewal of their license following graduation shall be exempt from the provisions of this regulation.

(2) Continuing education requirements must be submitted along with the license application and fee. If the continuing education requirements are not complete the license renewal application will be returned with an explanatory note. The license renewal will not be processed until complete.

(3) A pharmacist shall be required to retain all original certificates and other documented evidence of participation in an approved/accredited continuing education program for a period of at least two years. Upon request, such documentation shall be made available to the board for random audit and verification purposes. Since individual pharmacist audits will usually be retrospective, it is recognized that disallowed credit may work hardship on the pharmacist involved. In cases where a pharmacist is audited and some or all credit is disallowed, the continuing education requirement for the following year will be increased by the amount of hours disallowed. A pharmacist who is audited and has credit disallowed will be required to submit verification of continuing education for the next two consecutive years by including continuing education certificates with the license renewal application.

(4) Failure to satisfy the continuing education requirement as a result of disallowed credit in two consecutive years or falsification of continuing education evidence and/or documentation will be considered in violation of these rules and will be sufficient cause for imposition of disciplinary action by the board.

(5) A pharmacist who desires to reinstate his or her pharmacist license after having been unlicensed for over one year shall, as a condition for reinstatement, submit proof of fifteen hours of continuing education for each year unlicensed or complete such continuing education credits as may be specified by the board in each individual case.

(6) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 18.64.005, 95-08-019, § 246-861-020, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-020, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-861-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-010, filed 6/26/80. Statutory Authority: RCW 69.50.201, 79-04-048 (Order 147, Resolution No. 3-79), § 360-11-010, filed 3/27/79; Order 116, § 360-11-010, filed 11/9/73.]

WAC 246-861-040 Applications for approval of continuing education program—Post-approval of continuing education program. (1) Applications for approval or post-approval of a continuing education program which is not an accredited program or provided by an approved provider shall be made on the form provided for this purpose by the Washington state board of pharmacy in the law book.

(2) The provider shall submit an application form forty-five days prior to the date the program will be held.

(3) A pharmacist who attends a program that has not been preapproved according to this rule, must submit application for approval within twenty days following the program.

(4) All programs approved by the American Council on Pharmaceutical Education are accepted for continuing education credit and do not require that an individual provider approval be obtained in each case.

(5) The board of pharmacy may accept comparable continuing education units which have been approved by other boards of pharmacy.

[Statutory Authority: RCW 18.64.005, 95-08-019, § 246-861-040, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-040, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW, 91-18-057 (Order 191B), recodified as § 246-861-040, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12), 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-023, filed 6/26/80.]

WAC 246-861-050 Continuing education program approved providers. (1) Any provider may apply to the board on forms provided by the board for qualification as an approved provider. If a provider is approved, the board will issue a certificate or other notification of qualification. The approval shall be effective for a period of two years and shall be renewable as set forth by the board. Providers who apply to the board for approved provider status must document the following:

(a) Identify the individual responsible for the providers' CE program;

(b) Provide copies of CE material and information used by the provider the previous two years with each renewal; and

(c) Develop a procedure for establishing:

(i) Educational goals and objectives for each program;

(ii) Program evaluation component for each program.

(d) A continuing education provider shall supply each attendee or subscriber with a written program description which lists the topic(s) covered, number of speakers or authors, time devoted to the program topic(s), and the instructional objectives of the program. The program description must also bear a statement of the number of

hours of continuing education credit assigned by the provider.

(e) The provider must make available to each attendee or subscriber proof of attendance or participation suitable for verifying to the board the completion of continuing education requirements.

(f) The provider shall retain, for a period of two years, a list of persons to whom proof of attendance or participation as specified in (b) of this subsection was supplied. Providers of nonevaluation self-instruction units shall be exempt from this requirement.

(2) The board shall establish the standards and specifications necessary for a provider to obtain approval. These standards and specifications shall at least be equivalent to those established for continuing education programs in pharmacy by the American Council on Pharmaceutical Education.

(3) The board may revoke or suspend an approval of a provider or refuse to renew such approval if the provider fails to maintain the necessary standards and specifications required.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-050, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-050, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-050, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-027, filed 6/26/80.]

WAC 246-861-055 Continuing education program.

(1) The continuing professional pharmaceutical education courses may consist of post-graduate studies, institutes, seminars, lectures, conferences, workshops, extension studies, correspondence courses and other similar methods of conveying continuing education as may be approved by the board.

(2) Such courses shall consist of subject matter pertinent to the following general areas of professional pharmaceutical education:

- (a) The legal aspects of health care;
 - (b) The properties and actions of drugs and dosage forms;
 - (c) The etiology, characteristics, therapeutics, and prevention of the disease state;
 - (d) Specialized professional pharmacy practice.
- (3) Full credit (hour for hour) shall be allowed for:
- (a) Speakers.
 - (b) Panels.
 - (c) Structured discussion, workshops, and demonstrations.
 - (d) Structured question and answer sessions.
- (4) Credit shall not be allowed for:
- (a) Welcoming remarks.
 - (b) Time spent for meals or social functions.
 - (c) Business sessions.
 - (d) Unstructured demonstrations (e.g., poster sessions).
 - (e) Unstructured question and answer sessions (e.g., after programs ends).
 - (f) Degree programs except advanced degrees in pharmacy.
- (5) Keynote speaker and topics must be submitted through the standard process.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-055, filed 3/27/95, effective 4/27/95.]

WAC 246-861-060 Instructors' credit toward continuing education unit. Any pharmacist whose primary responsibility is *not* the education of health professionals, who leads, instructs or lectures to groups of nurses, physicians, pharmacists or others on pharmacy-related topics in organized continuing education shall be granted one hour of continuing education credit for each hour spent in actually presenting the initial course or program which has been approved for continuing education credit.

Any pharmacist whose primary responsibility is the education of health professionals shall be granted continuing education credit only for time expended in leading, instruction or lecturing to groups of physicians, pharmacists, nurses or others on pharmacy related topics outside his/her formal course responsibilities in a learning institution.

A presenter shall not be granted multiple credit for multiple presentations of the same program of continuing education.

[Statutory Authority: RCW 18.64.005. 95-08-019, § 246-861-060, filed 3/27/95, effective 4/27/95; 92-03-029 (Order 234B), § 246-861-060, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-060, filed 8/30/91, effective 9/30/91; Order 116, § 360-11-030, filed 11/9/73.]

WAC 246-861-090 Amount of continuing education.

(1) The equivalent of 1.5 continuing education unit (equal to fifteen contact hours) of continuing education shall be required annually of each applicant for renewal of licensure. 0.1 CEU will be given for each contact hour. A pharmacist may claim an incentive of 0.15 CEU for each contact hour for successfully completing a patient education training program which meets the criteria listed below, provided that the incentive credits shall not exceed 1.2 CEU (equal to eight contact hours and four incentive hours).

(2) Patient education training requirements: The program must include patient-pharmacist verbal interactive techniques developed by role-playing in which the pharmacist, in dispensing a medication to the patient can verify that:

- (a) The patient knows how to use the medication correctly.
- (b) The patient knows about the important or significant side effects and potential adverse effects of the medication.
- (c) The patient has the information and demonstrates their understanding of the importance of drug therapy compliance.

[Statutory Authority: RCW 18.64.005. 96-02-007, § 246-861-090, filed 12/20/95, effective 1/20/96; 92-03-029 (Order 234B), § 246-861-090, filed 1/8/92, effective 2/8/92. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-861-090, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005(12). 80-08-036 (Order 156, Resolution No. 6/80), § 360-11-040, filed 6/26/80; Order 116, § 360-11-040, filed 11/9/73.]

Chapter 246-863 WAC
PHARMACISTS—LICENSING

WAC

246-863-095 Pharmacist's professional responsibilities.

WAC 246-863-095 Pharmacist's professional responsibilities. (1) A pharmacist shall not delegate the following professional responsibilities:

(a) Receipt of a verbal prescription other than refill authorization from a prescriber.

(b) Consultation with the patient regarding the prescription, both prior to and after the prescription filling and/or regarding any information contained in a patient medication record system provided that this shall not preclude a pharmacy assistant from providing to the patient or the patient's health care giver certain information where no professional judgment is required such as dates of refills or prescription price information.

(c) Consultation with the prescriber regarding the patient and the patient's prescription.

(d) Extemporaneous compounding of the prescription provided that bulk compounding from a formula and IV admixture products prepared in accordance with chapter 246-871 WAC may be performed by a level A pharmacy assistant when supervised by a pharmacist.

(e) Interpretation of data in a patient medication record system.

(f) Ultimate responsibility for all aspects of the completed prescription and assumption of the responsibility for the filled prescription, such as: Accuracy of drug, strength, labeling, proper container and other requirements.

(g) Dispense prescriptions to patient with proper patient information as required by WAC 246-869-220.

(h) Signing of the poison register and the Schedule V controlled substance registry book at the time of sale in accordance with RCW 69.38.030 and WAC 246-887-030 and any other item required by law, rule or regulation to be signed or initialed by a pharmacist.

(i) Professional communications with physicians, dentists, nurses and other health care practitioners.

(2) Utilizing personnel to assist the pharmacist.

(a) The responsible pharmacist manager shall retain all professional and personal responsibility for any assisted tasks performed by personnel under his or her responsibility, as shall the pharmacy employing such personnel. The responsible pharmacist manager shall determine the extent to which personnel may be utilized to assist the pharmacist and shall assure that the pharmacist is fulfilling his or her supervisory and professional responsibilities.

(b) This does not preclude delegation to an intern or extern.

[Statutory Authority: RCW 18.64.005. 96-02-005, § 246-863-095, filed 12/20/95, effective 1/20/96.]

Chapter 246-881 WAC
PHARMACY—PRESCRIPTION DRUG PRICE
ADVERTISING

WAC

246-881-040 Drug price disclosure—Required.

WAC 246-881-040 Drug price disclosure—Required. No pharmacy shall refuse to disclose the retail price of a prescription drug upon request by a consumer.

[Statutory Authority: RCW 18.64.005. 96-02-008, § 246-881-040, filed 12/20/95, effective 1/20/96. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-881-040, filed 8/30/91, effective 9/30/91; Order 124, § 360-23-050, filed 10/31/74.]

Chapter 246-887 WAC

PHARMACY—REGULATIONS IMPLEMENTING
THE UNIFORM CONTROLLED SUBSTANCES ACT

WAC

246-887-160 Schedule III.

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) Methypylon;
- (8) Sulfondiethylmethane;
- (9) Sulfonethylmethane;
- (10) Sulfonmethane;

(11) Tiletamine and zolazepam or any salt thereof—some trade or other names for a tiletamine-zolazepam combination product: Telazol some trade or other names for tiletamine: 2-(ethylamino)-2-(2-thienyl) cyclohexanone—some trade or other names for zolazepam: 4-(2-fluorophenyl)-6,8-dihydro-1,3,8-trimethylpyrazolo-[3,4-e] [1,4] diazepam 7 (1H)-one flupyrzapon.

- (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) Dehydroepiandrosterone;
- (6) Dihydrotestosterone;
- (7) Drostanolone;
- (8) Ethylestrenol;
- (9) Fluoxymesterone;
- (10) Formebolone (Formebolone);
- (11) Mesterolone;
- (12) Methandienone;
- (13) Methandranone;
- (14) Methandriol;
- (15) Methandrosthenolone;
- (16) Methenolone;
- (17) Methyltestosterone;
- (18) Mibolerone;
- (19) Nandrolone;
- (20) Norethandrolone;
- (21) Oxandrolone;
- (22) Oxymesterone;
- (23) Oxymetholone;
- (24) Stanolone;
- (25) Stanozolol;
- (26) Testolactone;
- (27) Testosterone;

- (28) Trenbolone; and

(29) 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, Estradiol Benzoate	F-TO	Animal Health Div. Upjohn International Kalamazoo, MI
Trenbolone Acetate	Finaplix-H	Hoechst-Roussel Agri-Vet Co., Somerville, NJ
Trenbolone 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
Testosterone Propionate, Estradiol Benzoate	Implus	The Upjohn Co. Kalamazoo, MI
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	DURATESTIN	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 propionate 25 mg Estradiol benzoate 2.5 mg	Synovex H Pellets in process	Syntex Animal Health Palo Alto, CA
Testosterone propionate 10 parts Estradiol benzoate 1 part	Synovex H Pellets in process, granulation	Syntex Animal Health Palo Alto, CA
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testagen	Clint Pharmaceutical Nashville, TN
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 Cypion- ate-Estradiol Cypion- ate Injection	Best Generics No. Miami Beach, FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypion- ate-Estradiol Cypion- ate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypion- ate-Estradiol Cypion- ate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone cypionate 50 mg/ml Estradiol cypionate 2 mg/ml	Testosterone Cypion- ate-Estradiol Cypion- ate Injection	Steris Labs, Inc. Phoenix, AZ
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enanth- ate-Estradiol Valer- ate Injection	Goldline Labs Ft. Lauderdale FL
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enan- thate-Estradiol Valerate Injection	Schein Pharmaceuticals Port Washington, NY
Testosterone enanthate 90 mg/ml Estradiol valerate 4 mg/ml	Testosterone Enan- thate-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. 96-01-032, § 246-887-160, filed 12/12/95, effective 1/12/96; 94-08-098, § 246-887-160, filed 4/6/94, effective 5/7/94. 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 246-891 WAC PHARMACY—PROPHYLACTICS

WAC

246-891-020	Conditions for the sale of condoms.
246-891-030	Condom standards.

WAC 246-891-020 Conditions for the sale of condoms. Condoms sold in this state must meet the following conditions:

(1) All condoms shall be individually sealed in plastic, foil or a comparable type seal to protect the product from deterioration due to exposure to air.

(2) The container in which the condom is sold to the purchaser shall bear the date of manufacture or shall bear an expiration date not more than five years after the date of manufacture. Condoms may not be sold in this state five years after the date of manufacture. Condoms bearing an expiration date may not be sold in this state after their expiration date. Condoms not bearing an expiration date may not be sold in this state more than five years after the date of manufacture.

(3) All consumer packages containing one or more individually wrapped condoms shall contain easily understood directions for use.

[Statutory Authority: RCW 18.64.005. 95-08-020, § 246-891-020, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-020, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005. 88-20-038 (Order 219), § 360-40-040, filed 9/30/88. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-040, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-040, filed 12/17/82.]

WAC 246-891-030 Condom standards. All condoms shall meet the following standards:

(1) Latex rubber condoms shall comply with applicable United States Food and Drug Administration requirements current at the time of manufacture.

(2) Condoms made from materials other than rubber shall conform to applicable United States Food and Drug Administration requirements current at the time of manufacture.

[Statutory Authority: RCW 18.64.005. 95-08-020, § 246-891-030, filed 3/27/95, effective 4/27/95. Statutory Authority: RCW 18.64.005 and chapter 18.64A RCW. 91-18-057 (Order 191B), recodified as § 246-891-030, filed 8/30/91, effective 9/30/91. Statutory Authority: RCW 18.64.005 and 69.040.730 [69.04.730]. 85-06-010 (Order 193), § 360-40-070, filed 2/22/85. Statutory Authority: RCW 18.64.005, 18.81.080 and 42.17.290. 83-01-083 (Order 171), § 360-40-070, filed 12/17/82.]

Chapter 246-928 WAC RESPIRATORY CARE PRACTITIONERS

WAC

246-928-015	Scope of practice—Allowed procedures.
246-928-990	Fees.

WAC 246-928-015 Scope of practice—Allowed procedures. The practice of respiratory care as authorized under RCW 18.89.040(11) includes, but is not limited to:

- (1) Performing venipuncture;
- (2) Placement of intravenous and arterial line catheters.

Administration of medications by respiratory care practitioners shall remain limited to those medications directly related to the patient's respiratory care and the training of the practitioner.

[Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. 95-18-019, § 246-928-015, filed 8/24/95, effective 9/24/95.]

WAC 246-928-990 Fees. The following fees shall be charged by the professional licensing division of the department of health:

Title of Fee	Fee
Application	\$ 85.00
Temporary practice permit	50.00
Examination application	110.00
Examination retake	25.00
Duplicate license	15.00
Verification/certification	25.00
Renewal	80.00
Late renewal penalty	50.00

[Statutory Authority: Chapter 18.89 RCW and RCW 43.70.040. 95-18-019, § 246-928-990, filed 8/24/95, effective 9/24/95. Statutory Authority: RCW 43.70.250. 92-15-032 (Order 285), § 246-928-990, filed 7/7/92, effective 8/7/92. Statutory Authority: RCW 18.89.050 and 43.70.250. 92-02-018 (Order 224), § 246-928-990, filed 12/23/91, effective 1/23/92. Statutory Authority: RCW 43.70.040. 91-02-049 (Order 121), recodified as § 246-928-990, filed 12/27/90, effective 1/31/91. Statutory Authority: RCW 43.24.086. 88-17-099 (Order PM 741), § 308-195-110, filed 8/23/88.]

Chapter 246-937 WAC CERTIFIED VETERINARY MEDICATION CLERKS

WAC

246-937-010	Definitions.
246-937-020	Responsibility for supervision.
246-937-030	Tasks and prohibited functions.
246-937-040	Training and education.
246-937-050	Applications.
246-937-060	Transfer of registration.
246-937-070	Termination of sponsorship.
246-937-080	HIV/AIDS prevention and information education requirements.
246-937-090	Grounds for denial, suspension, or revocation of registration.

246-937-100 Renewal of certification.
246-937-110 Exemption.

WAC 246-937-010 Definitions. (1) "Certified veterinary medication clerk" means any person who has met the requirements for certification as established by the veterinary board of governors (board) and WAC 246-937-040.

(2) "Direct supervision" means the supervising licensed veterinarian is on the premises and is quickly and easily available.

(3) "Indirect supervision" means the supervising licensed veterinarian is not on the premises, but has given either written or oral instructions regarding policies and procedures for the handling of legend drugs.

(4) "On-the-job training program" means a program following the guidelines approved by the board.

(5) "Supervising veterinarian" means the licensed veterinarian who is responsible for closely supervising the certified veterinary medication clerk while he or she is performing daily duties.

(6) "Sponsoring veterinarian" means the licensed veterinarian who is responsible for the training and reviewing the work of a certified veterinary medication clerk. An appropriate degree of supervision is involved.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-010, filed 1/31/95, effective 3/3/95.]

WAC 246-937-020 Responsibility for supervision. Licensed veterinarians are responsible and accountable for the ordering, inventory, labeling, counting, packaging and delivery of legend drugs utilized in their practice. In accordance with chapter 18.92 RCW, certain nondiscretionary pharmaceutical tasks may be delegated by a veterinarian to a qualified nonveterinarian. The delegating veterinarian is responsible for the supervision of pharmaceutical tasks performed by veterinary medication clerks and registered animal technicians. Records shall be maintained that account for the receipt and disposition of all legend drugs. A certified veterinary medication clerk may be supervised by a licensed veterinarian other than his or her sponsor subject to the sponsoring veterinarian's approval. The sponsoring veterinarian shall be primarily responsible for the performance and acts of his or her certified veterinary medication clerk.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-020, filed 1/31/95, effective 3/3/95.]

WAC 246-937-030 Tasks and prohibited functions. (1) A certified veterinary medication clerk may perform the following tasks only under the direct supervision of a licensed veterinarian: Counting, labeling, and packaging of legend drugs. A licensed veterinarian must personally inspect all packaged medication orders to ensure the accuracy of the order prior to delivery to the client. The licensed veterinarian will document the medication inspection by placing his/her initials in the patient's record.

(2) A certified veterinary medication clerk may perform the following tasks under the indirect supervision of a licensed veterinarian: Ordering, stocking, inventorying, and

the delivery of legend drugs. The identity of the client shall be confirmed before the delivery of legend drugs.

(3) The following functions shall not be delegated by a licensed veterinarian to a certified veterinary medication clerk:

(a) Consultation with a client regarding the medication order and/or any information involving professional clinical judgment.

(b) Dispensing any medication. The medication must be recorded in the patient's record by the authorizing veterinarian.

(c) Extemporaneous compounding of a medication order.

(d) Interpretation of data in a patient record.

(e) Final inspection of a completed medication order as described in WAC 246-937-030(1).

(f) Any duties required by law to be performed by a licensed veterinarian.

(g) Any ordering, accountability, packaging, or delivery of controlled substances as defined in or under chapter 69.50 RCW.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-030, filed 1/31/95, effective 3/3/95.]

WAC 246-937-040 Training and education. (1) The training of veterinary medication clerks shall be obtained by completion of an on-the-job training program following guidelines approved by the board.

(2) The minimum educational requirement shall be high school graduation or equivalency.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-040, filed 1/31/95, effective 3/3/95.]

WAC 246-937-050 Applications. Applications for registration as a certified veterinary medication clerk shall be on forms prepared by the secretary of the department of health and submitted to the department. The application, in addition to the required fee, shall be accompanied by evidence of completion of an on-the-job training program and completion of HIV/AIDS education as specified in WAC 246-937-080.

Said application shall be signed by the applicant and sworn before some person authorized to administer oaths. Additionally, the application will be signed by the sponsoring veterinarian attesting that the applicant is qualified to perform the responsibilities of a certified veterinary medication clerk and is familiar with the procedures and policies of the practice. Certification is valid only for employment at the veterinary practice identified in the application and/or pursuant to WAC 246-937-020.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-050, filed 1/31/95, effective 3/3/95.]

WAC 246-937-060 Transfer of registration. In the event that a certified veterinary medication clerk who is currently registered, desires to be sponsored by another licensed veterinarian, application for transfer of registration to a new sponsoring veterinarian shall be made on forms provided by the board and be subject to the board's approval.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-060, filed 1/31/95, effective 3/3/95.]

WAC 246-937-070 Termination of sponsorship.

Upon termination of the working relationship, between the certified veterinary medication clerk and the sponsoring veterinarian, the sponsoring veterinarian shall notify the board.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-070, filed 1/31/95, effective 3/3/95.]

WAC 246-937-080 HIV/AIDS prevention and information education requirements. (1) Definitions:

(a) "Acquired immunodeficiency syndrome" or "AIDS" means the clinical syndrome of HIV-related illness as defined by the board of health by rule.

(b) "Office on AIDS" means that section within the department of health or any successor department with jurisdiction over public health matters as defined in chapter 70.24 RCW.

(2) Application for certification. Persons applying for certification shall submit, prior to becoming certified and in addition to the other requirements for certification, evidence to show compliance with the education requirements of subsection (3) of this section.

(3) AIDS education.

(a) Acceptable education. The board shall accept education that is consistent with the topical outline available from the office on AIDS. Alternatives to formal course work may be in the form of video tapes, professional journal articles, periodicals, or audio tapes, that contain current or updated information. Such education shall include the subjects of prevention, transmission and treatment of AIDS, and may include the following: Etiology and epidemiology; testing and counseling; infection control guidelines; clinical manifestations and treatment; legal and ethical issues including confidentiality; and psychosocial issues to include special population considerations.

(b) Documentation. The registrant shall:

(i) Certify, on forms provided, that the minimum education has been completed;

(ii) Keep records for two years documenting attendance or description of the learning;

(iii) Be prepared to validate, through submission of these records, that attendance or learning has taken place.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-080, filed 1/31/95, effective 3/3/95.]

WAC 246-937-090 Grounds for denial, suspension, or revocation of registration. The board may suspend, revoke or deny the issuance or renewal of certification of any applicant and/or certified veterinary medication clerk if the applicant and/or certified veterinary medication clerk:

(1) Has employed fraud or misrepresentation in applying for or obtaining the certification;

(2) Has within ten years prior to the date of application been found guilty by any court of competent jurisdiction of violation of laws relating to the practice of veterinary medicine, surgery and dentistry, including, but not limited to:

(a) State or federal laws relating to the regulation of drugs;

(b) Chronic inebriety;

(c) Cruelty to animals;

(3) Has violated or attempted to violate any provision of chapter 18.92 RCW or any rule or regulation adopted pursuant to that chapter;

(4) Has assisted, abetted or conspired with another person to violate chapter 18.92 RCW, or any rule or regulation adopted pursuant to that chapter;

(5) Has performed any animal health care service not authorized by WAC 246-937-030.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-090, filed 1/31/95, effective 3/3/95.]

WAC 246-937-100 Renewal of certification. (1) A certified veterinary medication clerk's certification shall be renewed annually on the certified veterinary medication clerk's birth anniversary date. A certified veterinary medication clerk shall apply for renewal by submitting to the department:

(a) The renewal fee specified in WAC 246-937-990;

(b) The name and address of the sponsoring veterinarian and the veterinary practice.

(2) Failure to renew annually shall invalidate the certification.

(3) A certified veterinary medication clerk may reinstate a certification that has been expired less than one year by submitting to the department:

(a) A renewal application provided by the department;

(b) The current renewal fee for the year in which the certification was expired, and the late renewal fee as specified in WAC 246-937-990;

(c) The name and address of the sponsoring veterinarian and the veterinary practice.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-100, filed 1/31/95, effective 3/3/95.]

WAC 246-937-110 Exemption. All employees, including but not limited to, animal health technicians, employed by research facilities or other testing or educational businesses or institutions, shall be exempt from the provisions of this chapter provided, that said employees are under the direct supervision of licensed veterinarians and further, that animals being treated, tested or utilized are not client-owned animals.

[Statutory Authority: Chapter 18.92 RCW. 95-04-083, § 246-937-110, filed 1/31/95, effective 3/3/95.]